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**RESOLUTION: THE METABOLIZATION OF EARLY LOSS
IN THE LIFE OF THE SELF**

by

SHARONE BERGNER

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.

1999

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ABSTRACT**RESOLUTION: THE METABOLIZATION OF EARLY LOSS
IN THE LIFE OF THE SELF**

by

Sharone Bergner

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Loss of a parent in early life is an event of profound, life-long significance for a person. While there is consensus in the psychoanalytic theoretical and clinical literature regarding the long-lasting effects of such a loss, the notion that some measure of resolution might be achieved is sometimes offered, but little clarity exists as to what such resolution consists of and how one might achieve it. This thesis investigates the meaning and elaborates a conceptualization of the term "resolution" with respect to early parental loss. Toward this end, advances in psychoanalytic views of the child's experience of loss are examined and used to elucidate and critique contemporary psychoanalytic notions of the adult's relationship to early loss. The contribution of John Bowlby, the father of attachment theory, is evaluated in detail, and a view of the legacy of loss that combines psychoanalytic theory and attachment theory is offered.

Two theoretical dialogues are undertaken. The first, between Sigmund Freud's and Melanie Klein's theories of mourning, concludes with a suggested view of the mourning

process and its outcome that integrates aspects of Freud's view into a primarily Kleinian frame of reference. The second, between the contemporary Kleinians' clinical writings and attachment theorists' writings regarding the research-based evaluation of the organization of early relational histories, offers an approach that combines these perspectives. The Adult Attachment Interview is closely examined in this dialogue, and suggestions are made for the development of an interview-based approach to the evaluation of the legacy of early loss. The suggested approach differs from the Adult Attachment Interview's by being specifically tuned to the question of resolution of loss, as well as in its self-affect-other phantasy-focus and its use of countertransference, the latter two being seminal features of the contemporary Kleinians' way of working. In conclusion, a conceptualization of resolution that places affect, phantasy and intersubjectivity at its center is proposed.

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than I ever imagined it could be, I dedicate this study to
you.

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INTRODUCTION

Until I was in the forties--I could settle the date by seeing when I wrote *To the Lighthouse*, but am too casual here to bother to do it--the presence of my mother obsessed me. I could hear her voice, see her, imagine what she would do or say as I went about my day's doings. She was one of the invisible presences who after all play so important a part in every life.

Virginia Woolf, (1939/1976), *A Sketch of the Past*, in Moments of Being, p. 80.

Virginia Woolf's mother died when Virginia was only 13 years old. Writing of the lingering effect of this loss, Woolf focused not only upon specific feelings, memories or contents having to do with her mother, but also on the quality and process of recollection. Her depiction of this process is richly evocative of that resonant yet elusive term: resolution. Clinicians and theorists often describe early losses as life events with which the individual continues to grapple in adult life. It is common, intuitive wisdom that some individuals develop more adaptive relationships to their childhood losses than do others. We speak and write in terms of resolution and its absence, but the phenomenology of resolution continues to elude us. We somehow sense that resolution is important, healthier, permits more growth and psychological well-being, or richness. We can point to individuals, cultures, and societies that seem to be evolving patterns of self-definition, relationships, discourse that are linked to

losses that have not yet been fully metabolized. And yet, we do not have much more than an intuitive grasp of what resolution and its lack mean and how they feel.

In this study I will seek to explore resolution of early parental loss. Loss of a parent is a devastating blow. For a child, such a loss isn't completely comprehensible, nor is the pain it arouses entirely knowable in words. Growing up, the child who suffers loss carries with her a hole filled with memories and sensations that fade and alter over time. She brings it into her intimate relationships, her experience of art and culture, her way of being in daily life. The hole may be woven tightly and invisibly into the overall person she becomes, the way that other childhoods are invisibly and yet also palpably a part of the people their owners become. But, at different times in her life, the hole may be gaping and plain to see. What kind of adult has she become? How will she arrange herself in relation to this hole? If she presents herself to a psychotherapist, seeking to enter treatment, what ought this therapist aim to accomplish?

Not all those who suffered early loss bear its imprint in the same way. Attachment theorists' investigations of adults' recollections of their early life have extended psychoanalytic clinical and theoretical wisdom about the different kinds of adaptation one may expect to find. Recent attachment theory studies have addressed the impact of lack of resolution on the unresolved adult's young infant,

theorizing backwards from the child's maladaptive behavior to parental antecedents (Main & Hesse 1990, Hesse & Main, in press). In psychoanalytic circles, work has been done on the effects of unresolved loss and trauma on children of Holocaust survivors (Bergman and Jucovy 1982, Wilson 1985), with specific attention being focused upon the mechanism of transmission of the parent's unresolved loss to the child (Adelman, 1993, Auerhahn and Perlinger 1983).

The present study draws upon this context of exploration of transmission, but its aim is primarily the articulation of the meaning and quality of resolution, or its lack, within the adult herself.

This study is constructed out of theoretical dialogues and critiques that seek to integrate attachment theory's perspective with that of psychoanalytic theories. Over the past several years, a number of authors worked to forge a path of reconciliation and dialogue between the two theories (for example Silverman, 1991, Slade and Aber, 1992, Diamond and Blatt, 1994). These efforts came after a long period in which, for seemingly political reasons, Bowlby and his work were effectively exiled from the world of psychoanalytic thinking and discussion (Karen, 1994). The present study's investigation of the resolution of early loss is undertaken against the background of today's fast-expanding discussions between psychoanalytic clinicians and writers and attachment theorists. However, the present inquiry also aims to explore

differences *within* psychoanalytic views of loss that are relevant to questions of resolution.

I return to Virginia Woolf, whose work provides excellent testament to the potential power of the symbolic-affective artifacts of intrapsychic life with which psychoanalysis is concerned. In a memoir published posthumously (in 1976), she described the process of writing *To the Lighthouse*, a novel that evocatively portrays the inner world of her own child self's experience of loss. Knowledge of Woolf's emotional agonies and eventual suicide make our reading of the sense of liberation or release she conveys a bittersweet, haunted experience. Reading her exclamation of release in light of the suicide, one cannot help but wonder about the kind of organization of self Woolf accomplished. And yet it may be that Woolf, like other loss sufferers, did accomplish a new, liberating relationship to her loss, but that, with the reshuffling brought by further living, she came to face it again and anew. I select Virginia Woolf's writing partially because of the bittersweet flavor and the shudder they arouse, as these seem integral for truly fathoming the haunted, absent-present spirit that infuses processes of resolution.

It is perfectly true that she [mother] obsessed me, in spite of the fact that she died when I was thirteen, until I was forty-four. Then one day walking round Tavistock Square, I made up, as I sometimes make up my books, *To the Lighthouse*; in a great, apparently involuntary, rush. One thing burst into another.

Blowing bubbles out of a pipe gives the feeling of the rapid crowd of ideas and scenes which blew out of my mind, so that my lips seemed syllabing of their own accord as I walked. What blew the bubbles? Why then? I have no notion. But I wrote the book very quickly; and when it was written, I ceased to be obsessed by my mother. I no longer hear her voice; I do not see her.

I suppose that I did for myself what psychoanalysts do for their patients. I expressed some very long felt and deeply felt emotion. And in expressing it I explained it and then laid it to rest. But what is the meaning of 'explained' it? Why, because I described her and my feeling for her in that book, should my vision of her and my feeling for her become so much dimmer and weaker? Perhaps one of these days I shall hit on the reason; and if so, I will give it, but at the moment I will go on, describing what I can remember, for it may be true that what I remember of her now will weaken still further. (This note is made provisionally, in order to explain in part why it is now so difficult to give any clear description of her.)

[In Moments of Being/A Sketch of the Past, p. 81]

PART I

CHAPTER I

PSYCHOANALYTIC VIEWS OF THE LEGACY OF EARLY OBJECT
LOSS

In one of the editorial commentaries offered by Frankiel (1994) throughout the book Essential Papers on Object Loss, she discusses one writer's formulation regarding the need to "complete" (quotes in original) the mourning process that follows early loss. Frankiel writes, "I have put the word "complete" in quotes because we know today that in some ways, it may never be completed. What we can hope for is a restoration of function, an undoing of the frozenness and somatic displacements that today seem ubiquitous in many cases" (p. 222).

This statement suggests that within contemporary clinical circles, conceptualizations of the lingering effects of early loss have become both less globally ambitious and more complex. Nevertheless, it does seem that the theoretical papers that constitute bedrock psychoanalytic knowledge of this topic--those selected by Frankiel to be included in the Essential Papers collection, as well as other often cited papers--offer a view of loss that suggests at least the hypothetical possibility of closure, release or liberation. While not all theorists write explicitly of a renewal of self, and some elaborate quite sophisticated accounts of the absence of closure, still, the tone of such writing continues

to imply that the lost object's continued presence in the inner world of the adult self is a mark of pathology that ought to--if only it could--be removed.

In other words, it seems there is a hidden theoretical ideal of "completion," and some measure of discomfort with conceptualizing the person who dies as an ongoing "living" presence in the life and self of those adults who have mourned her loss in early life.

Following is a discussion of psychoanalytic views regarding the legacy of childhood parent loss, and of the place commanded by John Bowlby--attachment theory's progenitor, in the evolution of these views. The discussion begins with controversy, formulations and consensus regarding the child's experience of the loss. It then turns specifically to writings about the adult's relationship to past, early loss, and concludes with some thoughts about what we ought to expect and to aim for in our clinical work with, and in our efforts to understand, adults who've suffered such loss.

I. The Child's Experience of Loss

1. Theoretical Debate and Consensus

A. The childhood mourning controversy

What happens to a child who loses a parent? How does she bear it? There can be no question that a parent's disappearance from her child's world dramatically changes that world. And yet, psychoanalytic writings about this topic

are filled with confusion and controversy. As Frankiel (1994) describes it, theoretical uncertainty centers upon "the questions of whether, how, and when, after the death of a parent, children can come to a meaningful resolution of their feelings, healing of their blasted inner worlds, and a resumption of healthy development" (p. 327). In this portion of the study, I will address most directly the third of Frankiel's foci--the resumption of healthy development. As alluded to earlier, "a meaningful resolution of feelings" is a rather elusive goal, one which the present study seeks to illuminate. "Whether, how and when" can a measure of healing and the resumption of healthy development be said to occur? Can a child's mourning process fit into a healthy developmental course? How should we understand the phenomenon of the bereaved child whose apparent initial reaction to her loss is to go on to play, seemingly unaffected by the profound change that has befallen her? What does this child understand? How does she cry?

In a series of papers exploring the significance and consequences of early childhood loss, Bowlby set forth his twofold view that once the tie with mother is formed, separation from her results in separation anxiety and grief, which initiate mourning, and that these childhood mourning processes often turn pathological, predisposing the child to later psychiatric illness. In 1980, Bowlby published the third volume of his study in attachment--entitled "Loss:

sadness and depression," thereby consolidating his earlier writings on the subject with the later developments in his thinking on attachment. Bowlby's generally controversial stature in the psychoanalytic community has been well recognized and critiqued (Holmes, 1993, Karen, 1994). His early writing on loss--in which he stated that even very young infants mourn--stirred a particularly vehement debate.

Bowlby (1963) believed that children and adults undergo similar processes of mourning. For both, the first phase following loss is characterized by yearning and an angry effort to recover the object. The open expression of angry strivings for recovery is healthy, and enables gradual relinquishment of the object.

Publication of Bowlby's (1960) claim that even young infants--from six months of age--mourn occasioned immediate, fierce critiques from Anna Freud, Max Schur and Rene Spitz (1960). A. Freud argued that Bowlby's use of the term 'mourning' to describe the reaction observed in the very young following a separation is inaccurate, because, in its analytic sense, mourning refers to the individual's effort to accept an external world fact--of loss, and to adjust the internal world accordingly, by withdrawing libido from and effecting an identification with the lost object. These tasks require mental capacities, such as reality testing, and libidinal achievements, such as object constancy, which are not yet developed in the young infant. In other words,

according to A. Freud, young children are not developmentally capable of undergoing the process that is designated by the particular psychoanalytic use of the term 'mourning,' as it was defined (1917) by Freud.

Schur took issue with what he viewed as Bowlby's reformulation of certain psychoanalytic concepts, such as the interdependence of drive, ego development and environment. Spitz took Bowlby to task for disregarding differences in developmental levels between the six-month-old infant and the three-year-old child. Like A. Freud, Spitz wrote that 'mourning' is a term that ought to be reserved, in psychoanalysis, for a defined dynamic process. Bowlby's description of object-deprived infants' anaclitic depression and hospitalism in relation to "the rupture of a key relationship and the consequent intense pain of yearning" (Bowlby as quoted in Spitz, 1960) is estimated by Spitz to be a correct description of observable phenomena, but not an explanation in terms of underlying dynamics.

Thus, all three detractors take issue with the level of Bowlby's argument and the extent to which it may be appropriately brought to bear upon psychoanalytic conceptualization that addresses deep, structural, dynamic layers of experience. A. Freud (1960) wrote, "we do not deal with the happenings in the external world as such but with their repercussions in the mind, i.e., with the *form* in which they are registered by the child" (p. 54, emphasis added).

Especially in his later (1980) writings on loss, Bowlby insisted on implicating the bereaved child's external world--his family and general environment, in the evaluation of the child's mourning processes. Healthy mourning, leading to a healthy outcome in which there is renewal of the capacity to become lovingly attached, is possible in childhood, as long as there is a facilitating environment that includes substitute attachment figures and appropriate handling of death-related information and feelings. Bowlby (1980) reviewed a number of published psychoanalytic clinical cases of bereaved children whose authors report severe psychopathological effects of loss. He critiqued the various clinicians' insufficient focus upon the child's more or less pathogenic post-loss family and school constellation, linking the child's psychopathology to the similarly inadequate focus the child's environment paid to such factors. Thus, famously opposed to what he considered to be Klein's dangerous disregard of crucial real-world aspects of her child patients' lives (Karen, 1994), Bowlby provided a corrective slant to the tendency to look only or even primarily at the inner world, structural level of a bereaved child's experience.

Still, it is important to note that in her comment, A. Freud (1960) stated that the analyst's task is to address the "repercussions in the mind" of external events and the "form in which they are registered," which is to say that she did

not advocate a disregarding of the environment, but rather a particular kind--developmentally/intrapsychically-oriented--of accounting of it.

The controversy spawned by Bowlby's statement that infants as young as six months of age exhibit separation reactions that turn into grief, which then becomes a mourning process akin to an adult's, raged on. Frankiel (1994) points to three areas of confusion and contradiction in the literature surrounding this debate. The first has to do with the use of the word mourning--the answer to the question 'do children mourn' depends on what one means by mourning. The second area of confusion revolves around notions and questions regarding the possibility of recovery from loss before adolescence. The third aspect of confusion in the debate derives from the presence in it of differing and conflicting ideas regarding what constitutes reliable evidence in support of a given theoretical position. Frankiel's summary sheds light upon the initial explosive response to Bowlby's position. Bowlby's is a phenomenological theory based on observational research that identifies overt similarities between childhood and adult mourning and is not concerned with accounting for developmental differences in the capacity for the withdrawal of libido known as decathexis (Frankiel, 1994).

Some of the most frequently cited early psychoanalytic writers who discussed childhood loss did so by evaluating

such notions as decathexis in relation to the bereaved child's age. Many focused especially on questioning the extent of the child's ego capacities for decathexis (Shambaugh, 1961, Nagera, 1970). Along these lines, on the opposite extreme of the continuum defined on one end by Bowlby's view that mourning occurs in early infancy, is Wolfenstein's (1966) oft-cited claim, put forth in her paper "How is mourning possible?" Wolfenstein believed that adolescence, in which one normally undergoes trial mourning through separation from one's parents, constitutes the necessary developmental precondition for mourning, or gradual decathexis of the lost object. All earlier, more or less adaptive reactions to loss differ from what is meant by--and do not include--the process of mourning per se.

Most contemporary psychoanalytic writings about childhood mourning and its potentially pathological trajectory draw upon Bowlby's focus on the environmental factors at play in the child's life at the time of the loss. They also pay particular attention to the specific nature of intrapsychic factors characteristic of the child's age, especially as these relate to the nature of the child's pre- and post-loss relationship with the deceased parent and with the surviving one (Frankiel, 1994). The consensus may thus be described as existing in some middle ground. Bowlby's focus on the external environment and overt behaviors in the child has been integrated with a focus on intrapsychic processes.

These intrapsychic processes are evaluated in accordance with A. Freud's focus on the differences in intrapsychic developmental capacities upon which Bowlby did not elaborate.

The work of R. Furman (1968, 1973) and E. Furman (1974) exemplifies the kind of psychoanalytic position on the subject, in which the child's external environment and her developmentally-specific intrapsychic capacities are considered together. The Furmans have focused much attention upon the role of developmental criteria in evaluating a child's capacities for mourning and adaptation following loss. Like Bowlby, however, the Furmans have insisted that the tendency to attribute all differences between adult and child mourning to developmental criteria leads to neglect of critical environmental factors; these include the effect of the loss on the child's real, external world state of need fulfillment following bereavement, the impact of coincident stresses and of the nature of the surviving love objects' provision of emotional care (E. Furman, 1974).

On the basis of over fifteen years of research and treatment of bereaved children, E. Furman wrote that an underestimation of either developmental or environmental factors obscures understanding and interferes with assessment and clinical attention. Each child presents a particular configuration of environmental and intrapsychic factors--an especially frightening form of death, conflicts with the surviving parent or with a stepparent, a weak or conflict-

ridden pre-loss personality constellation--that shapes mourning and its outcome.

Because the immature ego is challenged in the course of mourning, the child requires a parent's help with this task. The parent's help is thought to provide the child with an auxiliary ego, which is stronger and more capable than the child's. According to E. Furman (1974), at the stage of achieving object constancy, during toddlerhood, the death of a parent may deplete the child's personality so much that not only the mourning process is interfered with, but also the child's basic, especially recently acquired ego functions, such as walking or talking. In older preschoolers and latency children, even where already developed basic functioning remains intact, the deceased parent's continued absence may interfere with a child's future investment in the development of new capacities and functions. Children may be adversely affected by an impeded mourning process, or by the inability to progress in overall emotional development, which is an indirect byproduct or result of impeded mourning.

The Furmans' contribution can be described as integrating features of Bowlby's focus upon the environment with A. Freud's focus upon developmental capacity. In fact, in her laudatory preface to E. Furman's (1974) book, A. Freud summarized the author's position as showing that "*the interaction between internal and external forces decides between the possibility of normal developmental progress and*

the incidence of pathological developmental distortion or arrest" (emphasis added, p. vii).

And yet, it is interesting to note one way in which the Furmans' position and the view that is inherent in Bowlby's writings, differ. The Furmans' language is the language of ego psychology. Focusing upon the psychopathological consequences of childhood loss, they emphasize most especially the potential compromise in the child's ego functions and capacities. Bowlby showed that, as a rule, children who suffer loss go through yearning, reproach and denial. Early permanent loss has such a powerful pathogenic potential because of the risk that such ultimately pathological variants will persist and the child's *object relations* will come to be organized on their pattern. Such a risk may be avoided, suggests Bowlby, with proper environmental provision, which would include, most prominently, appropriate provision of an emotionally necessary replacement relationship. In other words, the Furmans and Bowlby differ in the kind of potential pathology they emphasize, although they share the view that such pathology is not inevitable, and may be averted with the help of a facilitating familial environment. To contemporary eyes, Bowlby's concern for the nature of the bereaved child's future relationships seems equally as critical as A. Freud's, and the Furmans', attention to development.

B. The developmental specificity of mourning and loss

If mourning is possible in childhood, what does it look like? How is it experienced by the child? If the child's mourning process both depends upon and further shapes her developmental trajectory, shouldn't our view of the way this process unfolds be tied to a great deal of developmental specificity?

R. Furman, (1973), who believed a child has the capacity to mourn from about age four, after the achievement of object constancy, was one of the first to state that those who say the child does not undergo a mourning process do so partly on the basis of the absence in the child of such mourning signs as overt sustained crying and a disinterest in pleasurable activities. According to Furman, those who base their view of the child's experience upon such signs are mistakenly utilizing visibly grieving adults as their model for what a mourning process necessarily looks like. Earlier, R. Furman (1968) made the interesting statement that "it is difficult to avoid the comparison between the adult's denial of a child's ability to mourn and the more familiar adult denial of a child's sexuality," both of which may be linked to "the adult's denial of a child's capacity to feel deeply" (in Frankiel, 1994, p. 374-5). Thus, according to Furman, clinicians and theoreticians, like other adults, have an emotionally-based blind-spot regarding the child's experience of loss, presumably because the notion of small children as

capable of undergoing so much pain can be difficult to tolerate.

Similarly, Dietrich (1989), another writer on the topic of early loss whose writing, like the Furmans', is filled with ego psychological language and thinking, wrote that Wolfenstein applied an adult model of mourning to the bereaved children she evaluated; it is this focus--on a certain type of, adult, mourning reaction, that obscured the fact that children do mourn, although they do so in developmentally-conditioned ways. Instead of applying an adult model to the child, Dietrich proposed a specific developmental line of mourning. Modeled after A. Freud's conceptualization of developmental lines, Dietrich's line of mourning evolves in relation to contributions from the state and features of both id and ego development.

Cognitive understanding and specifically the level of a child's comprehension of the concept of death are reflective of ego capacities that change throughout development, and it is the combination of these and the child's drive-developmental levels of organization that determines the child's evolving capacity to engage in a mourning process. Dietrich elaborated a series of six stages, with each stage bringing continued evolution of precursors and necessary affective and cognitive conditions for the undertaking of a sustained mourning process. Stage 4 roughly spans the ages from four to six, and it is here that a child may--under

appropriate environmental conditions--manifest mourning *per se*, albeit on a more intermittent and time-limited basis than older children or adults. Still, a child at this stage continues to believe that death is reversible and thus potentially temporary.

Dietrich links his account of the evolution of the capacity for the comprehension of death to Piaget's model of cognitive development. From a theoretical as well as clinical perspective, then, his contribution highlights the fact that one ought carefully to attend to the bereaved child's specific developmental state at the time of loss and *throughout maturation*, since, as the child's capacities continue to evolve, so (potentially) could his intrapsychic version of the death.

In addition to linking his account to the evolution of cognitive development, Dietrich also writes in terms of psychosexual development and the drive-suffused interpersonal relations that need to be navigated with the advent of each next psychosexual phase. For instance, if the parent's death occurs early enough to impact upon the child's negotiation of the oedipal phase--if, for example, there is a new, replacement parent--the psychical situation for the child is not the typical triangular one, but "triangular plus one"; in this setting, "two oedipally-longed for parents exist: the one, a memory, a longed-for ghost, lost but not forgotten" and the replacement parent, who is experienced as a pale

substitute (p.282). The child who loses a parent at or around the oedipal phase may experience her competitive and murderous impulses, which are characteristic of this time of life, as having come true. She may experience difficulty identifying with her same-sex parent, and feel a deep sense of rejection, born out of her more or less unconscious experience of the parent's death as willful abandonment.

In a paper on the concept of mourning in a two-and-a-half-year-old, Sekaer and Katz (1986) also observed that a child's mourning process is unique to the child, rather than it being a deficient version of the adult's. The authors make the interesting point that even those writers who have contributed to the established view that children do contend with loss in their own way--for example E. Furman, tend to depict the child's process using the same terms that are used to depict the adult's. These terms are "the concept of death," "reality," and the "external fact" of the loss. Sekaer and Katz focus on the particular way in which the young child's mind works. A child's mind cannot be expected to perform in the way one would define an adult's coming to grips with understanding abstract concepts such as death, reality, facts and irreversibility. Decathexis and identification, which are the intrapsychic processes at work in adult mourners, similarly must be seen through developmentally-attuned eyes, with children at different ages and with different capacities achieving more or less

decathexis of the dead parent, and more or less identification with him or her, depending on their developmental capacities and needs.

The authors make the very useful distinction between a pathological mourning process in a child, and a developmentally-limited one. Non-pathological mourning in a very young and thus developmentally-limited child is one in which the child responds to her loss in a manner consonant with her age, and yet proceeds with relatively healthy development. As an example of a non-pathological and yet developmentally-delimited aspect of a young child's mourning, Sekaer (1986) wrote of the young child's need to hold onto, rather than to decathect, the image of the lost parent. She suggested the term "imaginary parent" to refer to such a child's age-appropriate fantasies of the parent as still alive. Interestingly, as will be seen later in this chapter, many who have written about adults who suffered childhood loss refer to the internally alive fantasy parent as a sign of pathology. According to Sekaer, however, children's elaboration of imaginary parent fantasies serves a developmental purpose, just as would the use of toys or fictional characters in the child's creative efforts to contend with her loss-filled world. Like a transitional object, the imaginary parent would "fade away," or become decathected, when developmental progress made her no longer necessary.

Thus, E. Furman, Dietrich, and Sekaer and Katz certainly agree that children mourn in developmentally-specific ways. All focus on the child's cognitive capacities for understanding the permanence of loss, and on the child's need for substitute parent-figures who will provide her with real, concrete supplies--which may be as basic as food and shelter--that the child may fear losing, as well as with emotional facilitation of mourning. As mentioned earlier, E. Furman highlighted especially the effect of the parent's continued absence on the child's developing ego capacities. Dietrich links his account to psychosexual development, and provides an interesting depiction of the impact of parent loss on a child's negotiation of the oedipal phase. Sekaer, and Sekaer and Katz, are more concerned with attempting to paint an experience-near depiction of the young child's negotiation of mourning. Thus, within the authors' concurring views, one may find different slants; these seem not only to reflect the authors' theoretical leanings and backgrounds, but also to represent the many levels on which a child registers and seeks to navigate loss.

To these elaborations of the child's need for help contending with specific cognitive and psychosexual tasks that are impacted by loss, it is important to add a more global, overarching perspective that focuses on the child's needs with respect to the development of her overall self, and on the place of affect in this self.

Writing from a contemporary self-psychological psychoanalytic position that centers upon ideas regarding the development of the self, Shane and Shane (1990) emphasize that when a parent dies, the child loses not only an object, but also a selfobject¹. A selfobject is one that provides the child's self with "repairing, sustaining, and regulating" functions (p.118). The parent's provision of selfobject functions--for instance, a parent's seamless, background regulation of the child's self-esteem--is experienced by the child as belonging to and being carried on by the child's own self, rather than by an other. The child's loss thus involves two dimensions: an object relational one, and a self-regulatory one.

In other words, in Shane and Shane's view, a child who loses a parent has to contend with losing not only an affect-sharing, loved (and hated) other, but also a self-regulating, self-repairing function that, until the parent's death, the child did not experience as having emanated from the parent. The lost parent's functions of regulating the child's self-esteem, repairing the child's wounded sense of pride, sustaining her sense of herself as continuous and good, all these must now be taken over by a new adult. It is the unavailability of these "self-centered aspects of the lost

¹I am indebted to Peter Kaufmann, Ph.D., for introducing me to the writings of these self-psychological writers, and especially to his guidance in evaluating the contribution of the intersubjective theorists described below--Stolorow and Atwood, who utilized but expanded upon the self-psychological perspective.

relationship," rather than solely the sharing and being with aspects of it, that must be attended to in the child's post-loss environment. Without adequate provision of replacement selfobject functions, children who suffer loss grow up to be "narcissistically damaged" (p. 120).

Like the authors discussed earlier, the Shanes believe that childhood mourning does occur, in a manner specific to a child's capacities and needs, and, like Bowlby, these self-psychological psychoanalysts view the intimate environment as crucially important in facilitating the mourning process. The Shanes differ from Bowlby in their terminology and in their focus on the type of provision the environment ought to supply and the potential pathological result of insufficient provision. Bowlby's focus is on anger, reproach and yearning related to the loved other the child so desperately wants to recover, while the Shanes' is on the aspects of *self* that are lost and yet still needed by the child. Accordingly, the potential pathology for Bowlby is more primarily related to the child's future relationship to others, while for the Shanes it is related to the child's future experience of herself.

A contemporary psychoanalytic perspective that utilizes the Shanes' self-psychological perspective but places it within an explicitly affect- and relationship-defined context is provided by Stolorow and Atwood. In their various writings (Stolorow, Brandchaft and Atwood, 1987, Stolorow and Atwood,

1992), these authors put forth their view that both development and psychoanalytic treatment are shaped by the context in which they unfold; their reference to loss occurs in the course of a more general discussion of the life-long effects of profound disturbances in the context of a child's life. In their (1992) book Contexts of Being, they depict the needs of a child following loss in a manner that brings together notions of developmental capacity and environment with an explicit attention to questions of affect.

Stolorow and Atwood state that a child whose parent dies loses the other who regulates the child's own *affective* self. According to current thinking, children gradually internalize the capacity for regulating their own affective states from the parents who, early on, provide such regulation when they soothe and help modulate their children's affective storms (see Krystal, 1988, Stern, 1985, Gergely & Watson, 1996). Stolorow and Atwood's position, which is consistent with this view, is that, following loss, the child must receive specifically attuned responsiveness to her painful and frightening affect. What the child who is not yet affectively self-regulating needs to be assisted with, is the "tolerance, containment, modulation and alleviation" (p. 53) of the intense affects brought on by the loss. Otherwise, without such provision, the child will grow to experience these very painful affects as unmodulate-able, intolerable, and

rejected--and therefore shameful--parts of herself, which must be hidden from conscious experience.

2. Clinical Examples of Treating Childhood Loss

What shape does a successful, adult-facilitated mourning in a child take? What ought we expect its outcome to be?

In a moving account entitled "Memory, reconstruction, and mourning in the analysis of a 4-year-old child," Lopez and Kliman (1979) describe the treatment of a girl who suffered maternal bereavement in the second year of life. The authors demonstrate the way in which, through symbolic play and interpretation in the context of the patient-analyst relationship, psychoanalytic process facilitated profound work of mourning. The natural strivings to preserve reality testing, to remain fully alive, and to master the potentially traumatizing flood of painful affect provided the motive forces for the little girl's undertaking of the process of mourning. And yet the girl could not undertake this process without adult help. Prior to her therapy, this girl endeavored to stem the tide of her terrifyingly painful feelings by globally blocking all affect, but the frequent breakthroughs of powerful anxiety and intense crying brought her untenably fragile inner truce to the attention of an appropriately helpful adult environment.

Lopez and Kliman describe several sessions in the final weeks of therapy, in which the little patient would enact her evolving internal-world relationship to her deceased mother.

She would darken the therapy room and play at going "underground" into her mother's grave. "In the course of it, she elaborated on her longings to see her mother again, her anger at mother for being dead, and her own refusal to give up living as the price of joining her," they write (p. 260). They depict the evolution of an interpretation with which the patient was able to play and to work by the final, termination sessions: people can continue to have their relationships in their imaginations even if they are no longer able to be with each other in reality.

The authors describe their little patient's emergence from therapy in movingly guarded but decidedly optimistic terms, writing that, thriving and symptom-free, she now possessed "an unusual capacity for acknowledging and tolerating the grimness of life, while at the same time finding joy in it" (p.269). Without appropriate environmental vigilance and therapeutic commitment to the proposition that childhood mourning is feasible, the child would have been guided through a less vigorous mourning process.

More recently, Buirski and Buirski (1994), writing of a similar therapeutic mobilization of mourning in a nearly four-year-old girl who lost a father, emphasized the necessity for acknowledging the presence of and giving room for the child's fantasies and wishes for the return of the lost parent. Interestingly, they suggest that their little patient's capacity for object constancy was consolidated

through the therapeutic process of ongoing elaboration of wishful fantasy combined with continuous exploration of the presence and meaning of reality constraints upon the fulfillment of fantasy. These intertwined strands, woven within the bounds of the therapeutic relationship, facilitated development of the girl's capacity for tolerating ambivalence and for maintaining attachment to an absent object.

Earlier in the treatment, after the establishment of a working alliance and trust in the analyst's dependability, some work was done on developing a cognitive understanding of death. Following this phase of ego-building work, the little patient began talking about memories of her father. Patient and analyst then spent some time discussing concrete details regarding father, and they compiled lists entitled: "Things I know about my Daddy," and "Things I don't know about my Daddy" (p. 347). As treatment progressed, this list was revisited time and again, with the patient editing and revising her earlier comments in accordance with different, new, developmentally-specific understandings. For instance, in an earlier moment of list-making and recollecting, the patient described that her father taught her the ABC song shortly before he died; this memory led her to plan to sing the ABC song perfectly well in order to recapture the sense of being with her father, or even to bring him back. Later, when she was already in the first grade, she commented that

singing the song was "too babyish," and that "the way to get him back is to look at photo books because I can only have him in pictures" (p. 351).

Importantly, while Buirski and Buirski focus upon acknowledging and elaborating the little girl's *fantasies* of recapturing her father in the treatment, they also emphasize that it was essential for the patient's mother to come to terms with her own grief. As she did, she too could be available to facilitate and to accept her daughter's emotional experience of the loss, as Bowlby and as Stolorow and Atwood would have recommended.

Finally, in a vivid description of a two-and-a-half-year-old girl's mourning of the loss of her father, which was facilitated by the girl's meeting for regular therapeutic sessions with a teacher, Sekaer and Katz also depict the fruits of treatment in terms of the elaboration of the girl's attachment to her absent father. In accordance with Sekaer's (1986) earlier-mentioned view that the fantasy parent is an age-appropriate, non-pathological feature of a very young child's contention with loss, Sekaer and Katz write that, to avoid a developmental vacuum, the optimal response for the little girl was to maintain the cathexis of her dead father until it could be more slowly withdrawn in the course of development, as substitute love objects became available, and as cognitive capacity evolved.

At age 36 months, the little girl complained that her deceased father is at work and cannot come for her, despite her manifesting some transient capacity to comprehend aspects of the permanence and inactivity that characterize the death of animals. The authors interpret the girl's contradictory statements about her father's absence as reflective both of prelogical thought and of her need to maintain the fantasy of her father's continued existence. They view the girl's comments regarding her father's present whereabouts as roots of a not yet integrated fantasy relationship, which could, and should be encouraged to, develop over time. Significantly, the girl's beginning to elaborate an imaginary ongoingness of her father is considered by the authors to be indicative of her *healthy*, age-appropriate ability to use creativity. As mentioned above, the fantasies of father are expected to fade and wither away as thinking capacity evolves, but also, especially, as substitutes become sufficiently invested in emotionally, and letting go of father thus becomes more tenable.

* * *

In concluding this consideration of the child's experience of loss, it is important to note that, of the authors mentioned here, those who describe therapeutic work with bereaved children express considerable tolerance for the notion that the child's mourning task is not to deattach the lost parent entirely. The three clinical contributions

discussed actually adopt the position that the therapist ought to help the little patient *elaborate* her attachment to the absent parent while also--and this depends on the patient's age--recognize that the attachment is not realizable in concrete reality. I note this here in order to underscore the degree of understanding with which this literature approaches the mixture of fantasy and realistic appraisal that characterizes the child's way of being and of dealing with loss. Because of our relatively comfortable recognition in the central place of fantasy in the child's experience of life, we have made some allowance for the lost other's ongoing aliveness in the child's self. As I will show in the next portion of this study, psychoanalytic literature views an adult's experience of her early loss with far less tolerance for fantasy, and with little allowance for the continued internal aliveness of the lost other.

II. The Adult's Relationship to Early Loss

1. Denial and the Nature of Pathological or "Incomplete" Mourning

R. Furman has observed, "in underlining a child's inability to mourn, it has seemed to me as if some have idealized adult mourning, which would mean a denial of the inability of so many adults fully to master the demands of mourning" (in E. Furman, 1974). What would an adult's full mastery of the mourning of a childhood loss look like? Is such full mastery a tenable goal?

Bowlby (1963) described four variants of pathological mourning in the adult. In the main, such mourning is characterized by an inability openly to express the angry strivings for the object's return, which "becomes repressed and unconscious and so, insulated from change, persists" (p.500). In health, the expression of angry wishes and efforts to recover the object enables the bereaved gradually to relinquish the object. Bowlby linked adult pathological mourning to childhood by, first, pointing to statistical and clinical evidence that adults whose mourning goes awry often may be found to have suffered a childhood loss. In addition to this genetic proposition, he offered his view that adult pathological processes are substantially similar to those mourning processes that are typical following loss in infancy and childhood.

The persistent and unconscious yearning to recover the lost object is Bowlby's first pathological variant of adult mourning, and it is clearly also the central focus of his conceptualization of the aftermath of loss. Bowlby stated that the unconscious urge to recover the object is most likely present, at least in latent form, in the other three variants, but, because it is more deeply repressed than other components of the experience, it is also more difficult to see. The other three variants are: intense and persistent anger and reproach directed toward various objects, including the self; exaggerated, compulsive absorption in caregiving to

others who are bereaved; and a denial that the object is permanently lost. The first three variants devolve around repression of this or that aspect of the response to the loss, whereas the fourth-denial, entails pathological response on a cognitive level. The four variants most often occur in combination.

In some cases of pathological mourning, the bereaved person adopts a hostile, aggressive attitude in place of yearning. Citing other analysts who have written of a similar phenomenon, Bowlby (1963) quotes Jacobson, who noted that severely depressed patients may even be consciously aware that if only they could be sad and weep, they could feel for the world, for it is only when they are able to yearn for what is lost that they will come to feel a sweet relieving sadness. To Bowlby's mind, the yearning craved by patients such as Jacobson's is an expression of a demand for the object to return and an urge to recover it that exists unconsciously (1980, p. 28). When this repressed yearning comes into consciousness, the motivation for recovery and the affect involved come into the open. According to Bowlby, this undoing of repression happens in the course of a successful analysis. During such an analysis, angry reproaches for having been deserted and sorrowful yearning for the object will be experienced, in sequence, within the transference.

Bowlby thought that the child who faces loss in the context of a non-facilitating environment is likely to split

off awareness of the death's reality, and secretly to retain belief in the object's potential recoverability. He wrote (1963) that adults who, as children, effected such an internal arrangement of believing in the object's aliveness find entry into analysis or into other intimate relationships immensely threatening, since the belief in the object's potential presence becomes difficult to maintain once one shares it with an other, who does not harbor the same illusion.

Dietrich (1989) has similarly found that adults who were bereaved at an early age have great difficulty beginning psychotherapy, since they unconsciously experience this beginning as the initiation of the breakdown of what he has termed the "lost-immortal parent complex." This complex is comprised of fantasies of the parent's immortality, and is expressed in part through the adult's having inner dialogues with the lost parent. The dialogues continue throughout development and are not outgrown the way a child's dialogues with imaginary companions typically are. The psychic lives of such adults are filled with unconscious wishes for and expectations of restitution, reparation and restoration, and with feelings of entitlement. They tend to experience their lives as a series of deprivations, experiencing and re-experiencing their early loss at each step.

Pollock, one of the most prolific writers on various aspects of mourning and its potentially creative outcome,

also wrote of an adult's relationship to early loss in relation to denial of the parent's death, and the effect of this denial on an adult's entry into analysis. In his (1989) two-volume work of collected papers, entitled The Mourning-Liberation Process, he defines mourning processes as operations designed to restore ego-equilibrium through a person's adaptation to the fact that the loss has actually occurred. Pollock discusses three adult patients who lost parents before the age of six (1961), writing that they retained the parent as a fantasied omnipresent figure who is in heaven and to whom the patient could talk. The patients never visited the cemetery where their parents were buried, nor were they easily able to reveal their fantasies to others, for fear of being shamed.

Pollock views these patients' fantasies as indicative of denial of the death, and he links this denial to the place of the loss in early development. He (1961/1994) writes,

this retention of the object as a figure that can be spoken to and envisioned, and the denial of its demise, interferes with mourning. When there has been incomplete identification, i.e. when the identification process had not come about or has been *arrested* at a preliminary stage *owing to immaturity or arrest of development*, there is either a melancholic depressive response, or a denial of the death of the deceased with ego arrestation, distortion, or defect [p. 159, emphasis added].

For Pollock, then, an incomplete mourning process is thought of in terms of arrested development. This arrest, involving the presence of a distinct, unassimilated intrapsychic

representation of the lost object, is the product and indicator of pathological mourning (Pollock, 1975/1989).

Pollock likens the adult individual's internal relation to the unassimilated introject of his or her lost parent to patients' relationship to their analysts while the analysis is still in progress. Following certain sessions, patients continue internally to "talk" to the analyst as analyst. With the evolution of the treatment, this communication diminishes and comes gradually to be replaced by an integrated communication with the self. Here, Pollock (1961/1994) maintains, there occurs a process in which there is an initial introjection of the analyst so that he is retained in an encapsulated form with which internal dialogue proceeds; the gradual identification with and assimilation of the analyst into the self leads to a state in which "the presence of the separate imago disappears" (p. 159).

The question of the analyst's legacy in the makeup of the self following termination has been taken up meaningfully by Leowald (1962), who links the complexity of the relinquishment of the analyst-object to processes of mourning following loss. It has also been addressed by others in the context of discussions of what constitutes successful and complete analysis; a successfully completed psychoanalytic process is viewed by some as one that appropriately ends when the analytic function, rather than the analyst's own image or voice, is internalized (see Ellman, 1991). What is most

important to underscore here, is the view that is implicit in Pollock's likening of completed analyses and the healthy aftermath of loss. According to Pollock, in both, the presence of a separate imago, and of internal dialogues in which the self interacts with the voice of the other, can, and desirably do, vanish.

2. The Psychotherapeutic Process

A great deal of the psychoanalytic understanding of the experience of adults who suffered early loss comes from knowledge gained through the psychoanalytic treatment of such adults. Frankiel (1994), who notes an absence of sufficient focus on this area in training programs, writes that many patients considered difficult to treat turn out, upon examination, to have suffered early loss. Such patients arouse powerful countertransferential feelings in their therapists, as the loss is often brought into the treatment situation in ways that can derail the therapist's efforts. The treatment process, she explains, unfolds through a reenactment of each patient's individual story of loss. These enactments may include conscious or unconscious denial of the death, accident proneness, dramatic anniversary reactions, and the expression of unacknowledged grief through physical symptoms. "Perhaps the most difficult to deal with," she concludes, "is the tendency of these patients either to cling to the therapist without awareness of their separation anxiety or to deny attachment altogether" (p.3).

In an oft-cited paper that presents the findings of research work carried out at the Chicago Institute of Psychoanalysis, Fleming and Altschul (1963) elaborate upon what they view as special forms of resistance and deficit that shape the treatment of adults who suffered early loss. The research project focused upon the characteristics and transferences of patients in analysis. Written in 1963, this paper is representative of a particular phase in psychoanalysis, which was characterized by the predominant use of ego-psychological thinking and a great deal of focus on developmental fixation and on resistance in the treatment.

The authors discuss findings that suggest that the adult patients they investigated were "developmentally arrested" at the time in their lives in which the parent loss occurred. They found immaturity in the patients' self image, and insufficiently developed "ego-object relations" (p. 420). Noting a tendency for the development in these patients of unusual transference patterns, the authors wrote that the patients resisted the establishment of a therapeutic alliance because their defensive balance required that no significant new relationships be formed, which could threaten the attachment to the illusion that the lost parent was not really dead. The goal of treatment was considered to be "to penetrate the defensive denial" (p. 430) or to break through it, in order to activate interrupted mourning and resume growth.

A somewhat later paper by Stolorow and Lachmann (1975) offered a more differentiated view of the task and method of treatment, in relation to the particulars of the patient's loss constellation. These authors, too, address the defensive use of denial in place of full mourning, although they make the distinction between cognitive immaturity leading to incomplete acceptance of the reality of loss, and defensive denial of loss, which result in different adaptations and different transferential pictures. Stolorow and Lachmann view the young woman patient they describe as capable of forming and sustaining a therapeutic alliance. They emphasize that because she lost her father at age 4, the transferential relationship registered, specifically, the incomplete integration of her sexual identity and of her relations with men. For example, for a time, the patient enacted rageful struggles with the analyst, in which he was seen as the sexually intrusive stepfather who threatened to disrupt and to ruin her loyalty to her real father. This loyalty was explored and confronted in relation to the patient's acceptance of father's death. The patient's capacity to maintain the therapeutic alliance at difficult moments is considered reflective of the intactness of her basic ego functioning, which was accomplished before the loss took place. This intactness enabled the patient productively to engage in treatment.

A more contemporary discussion is offered by Lerner (1990), who identifies a particular "need to search" in his patients. This need, which is coincident with good treatment results, is set in motion for the patient by the treatment process itself, but it takes place outside of the consulting room. Patients who lost a parent in early life start to feel compelled to find out about, rediscover and reclaim the lost object in the world of external reality. The patients Lerner describes are not satisfied with reexperiencing the lost relationship through the transference. They use the treatment to help them instigate an actual quest for concrete connection to the lost object. For example, they visit the gravesite, contact relatives to gather information, and explore hitherto unavailable photographs.

Lerner views the treatment process as the arena in which the mourning process could be completed, and in this way his stance is similar to the other authors'. But it is interesting to examine Lerner's interpretation of his patients' need to search for concrete manifestations of their lost object in light of the earlier discussion of child therapists' view that the treatment they provide aims to facilitate their young patients' attachment to the absent parent.

Lerner suggests that his patients symbolically reclaimed their lost parent through the search for photographs and information. "Paradoxically," he writes, "this also created

the conditions whereby they could lose the object as part of completing the mourning process" (p. 88). Thus, mourning involved the creation of a more fully internalized, firm representation of the lost object. According to Lerner, the search process is an important feature of the treatment of patients whose mourning has been incomplete, because for these patients, specific psychic structures have remained tied to the actual presence of the lost object. Discussing and re-enacting the object's loss with a different, new object--the analyst, is thus not sufficient. The real object, symbolically reclaimed, must be made present in order for the lost part of the patient's self to be reclaimed, and for full letting go to take place.

Now, recall the earlier-mentioned writings of the child clinicians. In those writings, the little girl patients that were described needed therapeutic help elaborating a representation of their lost parent through play and the articulation of fantasy. The children gradually came to accept the strange fantasy-reality experience of loss; they felt the strong presence or aliveness of their parent through their continuous re-creation of the internally held relationship to him or her, while at the same time understanding more and more that this relationship will never exist in the external world. It is possible, on one level, to view Lerner's therapeutic aim as an adult-oriented version of these children's therapeutic outcomes. And yet, Lerner, like

so many other writers on loss who depict work with adults, does ultimately advocate the *completion* of mourning processes, the possibility of finally losing the object, and truly letting go.

One final remark about Lerner's paper. As mentioned above, Lerner believes that treatment and the extra-therapeutic search, which lead to a reclaiming and then a more full losing of the object, enable the patient to recapture an important part of herself that had been linked to her thus far incompletely internalized object. For example, a patient's symbolic reclaiming of her father led to her connecting with a sense of having been loved by him; reconnection with this experience of herself fruitfully contributed to her ability to work on her relationships with other men. While Lerner refers to this process as one of "recapturing," it is interesting to consider that, in some cases, the patient's journey may be one of capturing for the first time. Through the relationship with the analyst, the patient elaborates the meaning and comes to experience and name the affects that are involved in the extra-therapeutic search. The meaning and affect may be seen not as having existed previously in a complete form that is recoverable, but rather as having been potentially but not fully achieved in the past. Looked at in this way, the therapeutic process may be considered to be providing the patient an affect- and meaning-making context (see Slade, 1994) in which she may

elaborate her inchoately formed internal relationship to the lost parent, thereby creating an experience of self as more fully intact.

3. Self and Affect

Jacobson (1965) wrote of what she termed the "family romance" fantasies developed by her adult patients who had lost parents early in life. Her contribution to the topic is fascinating to consider, because, while she addressed many of the notions already mentioned--denial, fantasy, the post-loss familial setting--she understood them in relation to a patient's sense of self. In this section, I conclude the consideration of the literature regarding the adult's relationship to early loss and begin to shift towards an integrating discussion. I will suggest an approach to looking at these adults' sense of self in relation to affect. This approach will be widened and further elaborated in the chapter's final, concluding discussion.

In her work, Jacobson emphasized that the relationship to the lost other and to the self are intertwined. Lerner's view that the need to recapture a firm sense of the lost other is, indivisibly, a thrust to reclaim parts of the self that are bound up with the other seems to be a building upon Jacobson's writing.

In her patients, Jacobson observed distortion and denial pertaining both to the lost parent's actual life history and the circumstances of death, and to the finality and reality

of the death. The patients she described in her (1965) paper *The Return of the Lost Parent* harbored secret expectations that one day the lost parent will reappear.

Jacobson differentiates between conscious daydreams, which are expressive of her patient's wishes--the patient is fully aware of the fantastic quality of the daydreams, and other elements of fantasy, such as vague suspicions, hopes and expectations, which only occasionally become conscious. What Jacobson is pointing to, then, is the presence of secret, unconscious ideas, hunches even, which underlie a person's outlook about his life. For example, fantasies of a parent's return could provide the soil for an illusory optimism. Being based upon illusion, this optimistic outlook does not serve as a strong, dependable foundation for affective wellbeing.

Jacobson links her patients' development of these fantasies to the surviving parent's silence regarding the lost parent, which prevailed in their childhood home following the loss. One may say that she did not sufficiently explore this dimension in differentiating her patients, one of whom had never actually known his father, who died before the patient's birth. Nevertheless, Jacobson's focus upon familial silence is noteworthy, because it places her somewhere in the camp of those authors, such as Bowlby (1963, 1980), who stress the importance of environmental conditions in shaping the bereaved child's experience of the loss. But

there is an extra step to Jacobson's theorizing here that must not be underplayed, because it reflects an equally central if not more primary focus upon the nature of the bereaved's inner world.

Fantasies regarding the lost parent's return served a purpose for Jacobson's patient--that of aiding in the mastery of the powerful narcissistic injury caused by the loss. She wrote,

children experience the loss of a parent in early childhood not only in terms of loss of love or of a love object, but also as a severe narcissistic injury, a castration. Since children, in the first years of life, depend on their parents for narcissistic supplies and participate in their supposed grandeur, to be fatherless, motherless...is felt to be utterly degrading. The fact that in such children the hostile and derogatory feelings caused by their losses are so commonly diverted to the surviving parent or parent substitutes, while the lost object becomes glorified, tends to raise that lost object's narcissistic value and meaning to the point of turning it into the most precious part of their own self which has been lost and must be recovered [p. 210].

Denial and illusory hopes for return were, in Jacobson's patient, reflective of a need to assert that the most valuable part of *himself* had not been lost. Environmental conditions presented by the post-loss familial milieu likely contributed to the illogical, childlike nature of fantasies regarding the lost parent, but they do not entirely account for the *motivation*--unconscious and forceful--for the elaboration of and allegiance to these fantasies. Such motivation is explained here in relation to the individual's

needs for and efforts towards a sense of self in which the self is whole and worthy.

One of Jacobson's patients came for treatment because of recurring states of depression and depersonalization. The recurring depressions were viewed as being repetitions of his original response to his mother's death. Jacobson does not elaborate much upon the link between the depressive states and depersonalization, but it is reasonable to consider that these might be opposite sides of the same coin. That is, if an adult experiences his affective relationship to early loss as an unmanageable storm of affect, then he is likely to endeavor to segment his affective experience and sequester any affect that might be reminiscent of the loss. Such precise segmenting is not possible, however, since childhood loss arouses a complex of affects that also relate to much else that happens in later life. The adult's sequestering of his loss-related affect therefore carries with it a more wholesale distance from his affective self, which is the state of affairs that obtains at times of depersonalization.

The connection between an adult's affective way of being and his relationship to an early loss was posited early on by Deutsch. In her classic (1937) paper *Absence of Grief*, Deutsch, using the language and metaphors of Freud's energetic view of psychic life, wrote of adults who, when they lost their parent in childhood, did not manifest a full grief reaction. The absence of grief was often caused by the

weakness of the child's ego, which did not permit a full expression of grief. Today, one wonders whether the patients she described as having showed no grief in childhood may not have grieved in a child-specific way that was invisible to the surrounding adults. Nevertheless, Deutsch's aim of addressing the fate of early-loss-related affect in later adaptation remains highly relevant, whether the particular patients she describes really omitted their affective response or whether they manifested it in their own, then-child-like manner.

Deutsch wrote that seemingly unmotivated depressions in adult life are a belated expression of a previously withheld emotional reaction. She also suggested a similarity between the fate of unconscious guilt and avoided affect. In the case of guilt, clinical observations have shown that persons who commit crimes sometimes do so to give justice to and make room for, or to surrender to, deep, unconscious guilt feelings that emanate from early life. Similarly, Deutsch offered, an adult who suffered an early loss and did not give full expression to her feelings is liable to construct disappointing, negative life experiences that may appear to be motivated by masochism, but that are actually motivated by the urge to realize and bring to expression suppressed, loss-related affect.

Clearly, then, Deutsch views affect as an energetic quantity that seeks and requires discharge. Affect that was

not fully discharged during childhood, at the time of the loss, awaits discharge throughout adulthood. The contemporary understanding of affect in non-energetic terms was briefly mentioned earlier. To recall and elaborate upon that description, according to Krystal (1988), and to Stern (1985) and other psychoanalytic developmentalists, affect tolerance is achieved through development. The child's affective storms become cognitively differentiated, knowable, and therefore tolerable, gradually. The parent regulates the child's affective experience through soothing ministrations and containment, and the child, in time, internalizes the affect-regulatory function played initially by the parent. Krystal makes the important point that, optimally, people internalize both a self-regulatory capacity and faith in this capacity. Those who do not, forever seek to regulate themselves through an other, which, more often than not, is the dynamic underlying addictions.

Translating Deutsch's (1937) contribution, constructed within a discharge model of affect, to a Krystal-derived way of thinking, one may arrive at a contemporary notion of an adult's affective relationship to early loss and its impact upon his self. Recalling Stolorow and Atwood (1992), a child who suffers loss is vulnerable to a certain kind of affective abandonment. Since adults have difficulty acknowledging and tolerating a child's powerfully intense and deep pain, they sometimes do not provide recognition and containment for the

child's affect. Stolorow and Atwood wrote that such affect then becomes a source of shame for the child, and is split off from conscious experience. Krystal emphasizes that unmodulated affective storms are frightening. Faced with the prospect of experiencing an affective reaction, an adult who does not have faith in his self-regulatory capacity fearfully flees or shuts down, or seeks an external regulator.

Both Jacobson and Deutsch saw their patients' recurring depressions in relation to the early loss of mother. Jacobson wrote that her patient's ostensibly surprising depressions repeated his original emotional reaction to his mother's sudden death, while Deutsch viewed the apparently unmotivated depressions as a discharge of damned-up affect of early life. Looking at these patients from the perspective that has just been delineated, one may say that the patients' experience of their depressions as unmotivated speaks to their disengagement from the ever-ongoing process of knowing and regulating their affective self. Such disengagement may lend a person an aloof, intellectual air, or it may, in extreme moments, lead to depersonalization.

Realigning one's perspective in this way allows one to retain a developmentally-attuned, differentiated view of an adult's affective relationship to past loss. Rather than viewing this individual's depressive affect as the very same affect experienced, repressed, split off or otherwise omitted at the time of the loss, during childhood, one may view it as

a new, adult, cyclically recurring phenomenon. Clinicians and theorists are prepared to recognize that a child's experience of loss is not a deficient version of an adult's. In the same vein, while it is critically important for an adult's affective experience to be understood in relation to that adult's childhood experience of the loss, such linking is insufficient. The adult's present affective way of being must be examined closely as well.

I am suggesting that adult patients' depressive affect be viewed as expressive of an adult experience of a measure of deadness within the self. Deutsch (1937) views the presence of a sense of inner deadness in a patient as an indication of the patient's unconscious identification with the dead parent. What is being suggested here, is that it is the adult's disengagement from his affective self that causes the feeling of deadness. Disengagement is a product of, and it reflects, lack of faith in the capacity to regulate, and therefore to tolerate, one's affective experience.

Pulling all this together, one is left with a tentative, broad-strokes portrait of one kind of loss-sufferer, or of some loss-sufferers' way of being during certain phases in their lives. Some adults who suffered the intense storm of pain brought on by early parent loss live a life punctuated by periods of depression that seem unexplainable by present events and circumstances. Some of them present for psychotherapy or psychoanalysis; their treatments have

provided psychoanalytic writers with the data that has been presented here so far. Those who seek treatment stating they are visited by unexplainable periods of depressive affect may well lack confidence in their capacity to modulate their affective life. They lack such confidence because in the past, when they suffered the loss, their experience, shaped by an inadequate environmental handling of affect, was one of a frightfully unregulated emotional flooding, and this they are afraid to repeat.

Disengagement from "affectivity" (Jurist, 1997) infuses the self with a painful sense of inner deadness, and yet it is entrenched by fear of the state of helplessness that may be brought on by an untamable flood of affect. To underscore, in the people that are being described here, it is the very experience of being flooded, not only the specific feeling of deep sadness, that is feared. The price exacted by such an internal stance of warding off affectivity is steep, and yet the arrangement is self-perpetuating. Deadness presenting itself in the form of unmotivated depression is experienced by such people as further proof of the self's inability to differentiate, know and modulate affect, and so the warding off persists.

* * *

Before concluding this section it is important to state that the depiction of some adults' relationships to early

loss as patterned by this kind of affective way of being is offered as an idea that ought to be further explored. This suggested conceptualization, once it is examined directly, may prove to be applicable to some adults who lost parents in childhood, but it will surely not be applicable to all.

The above-reviewed literature refers to adult patients, whose psychoanalytic treatments provided the basis for theoretical understanding. But not all adults who suffered early loss present for treatment. It is safe to say that early losses are critically formative, and it is the position of the present study that they remain influential throughout a person's life. And yet, it is not reasonable to suggest that all adults who suffered early loss live lives patterned by inaccessible affectivity.

Critics of psychoanalysis have often faulted it for assuming knowledge gained in the consulting room to be applicable to an overly broad range of people. Research into the nature of the affective selves of non-patient adults who lost parents in childhood is important to pursue, since we now know that observational and experimental approaches, such as Bowlby's, led to a significant shift in the way we understand the child's experience of the loss. In chapter III of this study, I will examine ways of approaching the investigation of adults' relationships to loss. Nevertheless, it is the position of the present study that psychoanalytic treatment data provides a valid and useful source of

knowledge and questions for a research-based investigation to pursue. Such research could inform the psychoanalytic treatment of those who seek it, as well as providing greater understanding of those who don't.

III. Discussion

As the above review of the literature suggests, the psychoanalytic approach to the adult's relationship to early loss assigns a great deal of weight to the notion of full acceptance of the reality of the loss. In recent years, the literature has begun to expect something different of the child who suffers loss. Children are viewed more flexibly, since it is known that they are creatures of fantasy, imagination and play. This differentiation reflects a growing understanding of the ways in which the workings of the child's mind qualitatively differ from the adult's. Accordingly, clinicians have begun to allow for the fantasy-reality nature of the child's contention with the loss. While it is appropriate to expect an adult to achieve a more firmly tethered connection with reality, it is worth wondering whether the divide that has been erected between the adult's and the child's experience may be too severe. It may be that we have gone too far in insisting that the adult's inner world ought, optimally, to manifest no traces of the separate imago of, or of elaborated dialogues with, the lost parent. In what follows, I will suggest a shift in perspective from which to view the findings of the literature regarding the

adult's relationship to early loss. This shift may be accomplished by bringing fantasy into one's field of vision more centrally, as well as by concentrating attention upon the adult's relationship with his or her own affective self, and not only with the lost object.

The literature considers the ongoing aliveness of the lost parent in the inner world of the adult's self to be an indication of denial. An adult is thought to be consciously unaware of, and yet also potentially ashamed of, fantasies of the parent's presence. By contradistinction, Sekaer and Katz (1986) hold that young children's capacity to elaborate a fantasy of ongoing attachment to an externally unavailable parent signifies the healthy capacity to use creativity. Their stance is similar to Winnicott's position on the value and importance of being able to create, access and engage with transitional phenomena and artifacts, which are a product of self and other, me and not me, fantasy and reality.

Consider tilting the finding that adults continue to relate to internally available lost parents away from the emphasis on denial, and towards the emphasis on creative engagement with fantasy and with the unconscious layers of one's inner world. The picture one obtains then is one in which it is acknowledged that lost others continue to be present in the inner world of the one who lost them. The key

to evaluating such an inner world is to assess the quality of this continued presence.

The difference between a more or less healthy adaptation to early loss may be seen as being dependent upon the nature of the adult's relationship to the internal presence of the absent other, rather than upon whether or not such an internal presence exists. By internal presence one need not necessarily mean to suggest a ghost-like object that populates the adult's inner world in the way that an actor occupies a theater. Rather, what is intended here, is the adult's active process of conjuring the image of and elaborating dialogues with the other, who thus becomes internally available.

Recall Pollock's, Dietrich's and Bowlby's finding that adults who lost parents in childhood often have difficulty entering psychotherapy, since they unconsciously experience it as the beginning of the breakdown of their fantasy that the parent is not in fact lost. Conceptualizing certain kinds of fantasies of the ongoing presence of the parent as potentially healthy affects the way we understand patients' resistance to a clinical process that engages their fantasies. Is there a way to conceive of an engagement with such fantasies that does not entail the position that the *presence* of the fantasy must be undone?

I suggest that adult early loss sufferers' reluctance to engage in the clinical process be seen in relation to affect. In line with the earlier discussion of affect and the self in connection with Jacobson's and Deutsch's patients, it is suggested that reluctant patients have a fearful relationship to their affective selves. This fearful relationship underlies the rigidity with which they relate to their fantasy of the parent's presence.

To flesh out this connection, I turn momentarily to Winnicott (1973), who wrote about some patients' fear of having a psychological breakdown. Winnicott offered that what is actually feared is not a future breakdown, but the re-experiencing of a breakdown that is felt to have already occurred. "It is a fear of the original agony which caused the defense organization which the patient displays as an illness syndrome," he wrote (p. 176). The original agony is the experience of some sort of breakdown in the cohesive unity of the self. Krystal's (1988) earlier outlined theory of affect maturation and of individuals who flee from experiencing affect also contains the notion that what is feared most often is the state of helplessness that *has already occurred*. According to Krystal, flooding states of disregulated affect are traumatizing and terrifying, and it is terror of one's inability to modulate and contain affect that underlies the effort at wholesale rejection or numbing of it.

Putting Winnicott and Krystal together, one may view Pollock's, Dietrich's and Bowlby's prospective patients as people who are fearing not so much the future breakdown of an extant fantasy, but rather the recurrence of a past breakdown in the affective experience of the self.

At the time of loss, a mourning child requires adult help with the modulation and containment of affect. Insufficient or inadequate adult intervention leaves the child in a state of frightfully dramatic, wrenching feelings that seem to have no end. Such a state is experienced as dangerous and painful. It provides a future basis for sequestering oneself away from affective experience in general, and from affective recognition in the truth and meaning of the loss in particular. The self-defensive bulwark that is constructed in the face of such affective storminess is that which is at stake for the prospective adult patient. Entry into an engagement with the loss arouses fear of the breakdown of this bulwark, which is to say the breakdown of a regulated, contained way of being.

If we view the reluctance of prospective patients as affect-driven, it is reasonable to re-evaluate the notion that what stands to change in a psychoanalytic treatment is the very presence of a fantasy-making process that conjures the lost other and makes her alive within the self. Instead, we might expect the degrees of freedom of the individual's relationship to his fantasies to change. Rather than aiming

to eradicate the imago and the inner dialogues, our therapeutic aim would then be related to the aims expressed by the child clinicians described earlier. We would hope that our adult patient could arrive at a *flexible openness* to the ongoing inner presence of his lost parent. Flexible openness would replace a rigid, closed off denial of fantasies. It would signify that the adult is not fearfully fleeing the affective experience of dipping into and elaborating a fantasy of presence while accepting the reality of absence.

Such a shift in perspective entails evaluating adults' relationship to their early losses in relation to these adults' overall level of engagement with their inner worlds, rather than solely with the lost object. More freedom flexibly to engage with one's inner world implies, for the individual in question, openness to affect and to fantasy. A clinician working from a perspective such as this one would strive to engage the patient in more fantasy, and in the sorrow, longing, or savoring of love that would be expressed and also created through the process of its elaboration.

The goal of greater and more flexible access to a fantasy of ongoing connection with the lost parent raises a question regarding the possibility of complete and total relinquishment of the object. Lerner's contemporary call for patients' full letting go echoes Bowlby's much earlier emphasis on the full relinquishment of the object. But if one's focus shifts in the direction that is being suggested

here, and one's outlook turns more tolerant of the ongoing presence of the object in the inner world of the self, what becomes of the goal of relinquishment?

Recall Bowlby's (1963) view that pathological mourning in the adult involves an inability openly to express the angry striving for the object's return, which "becomes repressed and unconscious and so, insulated from change, persists" (p. 500). Bowlby believed that the repressed angry demand for recovery of the object comes to the light of day in successful treatment. The anger and then the sorrow are expressed in such a treatment, and the patient finally comes to be able to accept the loss and to cease seeking the object's return.

Bowlby (1980) believed that the emotions and wishes that accompany unconscious longing and have been focused upon by other psychoanalytic writers are "*but the subjective counterpart of a mourner's urge to act*" (p. 28, emphasis added). By 'act' Bowlby meant to demand and to seek for the object's return. He stated that the role of unconscious yearning and the urge to recover the lost object has been downplayed in the literature. Those who use the terminology of affect--Jacobson and Deutsch, for instance--were considered by Bowlby to be lacking a sufficient focus on underlying motivation. Cast in the language of sadness and other related affects, unconscious longing is not sufficiently recognized as signifying the presence of a

primary motive behind the affect--the urge to recover the object.

To underscore, Bowlby viewed longing as an expression of a demand, which, once the object is relinquished, will be given up. Bowlby thought that repressed yearning for the object expresses a person's denial that the object is indeed lost. Even less repressed, somewhat conscious yearning signifies that there is only a partial admission of the loss, since to yearn is to urge for the object's return.

Bowlby's notion of yearning becomes unsatisfyingly incomplete once one's approach shifts to one of openness to fantasy and to its affective resonance. By so intimately linking yearning and the demand for the actual event of the object's return, Bowlby circumscribed the phenomenon of yearning, relegating it to a realm of concrete expectation rather than allowing it to remain variegated, inclusive and indicative of a different sort of wishful fantasy. One may, instead, conceptualize the yearning that is experienced by the adult who suffered early loss in terms of affect, rather than in relation to the demand for an event, which is bound up with incomplete recognition of the dictates of reality. In affect-tolerant yearning, the adult recognizes the dictates of reality--the object will not return, but is able to maintain a 'wish could' posture. "I wish mother could be with me now" is an example of a fragment of yearning that may not be experienced as a demand for mother's return. Such a

yearned-for wish may continue to be experienced even when the more active form of yearning has already been contended with, and the demand for control over the object is given up. Yearning or longing in this way is possible if the adult can tolerate the intense affect that fantasy of connection with the object arouses. Engaging in longing-filled fantasy is only possible once an individual feels confident in her ability to withstand the measure of temporary disorganization that often accompanies access to deep fantasy.

I am suggesting that conceptualizations of the adult's yearning ought to encompass the possibility of a fluid stance in which attachment to an absent object is allowed to be maintained, without the self being viewed as collapsing into an absence of transitionality in which the symbol or fantasy comes to be experienced as the thing itself.

Looking at adults who suffered early loss from the kind of affect/fantasy-focused perspective offered here necessitates a rethinking of therapeutic aims. Early writings about such aims depicted the clinical process as one of breaking through a patient's defensive denial and completing the mourning process so as to enable acceptance of the fact of the object's unavailability. Frankiel (1994) stated that today's clinicians no longer aim for "completion" of processes, since it is known that such completion may never be possible. And still, contemporary writers such as Lerner continue to emphasize the completion of mourning and a full

letting go of the object, even while endorsing more segmental or simply otherwise-defined goals, such as restoration of function and the reclaiming of aspects of the self. What is being suggested here, is that, mindful of the ongoingness of attachment to the lost object, we conceptualize the therapeutic aim as one of enlarging an individual's capacity to yearn, rather than as one of uncovering the motivational basis for the yearning and then eradicating it.

* * *

Since the goal of this study is to integrate an attachment theory perspective with the view of psychoanalytic theory, I will conclude this discussion with a consideration of one aspect of the kind of vantage points offered by the two theories. Bowlby saw unconscious yearning and longing as expressive of the proximity-seeking motivational system that is at the core of attachment theory. Attachment theory views the urge to re-establish proximity with the object as the motivational context in which relationships and personalities unfold. Unconscious longing, for Bowlby, is simply proximity-seeking gone underground. In his evaluation of others' approach to unconscious longing, Bowlby addressed himself to Jacobson's writings on depression. As mentioned earlier, Jacobson stated that depressed patients sometimes may be aware that if only they could be sad and weep, they could feel for the world again; then, when they become able to yearn for what they lost, these patients would feel a

relieving kind of sadness. Bowlby hypothesized that the yearning these patients are at first unable to experience is "the muted expression of a demand for the object's return and of an urge to recover it which is active at an unconscious level" (1963, p. 507).

Bowlby's earlier-quoted vision of the affects that accompany unconscious longing as "but the subjective counterpart" of the urge to action (1980, p. 28) reveals a stance according to which affect has secondary stature, as compared with motivated action and cognition. The present study's attempt to bring together psychoanalytic, affect-oriented conceptualizations with Bowlby's perspective implies and aims to express a critique of Bowlby's stance towards affect. What I am specifically suggesting now is that his statement that the affect that suffuses longing is but a counterpart to an urge to act should be seen as expressive of the shortcoming of his theoretical position, which holds a motivational orientation to be more primary, rather than indivisible from, an affective one.

The present discussion seeks to present an integrated perspective, which incorporates both Bowlby's urge to recover the object and the--equally primary--affective experience of longing. According to such a perspective, yearning is seen as a lifelong, fluctuating dimension of the self experience of adults who suffered loss in early life. More concrete, rigidly held relationships to fantasies of the object's

return, which are the kind Bowlby thought to underlie yearning, are reflective of a fearful disengagement from one's affective self. Such a disengagement in an adult is a product of inadequate environmental handling of the child's affective experience of the loss. Because of fear of affectively engaging with the loss, the adult holds on to fantasies that obviate affective recognition of it. The capacity to elaborate fantasies of connection with the lost object and to feel longing without becoming concretely oriented towards the object's return involves confident openness to engaging with one's affective self. An adult's capacity for such an engagement is the product of good-enough environmental handling of the child's affective experience of the loss. The kind of yearning such an affectively-engaged adult will feel has the soft, bittersweet feel of nostalgia, for example following exile, rather than the active energy of pilgrimage.

Viewing yearning as a fluctuating dimension of experience within which there are both active-demand and soft-affective positions makes it possible to retain Bowlby's contribution regarding the urge for recovery of the object and regarding the importance of the post-loss environment, while adopting the affective orientation advocated by some psychoanalytic writers on loss. Operating from a stance that is cognizant of environment, motivation and the centrality of affect allows one to view the three as inherently

indivisible, rather than competing, strands of explanation. The position of the present study has been that one's relationship to one's affective self provides urgent motivation, and that this relationship is environmentally shaped. Affective phenomena described by some writers of psychoanalytic theory and the phenomena identified by attachment theory can thus be seen as inter-related, equally primary phenomena.

PART II

THEORETICAL DIALOGUES

INTRODUCTION

Running through all that has been said so far are two threads that, together, weave the way from each reviewed author's depiction of the experience of loss to his or her formulation about the nature of the relationship to past loss that eventually develops. One of these threads is each author's more or less explicit view of the mourning process, and particularly of the form of its typical, ideal, healthy or pathological outcome. The other, somewhat more elusive thread, represents each author's worldview regarding the question of the relationship between lived experience and the mind, and, in turn, of the way the mind--organized in relation to past lived experience--comes to shape the self's present way of being in the world.

In other words, how do the "repercussions in the mind," underscored by A. Freud (1960) in her assessment of the analytic stance towards external events, make themselves known? How do the "forms in which they [events] are registered" shape the ongoing self-experience of the individual who suffered early loss? What happens to these "forms" as the self moves about the world, relating to itself and to others?

The next part of this study will be devoted to the effort to disembed the concept of resolution from conceptualizations of loss. Through theoretical dialogues, I will address directly the two threads of thought that have just been described, in order to travel the length of the journey from depicting the initial experience of loss to depicting latter day relationships to it.

While Bowlby's sharp differentiation of his own views from Klein's remained consistent throughout his writing, his likening of adult and childhood reactions to loss does place him in the interesting position of reacting to Freudian and Kleinian ideas at once. In his later (1980) writing on loss, perhaps somewhat surprisingly, he wrote, "the position adopted here is that, although the paradigm that Klein adopts is rejected, and also the hypotheses she advances to account for individual differences in response to loss, her ideas are held, none the less, to contain the seeds of a productive way of ordering the data" (p.36).

Bowlby remained a controversial figure and was not embraced by the psychoanalytic community (Holmes, 1993, Karen, 1994), though in recent writings he has come to be grouped with the Independent stream in British psychoanalysis (Rayner, 1991). Bowlby is substantially different from other well-known contributors associated with the Independents (such as Winnicott, Milner, or Bollas), both theoretically and methodologically. And yet it is true that this group is

known for its members' theoretical movements among and between developments in both the Freudian and Kleinian traditions, a description that readily fits Bowlby's bold efforts to forge his own independent path.

In the spirit of such movements, the following two dialogues will explore the relationship between Freud's and Klein's theories of mourning, and between Neo-Kleinian writers and attachment theory--as developed by Bowlby's descendants, on the question of the mental organization of lived experience, specifically focusing on the way in which the inner world that is shaped by the past is experienced and expressed.

Dialogue is intended in the spirit with which it was defined by the Russian theorist Bakhtin, who wrote: "the understanding of entire utterances and dialogic relations among them is always of a dialogic nature..The person who understands (including the researcher himself) becomes a participant in the dialogue...", and also, "one cannot..understand dialogic relations simplistically and unilaterally, reducing them to contradiction, conflict, polemics, or disagreement. Agreement is very rich in varieties and shadings (1979, p. 125, italics in original)."

CHAPTER II

MOURNING, MELANCHOLIA, AND A PARADISE LOST AND REGAINED: FREUD'S AND KLEIN'S THEORIES OF MOURNING

Plainly stated, Freud's most familiar, oft-cited formulation of mourning, put forth in his (1917) paper 'Mourning and Melancholia', is that it is a reaction to loss in which the lost object is gradually decathected. This decathexis involves painful work of remembering, reality testing, and identification. As so often happens with Freud's writings, much has been made of these phrases, even in their skeletal form, and theoretical positions have been pinned to differing uses and understandings of their nuances. Such debate and discussion is engendered, in part, by Freud's own approach to the evolution of his thought. While he added clarifications and corrections to some works (especially Three Essays on Sexuality), many papers were left to stand as they were first written, and the task of elucidating changes in theoretical positions and their implications remains to the scholars.

To some extent then, any presentation of Freud's view on a topic as crucial as mourning, if based mostly upon depiction of one written exposition by Freud on the nature of this process, is bound to be incomplete. Freud returned to and elaborated his views on most of the ideas he took up, and, since formulation of mourning entails conceptualization

of the nature and meaning of our relations to objects in both our external and internal worlds, as Freud's views evolved with respect to internalization and the structuralization of the mind--with all that these imply for object relations--one might expect that, had he in fact delivered a final, comprehensive statement regarding his view of mourning, this statement would have expanded upon his 1917 paper in thought-provoking ways.

Still, the 1917 paper continues to be cited and held up as Freud's position paper on both mourning and melancholia. Freud addressed aspects related to mourning in other works as well (1916, 1926), but he did not take up the subject, comprehensively, again. To flesh out Freud's own perspective on mourning, then, one must question his statements on this topic in light of his later comments and views, especially concerning the function of internalization of objects in the structuralization of the mind, and then the place such objects come to occupy within the self.

Because 'Mourning and Melancholia' is, as its title suggests, a work concerned with elucidation of two distinct phenomena through a process of comparison, it offers a somewhat simplified, idealized version of the mourning process, one that makes its contradistinction from melancholia most starkly clear (Siggins, 1966). One gets the impression that Freud was more interested in placing melancholia at the forefront at this time, and that he used

mourning as an almost obvious, necessary counterpoint, or background concept. It is worth asking, given Freud's other comments on mourning, and given what appears to be his primary preoccupation in the writing of this paper-- considered by many to be, first and foremost, a seminal paper on the subject of depression--how clearly demarcated the two phenomena really are, in the world of complex relationships and losses.

Still, as a thumbnail sketch of Freud's position on what mourning entails, the statement that it is a reaction to loss in which the lost object is gradually decathected, or given up-- through a process of remembering the object, confronting the reality of its absence, and finally accepting this reality-- does provide a reasonably good likeness from which to begin. Many of the psychoanalytic literature's clinical conceptualizations that evaluate patients who suffered loss do so by elucidating the extent to which these patients actually completed a mourning process, understood in the terms provided by this abstract of Freud. Questions are often raised regarding the extent to which egos, or selves, bear the imprint of aborted, compromised or deferred mourning. In general, then, reading the back issues of seminal psychoanalytic journals, one gets the impression that formulation of the metapsychology and treatment of people who had been bereaved was for many years resounding with Freud's powerful voice.

Clearly, notions of aborted or deferred mourning and its sequelae are useful, necessary, and make a great deal of intuitive, clinical, and theoretical sense. However, the focus on aborted mourning has lent many psychoanalytic accounts of clinical cases that involve loss a linear, static feel that is, I think, problematic, as it does not leave sufficient room for conceiving of lingering, complex, life-long aspects of relating to past losses outside the realm of severe pathology. One may argue that, had Freud provided us with a comprehensive, final account of mourning and loss that made use of later developments in his theory, latter day utilizations of his formulation of mourning would have applied themselves to the task of depicting loss with a less linear, closure-bound perspective. But Freud did not address mourning and its outcome in full again. Implications of his view of mourning for notions of resolution with respect to loss can only proceed through addressing Freud's statements regarding the nature and outcome of the mourning process, mainly, albeit not exclusively, as it was depicted in 1917.

In many ways, Klein's writings about mourning may seem to be an elucidation of and continuation of Freud's work, as Klein addressed herself to his writings on the subject and presented her work in terms that may suggest compatibility. But Klein wrote of the mourning process in relation to the depressive position, and, beyond the question of finer disagreements that may be found when one compares the

specifics of her view of the mourning process with Freud's, this very framing of the question--in relation to a *position*--ushers in a more fundamental difference in outlook.

Klein's paranoid-schizoid and depressive positions are described as *positions*, rather than stages, because they are viewed as always-present stances of the self. In health, one cycles back through these positions throughout life, but mourning, especially, reawakens the complex feelings of the depressive position as these were experienced in early life. This depiction of Klein's thought is highly schematic. It is being presented here to suggest an important contrast between Klein's and Freud's view of mourning, which imply different conceptualizations of resolution as well.

The following discussion is an effort at dialogue between Freud and Klein on the nature of the mourning process and its outcome. Its purpose is to present not a detailed examination of every aspect of both theorists' rich depictions of this complex phenomenon, but, rather, to offer an exploratory investigation of those dimensions of their view of mourning and its outcome that are germane to a conceptualization of relating to past loss.

I. Freud

In mourning, the loss of the object gradually comes to be accepted. Freud (1917) wrote:

Reality testing has shown that the loved object no longer exists, and it proceeds to demand that all libido

shall be withdrawn from its attachments to that object. Against this demand a struggle of course arises--it may be universally observed that man never willingly abandons a libido-position, not even when a substitute is already beckoning to him. This struggle can be so intense that a turning away from reality ensues, the object being clung to through the medium of a hallucinatory wish- psychosis. The normal outcome is that deference for reality gains the day (p.166).

The process of decathexis is a piecemeal one, because the pain involved would be too overwhelming if it were to be taken on all at once. Freud presents this pain in economic terms-- what is painful is the influx of freed libido, but, noting the explanation is inadequate to the task of characterizing the specific nature and cause of this "painful unpleasure," he revisits this explanation in an addendum to his later (1926) work *Inhibitions, Symptoms and Anxiety*.

That Freud revisited the question of a mourner's pain at this junction is telling; he had already worked out notions regarding the ego's structuralization through relationship with internalized objects (*The Ego and the Id*, 1923), and now, in 1926, he revamped his theory of anxiety, as was necessitated by his new view of the inter-relations of aspects of the mind. The makings are here, then, for a refinement of the concept of mourning that takes into account more fully and explicitly the way in which the external object gets brought into the self, and the anxiety, pain--and defense against these, that loss, clearly, involves. But Freud does not pull it all together here, and his new

theoretical elaboration of the trajectory towards and eventual placement and status of the lost object within the self remains not fully integrated with views of pain and loss.

The third addendum to the 1926 work is entitled "Anxiety, Pain and Mourning," and it is here that Freud, having asserted that anxiety is a reaction to the danger of a loss of an object, asks: "now we already know one reaction to the loss of an object, and that is mourning. The question therefore is, when does that loss lead to anxiety and when to mourning?" and, adding pain to the mix, he continues: "when does separation from an object produce anxiety, when does it produce mourning and when does it produce, it may be, only pain? (p.105)"

Freud wrote that there was no immediate prospect of answering these questions. This is important to note, because it suggests that the *links* between Freud's understanding of emotional processes, object relations and the self were not yet elaborated to the fullest extent necessary for a comprehensive account of the pain of object loss, an account requiring appreciation of the centrality of objects for the self and the quality of the internal world, seen in terms other, or at least much broader than, economics.

Still, Freud does respond to his own questions, offering the view that pain is the actual reaction to the loss of the object, while anxiety is the reaction to the danger that loss

entails and therefore, by displacement, to the danger of the loss of the object. Mourning is entrusted with effecting a separation with the lost object, a process made painful by the "high and unsatisfiable cathexis of longing which is concentrated on the object by the bereaved person during the reproduction of the situations in which he must undo the ties that bind him to it (p.109)."

This addendum of Freud's brings into relief some of the shortcomings of Freud's depiction of the endpoint, and outcome, of mourning. Even in this (1926) later revisiting of the topic, Freud couches his depiction of the painful process of mourning in terms that suggest that closure--upon complete decathexis-- is possible. While the theory holds that libido that has been taken back away from the lost object will continue to flow and become invested in objects, suggesting the ongoingness of self and love, it does not make comfortable room for the lost object, now decathected, to continue to circulate in the emotional and representational bloodstream of the no longer mourning self.

To be sure, 'Mourning and Melancholia' (1917) does usher in an important line of thinking on identification, which is taken up and further developed in Freud's (1923) discussion of internalization. But before elaborating more fully on the ultimate fate of the lost object once it has been mourned, it is necessary to get a fuller sense of the mourning process itself.

The gradual decathexis of which the work of mourning consists is viewed in the 1917 paper as a compromise in two senses: there is defense against being flooded, leading to a slower process, but one that nevertheless (in non-pathological cases) obeys the dictates of reality; and, too, the work proceeds bit by bit and in the meantime "the existence of the lost object is continued in the mind" (p. 166).

Of what does this gradual process consist? All memories, wishes or expectations related to the loved lost object are brought out, one by one, and with each, the object is hypercathexed--the mourner is awash with love and longing for the object of the reverie, and then given up, each time, bit by bit. The giving up entails reality testing, which differentiates memory of past doings with the object from wishes and hopes for an impossible future. Efforts to detach libido from the lost loved object are unconscious, in principle, but because the loss itself is conscious, as are the feelings associated with the object, nothing prevents the process itself from becoming conscious, one feature that differentiates mourning from melancholia.

Cruel reality continues to mete out the same verdict: the object no longer exists, until eventually the ego, forced to choose between remaining attached to the object by sharing its fate or differentiating its fate from the object, thereby severing connection, "is persuaded by the sum of the

narcissistic satisfactions it derives from being alive" (p. 176) to give up its attachment. It is at this juncture that this somewhat mechanized, economic description of Freud's conveys the poignancy of the process, which involves a choice of life and the love it promises over eternal union with a once-loved other, a choice to love the self more than the object.

Freud wrote that when (normal) mourning is completed, the ego will have succeeded in freeing its libido, the world no longer seems "poor and empty," (p. 167) in short "when the work of mourning is completed the ego becomes free and uninhibited again" (p.166).

Pathological mourning is a complicated mourning process, hindered and affected by unconscious ambivalence towards the lost object. Here Freud articulates some aspects of a diagnostic scheme (Steve Ellum, personal communication, 1996), which leads him to link obsessional states of guilt-ridden depression following loss to a disposition to obsessional neurosis--mourning becomes pathological in such a situation because it is tinged with conflict involving the love and hate for the object, and guilt. This is differentiated from melancholia, which involves not only ambivalent relations but also a regression to a narcissistic state in which libido detached from the object is brought back into an investment in the self. That is, because the original object choice was, in the case of the melancholic, a

narcissistic one that is based primarily on identification, when object cathexis is disrupted, the melancholic ego takes itself as love object in place of the often unconsciously lost one.

Once pathological mourners complete their struggle with the conflictual nature of their loss, mourning can come to a quietly complete endpoint. In melancholia, however, mourning may turn to mania, which becomes expressed in ways akin to celebration of triumph, as anticathexis is effected to counter the damned up, regressed libido.

Further elaboration of Freud's model of melancholia is not quite to the point here, because the focus of the present discussion is on mourning. Nevertheless, consideration of some aspects of the mourning/melancholia distinction does raise questions that are quite pertinent. Freud's delineation of various aspects of melancholia, and its difference from mourning, was articulated in economic terms involving discharged, accumulated, overflowing libido, but also in diagnostic terms, which are based in a conception of different types of object relations, or love. It appears that there is an uneasy marriage here between the language of discharge and the language of objects, and it is this that makes satisfying determination of Freud's view of the ultimate fate of the lost object so elusive.

In 1917, identification is described as a part of the mourning-decathecting process only in the melancholic. But in

The Ego and the Id (1923) Freud states "it may be that this identification is the sole condition under which the id can give up its objects," and he goes on to characterize identification as a frequent process of, especially early, development, which gradually sculpts the ego so that it becomes "a precipitate of abandoned object-cathexes and that it contains the history of these object choices" (p.24). Lost objects are taken in and become part of the ego throughout development, not only in melancholia.

This view suggests a pair of partially inter-related questions. First, might it not be that given the complexity and ambivalence involved in all relationships, the actual course of not only pathological but all mourning involves some of the lowering of self-esteem attributed here (1917) only to melancholia? (Siggins, 1966) And second, once the 1917 depiction of the ultimate endpoint and goal of mourning as the relinquishment of the object is taken together with the 1923 portrait of the ego as a "precipitate of abandoned object cathexes," what kind of giving up of the lost object does actually take place? Where does the relinquished object go? Freud's (1923) depiction of the ego suggests that the lost object is taken into the self. Loewald (1962) has explicated the way in which internalizations following loss gradually evolve, becoming more and more integrated into the ego proper, so that aspects of lost others eventually become traits of the self.

But the question remains: where does the object go? In the case of real loss through death, (which differs from the normal oedipal-phase losses involved in the formation of the gradually depersonifying superego,) if the lost object becomes gradually a part of the ego, or of the once-mourner's own self, is it no longer also functioning as an object in the internal world, so that one is no longer relating to it and re-experiencing the pain--and eventually more the significance and meaning--of its having been lost? I suggested that the notion that a lowering of self-esteem might characterize all mourning is related here, because taken together, these questions point to a paradoxical, I think unresolvable aspect of Freud's theory. That is, how are the fates of self and object intertwined? How does a theory so founded on libido, or love, make room for the primacy of the other, which is always so inseparable from the primacy of the self?

There is an unresolvable paradox of sorts here, and it is important to retain it as such, in this instance at least, because it is only in retaining a measure of unresolvability that we come close to a truthful depiction of loss. What is the aftermath of mourning? That the process of mourning itself, in health, does come to an end is important to recognize. But does the loss ever end? Can an absence cease? Does a lost loved one ever get so fully metabolized by the

workings of development that it becomes a seamless component in the body of the self?

In a (1927) discussion of fetishism that occasioned for Freud reconsideration of some notions regarding pathology, and led to his view that disavowal of an aspect of reality is a rather more ubiquitous defense than he had thus far thought, Freud describes two patients who had lost a father at a young age. Neither young man was psychotic, yet both had disavowed the reality of the death. "It was only one current in their mental life that had not recognized their father's death; there was another current which took full account of that fact. The attitude which fitted in with the wish and the attitude which fitted in with reality existed side by side"(p. 156). Freud is describing a split in which there is conscious acceptance of the loss but unconscious disavowal of it, and the psychopathology of the bereaved is often attributed to their effecting this very split (Frankiel, 1994, p.37). The object is retained, and unconscious fantasies regarding its whereabouts may be developed (Jacobson, 1965).

It is important to explore the apparently stark division between pathology and health on this matter. For while in health all parts of the self, crucially, have accepted the reality of the object's inexistence in the external world, there is room to wonder to what extent and in which way the object is retained in the internal world, once reality does

in fact succeed in commanding the day. How is the completely mourned lost object experienced in the unconscious fantasy life, and in the emotional processes of self of the once-bereaved?

In a short 1916 essay suggestively entitled 'On Transience,' Freud, reflecting upon a nature walk, wondered about his walking companion's joyless appreciation of the beauty that surrounded them in the countryside in which they walked. The companion's enjoyment was spoiled by the knowledge that the beauty was transient. Recoiling from the foretaste of painful mourning brought on by thoughts of transience, the companion--a poet, ruined his own joy. Freud is onto something delicate here: the painful, difficult balance between letting in all feelings of love, in this case love of nature, which are on the side of life, in the face of the inevitable painfulness of loss. He describes the painfulness of mourning as a riddle in this essay, in which he addresses himself to losses incurred by the great war, which "robbed the world of its beauties (p.150)." This historical context--of the ongoing war and all that it seemed to be revealing about human nature, helps explain the, I think, strained, inapt optimism of Freud's depiction of mourning here. "Mourning, as we know, however painful it may be, comes to a spontaneous end. When it has renounced everything that has been lost, then it has consumed itself, and our libido is once more free (in so far as we are still

young and active) to replace the lost objects by fresh ones equally or still more precious (p.151)."

What does happen to the object after reality has won the day and loss has been accepted? Compare Freud's theoretical statements with his personal (1929) letter, oft-cited in the literature, to his bereaved friend Biswanger on the day his own daughter, who had died, would have turned 36:

Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish (cited in Frankiel, 1994).

II. Klein

The experiences of weaning and all that surrounds it, which are at the core of the depressive position, are for Klein the prototype of all normal adult mourning. Klein begins her (1940) exposition "Mourning and its Relation to Manic-Depressive States" with an introduction of this notion of prototype, and she too, like Freud, refers to the testing of reality. "In my view," she writes,

there is a close connection between the testing of reality in normal mourning and *early processes of the mind*. My contention is that the child goes through states of mind comparable to the mourning of the adult, or rather, that this early mourning is revived whenever grief is experienced in later life. The most important of the methods by which the child overcomes his states of mourning, is, in my view, the testing of reality; this process, however, as Freud stresses, is part of the work of mourning (p.344, emphasis added).

This statement contains a number of key aspects of Klein's way of thinking about mourning, and begins to hint at the thorny, real differences that lie behind its deceptively smooth building upon Freud.

Klein moves back and forth between the adult mourner and the child here, so that each is used to situate the other; the child's states of mind are elucidated using the mourner's, the mourner's grief is a reviving of the child's. This circularity remains throughout Klein's writing on this topic, and clear distinctions between the adult and child are not drawn. Also, both child, with his early processes of mind, and mourner, overcome their state through testing reality. Klein links this to Freud's formulation regarding reality's command, but her likening of mourning's succumbing to reality to early processes of the mind signals an important difference between the quality of reality Freud here invokes, and the reality--always influenced by fantasy--that is the hallmark of Klein's thought.

In Klein's writing, the lost object is always at once external, internal, real and suffused with aspects of unconscious fantasy. Reality, objects and their inter-relationship are not the same in Klein and in Freud, so that the division between Mourning and Melancholia utilized by Freud cannot hold here, where lost objects are always discussed with reference, also, to the unconscious loss and the internal object. Here it is never true that only the

outside world comes to be experienced as poor and empty and not the ego--the hallmark of Freud's mourner, who is distinguished from the melancholic who feels his own ego to be poor. For Klein, external loss integrally implicates a dreaded internal one, regardless of the bereaved's diagnosis, and all the phenomena Freud attributes only to the melancholic--or the pathological mourner, who, prone to self-reproaches, is racked with guilt, all these she sees as part and parcel, in differing degrees, of all mourning of every loss.

So much for an orderly depiction of Klein's view of mourning. There is a deep and crucial cyclicity to Klein that is difficult to appreciate and surrender to fully; one is often tempted to clean up the play room, say what's what, put reality and fantasy, inner and outer back where they are easier to apprehend and to tolerate, on two sides of a divide. But Klein (1935) wrote:

From the very beginning of psychic development there is a constant correlation of real objects with those installed within the ego...The absence of the mother arouses in the child anxiety lest it should be handed over to bad objects, external and internalized, either because of her death or because of her return in the guise of a 'bad' mother. Both cases mean to the child the loss of the loved mother, and I would particularly draw attention to the fact that dread of the loss of the 'good', internalized object becomes a perpetual source of anxiety lest the real mother should die. On the other hand, every experience which suggests the loss of the real loved object stimulates the dread of losing the internalized one too (pp. 266-7; emphases in original).

What is the prototypic object loss for Klein? It is the first and fundamental loss of an external real loved object, experienced through the loss of the breast in the events surrounding weaning. The child's task at this stage is to establish its loved object inside the ego, and failure to do this is activated in later life and loss, leading to depressive states. The experience of establishing the good object within in reaction to the loss of the breast is at the heart of the infantile depressive position. In adulthood, the loss of a loved one reactivates the infantile depressive position, and the adult's ability to mourn successfully and recover is contingent upon having overcome the depressive position in childhood.

In her (1935) paper "A Contribution to the Psychogenesis of Manic-Depressive States" Klein put forth the idea of 'position' as the developmental unit of currency, which refers to the ego's mode of relating to its internalized and external object, and to the quality of anxieties and defenses associated with this mode of relating. The timetable offered by Klein has been difficult to support, and many a rejection of her ideas has been pinned to her untenably early placing of the depressive position. For the present purpose, precise timing doesn't matter; Klein's depressive position happens in very early childhood, and then it comes back again and again. Mourning and its outcome reactivate and depend upon this position.

In the depressive position, the infant begins to relate to the (m)other as a whole, rather than part object. Now the infant can identify with his object, and the feelings he develops are more complex than the ones that characterized his early relation to the object, in which he sought, mainly, to survive what has been experienced by him as attack. Afraid of losing his loved good object, the infant experiences depressive anxieties, and guilt for the aggression he directed towards what had until now been seen as a separate, partial bad object but is now recognized as one indivisible aspect of the good loved one. Now comes the urge to repair the damage done, which is damage born of hate, sadistic attack, retaliation against perceived attack, and so on, all resulting from processes of projection and introjection that, in the infant's unconscious fantasy, endanger or damage the object. Manic depressive defenses, a new constellation of omnipotence, idealization and denial, are marshaled, to aid in the efforts to continue to ward off persecution, and to deal with the despair and guilt involved in recognizing that the now whole object cannot be had, owned, and always possessed for the sake of the self.

The normal outcome of this position is the secure internalization of the good object. This internalization is the basis for future mental health resting upon the sense of having a viable self nourished by an inner goodness, and, most importantly for Klein, the ability to love. The dawning

of the depressive position brings remorse, sadness related to the expectation of impending loss, a sense of concern; its successful completion, arrived at through many cyclical shifts, is elusive but critical, as the secure establishment of good internal objects signifies victory in the "struggles against the chaos inside" (1040, p.348).

This complex tale is actually a highly simplified account of the depressive position and its struggles, since for Klein, all development involves ongoing shifts and oscillations, and these occur both within this position and between it and the paranoid-schizoid one. What must be appreciated for the purposes of the present context is Klein's way of thinking about experience in ever oscillating, internal-external terms, a point of view that offers a portrait of self and object in which the two are quite indivisibly ensconced in relationship in the self's internal world. The complexity of this picture applies, then, to Klein's view of mourning. While reality remains the presiding judge in the Kleinian universe of mourning--since the actuality and irreversibility of the loss must be accepted, given the nature of this judge and its internal-external area of jurisdiction, relinquishment here entails a different story.

In adult mourning, the real loss of the external loved object brings with it unconscious feelings of having also lost the internal good object. This makes the mourner's task

more extensive than Freud's mourner's, and his pain understandable in object relational, rather than economic, terms. Klein writes: "the pain experienced in the slow process of testing reality in the course of mourning thus seems to be partly due to the necessity, not only to renew the links to the external world and thus continuously re-experience the loss, but at the same time and by means of this to rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing" (p.354).

According to Klein (1940), this mourner, experiencing his own self to be impoverished, goes through a "modified and transitory manic-depressive state"(P.354) and overcomes it, thus repeating the processes of the child's in the depressive position. Here there is the triumph in the face of poverty of Freud's melancholic. This triumph is a part of normal mourning for Klein, and it contributes to the cycle of guilt and efforts at reparation characteristic of the depressive position. It should be reiterated here that the depressive position reappears throughout life, oscillating with the paranoid-schizoid one, so that cycles involving depressive feelings, manic defenses, guilt and reparation are not characteristic only of mourning and early childhood. What intertwines these two is the nature and quality of their potential outcome: an unsuccessful integration of the inner world in the early depressive position will derail the later overcoming of real loss of a loved one.

What is a successful outcome of mourning? In poignant detail, Klein (1940) describes steps in the mourning process of Mrs. A --a thinly disguised stand-in for the author herself--whose son had died. Eventually,

in her internal world harshness and suspicion had diminished, and sorrow had increased. The tears which she shed were also to some extent the tears which her internal parents shed, and she also wanted to comfort them as they--in her phantasy--comforted her. If greater security in the inner world is gradually regained, and feelings and inner objects are therefore allowed to come more to life again, re-creative processes can set in, and hope return (p.359-60).

This is the paradox of the pain of mourning: to overcome the loss is to feel more and more. Klein adds: "persecution decreases and the pining for the lost object *is experienced in full force*. To put it in other words: hatred has receded and love is freed"(ibid., emphasis added). The overcoming of mourning is conceptualized here in relation to a "renewal of life inside," which comes with a deepening of internal relationships.

Klein's beautiful words are evocative of the calm truth that lies at the heart of the storm of feeling that is mourning. There is no losing loss. The object is not, finally, divested of love and relinquished. Rather,

"...while grief is experienced to the full and despair is at its height, the love for the object wells up and the mourner feels more strongly that life inside and outside will go on after all, and that the lost loved object can be preserved within..."

[Thus,]

"...every advance in the process of mourning results in a deepening in the individual's relation to his inner objects, in the happiness of regaining them after they

were felt to be lost ('Paradise Lost and Regained') (p.360).

III. Freud and Klein

Bakhtin (1970-1) wrote about the nature of contextual meaning, which reveals itself only in relation to the contextual meaning of something else. "Actual contextual meaning inheres not in one (single) meaning, but only in two meanings that meet and accompany one another...there can be neither a first nor a last meaning; it always exists among other meanings as a link in the chain of meaning, which in its totality is the only thing that can be real"(1996, p.146). And it is true that neither the Freud nor the Klein reading, as they are offered here, stand alone. Embedded in both are aspects of a dialogue about objects and the self, internal and external worlds, reality and fantasy.

The topic of mourning, or loss, does throw into relief the intricate bond that self and object, internal and external worlds, reality and wishful fantasy possess. Klein (1940) wrote that the phenomenon recognized by Freud in his conceptualization of the superego "as the voices and the influences of the actual parents established in the ego" is, in her view, more aptly characterized as "a complex object-world, which is felt by the individual, in deep layers of the unconscious, to be concretely inside himself"(p.362).

This is Klein's (1940) view of internalized objects and an inner world. She elaborates this statement in a direction

that makes clear just how intertwined reality and unconscious fantasy are in the establishment and goings on of this inner world, which

consists of innumerable objects taken into the ego, corresponding partly to the multitude of varying aspects, good and bad, in which the parents (and other people) appeared to the child's unconscious mind throughout various stages of his development. Further, they also represent all the real people who are continually becoming internalized in a variety of situations provided by the multitude of ever-changing external experiences as well as phantasied ones (p.363).

Objects in this inner world exist in "infinitely complex relation[s] both with each other and with the self" (ibid.).

That Klein elaborates this difference between her perspective on the inner world and Freud's in the midst of an exposition on mourning highlights the relevance of one's world view regarding the pairs self/object, internal/external worlds, reality/fantasy for one's conceptualization of mourning. While the verdict regarding the place of reality in Freud's worldview remains highly complex--given the evolution of his own, some say incomplete grappling with the issue (Alan Bass, personal communication, 1996) and certain political shifts in the psychoanalytic movement (Vorus, 1997)--it does seem clear that in his exposition of mourning, Freud privileges reality over fantasy.

The Freudian view of mourning pits the mourner and his wishing, yearning inner world at battle with an external world ruled by the dictates of reality. In health, the

mourner completes his task when he relinquishes the object's hold on him, choosing life, without the object, over the kind of ongoing relations with the lost object that, through preoccupation, would prolong the object while removing the mourner, psychically, from the world of the living. Crucially, for both Freud and Klein, the endpoint of successful mourning is marked by a revival of the capacity to love. But Klein makes explicit the way in which this love can again be invested in the lost object now ensconced in the unconscious mind, where it continues to exist in "infinitely complex relation" with the self.

As was already suggested, the interpenetration of the Kleinian internal and external worlds--the way in which internal forces of unconscious fantasy suffuse the experience of the world out here--collapses Freud's distinction between the mourner's mourning and the melancholic's. In Freud's writing, mourning is a linear process, and the mourner's movements towards and away from reality may be visualized as shifts to and fro along the trajectory that connects the inner world, in which the object continues to exist, and the external one, in which reality's verdict is that the object is no more. Freud's view suggests that resolution is an outcome of successful ego work that progresses step by step and then comes to rest somewhere in the middle of the road; here the ego achieves a balance whereby reality is respected

and the loss is accepted, and internal needs and wishes for love--of a new object, also stand a chance.

In Klein's writing, both the later phases of a successful mourning and the endpoint of such a process are marked by the capacity to love again, but, in health, the endpoint brings not only new object love but also a regaining of the lost paradise of love for the lost object. The unconscious inter-relations of self and the lost, internalized object continue. Thus, for Klein, there is not so much a trajectory of loss and love but rather an orbit of sorts, in which relationships and the feelings with which they are suffused continue to circulate, coursing through the unconscious mind and thereby, also, coloring the experience of and relation with external reality. Klein (1940) wrote: "in mourning as well as in infantile development, inner security comes about not by a straightforward movement but in waves (p.361)."

Despite being Klein's own, this depiction of Kleinian mourning along the arc of waves understates the extent of the cyclicity inherent in her theory. For Klein, the mourner who establishes the object within is "reinstating," and "recovering what he had already attained in childhood" (p.362). "[T]he individual reintrojects and reinstates (p.363)," and successful mourning is characterized by a "rebuilding" (ibid., all emphases added) of the inner landscape.

Not only are lost objects never fully relinquished here, but, also, no loss, once mourned, eventuates in a permanent settling of the inner world. Mourning reactivates the early depressive position. And since, Klein (1940) thought, "any pain caused by unhappy experiences, whatever their nature, has something in common with mourning..reactivat[ing] the infantile depressive position..[and] entail[ing] mental work similar to mourning (p.360)," no successfully mourned loss is sequestered away from the reactivating reaches of ongoing development.

IV. Mourning and its outcome: Freud or Klein?

It must by now be evident that the present discussion privileges Klein's cyclical worldview over Freud's linear one, when it comes to the issue of the endpoint of mourning. That the mourning process itself proceeds by waves but is ultimately ended, and is in this way linear, is an important commonality of the two views under consideration here. "Mourning," wrote Freud, "however painful it may be, comes to a spontaneous end" (1916, p.151).

But absence does not come to an end, and the relationship to an important loved object who is lost, while becoming entirely an internal one, does deserve a place in the theory of object loss. It is Klein's cyclicity--and her view of the internal world as containing a network of unconscious relationships of self and objects--that makes room for this outcome of mourning. As mentioned earlier,

Kleinian theory views mourning experienced in the face of "adversity of any kind" as a reactivation of the early depressive position, and ongoing development involves numerous occasions of mournful adversity, as well as continual oscillation in and out of the depressive position. Feelings connected with the essence of the experience of loss, as well as unconscious fantasies (phantasies) with which specific lost internal objects are suffused, cycle in and out throughout life, challenging the self to revisit sadness, remorse, and love.

Still, there are limits to this Kleinian view. To appreciate these, one must consider the question of childhood loss and mourning, put on the map of object loss literature by the well-known controversy regarding the child's capacity to mourn. To recap the earlier discussion of this issue, Bowlby's (1960) suggestion that children do in fact mourn was rejected by many (A. Freud, 1960, Wolfenstein, 1966) and accepted to varying degrees by others (Furman, 1974), but in all cases, the debate hinged upon Freud's definition of the work of mourning. While some pointed to what was seen as a child's version of undergoing aspects of the mourning process, others maintained that although the behaviors described by Bowlby and others are indicative of pain and yearning following loss, they do not also indicate that an internal process of decathexis is taking place in the fashion defined by Freud in his (1917) paper 'Mourning and

Melancholia.' As will be recalled, Wolfenstein, a most extreme opponent of the view that children mourn, argued that certain developmental preconditions for being able to mourn, that is, gradually to decathect the lost object, are absent until adolescence. Bowlby, whose writings spawned the debate, differentiated himself from Freud's view of the role of identification in normal mourning, but he also distinguished himself rather forcefully from many of Klein's ideas. Nevertheless, reactions to his writings were cast in the language of Freud.

As was suggested in chapter I, a child's capacity to mourn may be evaluated in ego-psychological terms, in which attention is focused upon the child's ability to persevere in a process of comparing reality to memory and hope. Or it may be considered in object relational terms, in which a child's ability to mourn is evaluated with respect to the nature and relative maturity of a child's object love and relationships, which, in any case, are a critical ingredient in the consolidation of a child's ego functions. Either way, the overall framework remains Freudian, as the definition of the process of mourning that is under discussion is Freud's.

To be sure, there are historical reasons for this framing of the issue. The constellation of personal, political and institutional factors that led to, and continued to characterize, the Controversial Discussions that took place in London in the early 1940's between followers of

Klein's and Anna Freud's, prevailed even once the official Discussions were over (Vorus, 1997). The climate thus generated may be seen as a powerful factor affecting the reception given to Kleinian ideas by some of the child-analytic clinicians who joined the debate, especially those steeped in American ego psychology.

Nevertheless, there does seem to be an additional, theoretical reason for the nature of this debate; the attempt to re-frame the childhood mourning controversy in Kleinian terms falters in ways that illuminate the important limit of Klein's approach to the question of mourning.

Klein (1940) wrote:

One of the differences between the early depressive position and normal mourning is that when the baby loses the breast or bottle, which has come to represent to him a 'good', helpful, protective object inside him, and experiences grief, he does this even though his mother is there. With the grown-up person, however, the grief is brought about by the actual loss of an actual person; yet help comes to him against this overwhelming loss through his having established in his early life his 'good' mother inside himself. The young child, however, is at the height of his struggles with fears of losing her internally and externally, for he has not yet succeeded in establishing her securely inside himself. In this struggle, the child's relation to his mother, her actual presence, is of the greatest help (p.361-2).

Klein has the infant in mind here, but what if the loss occurs later in childhood? Klein's timetable for the infantile depressive position places it early within the first year of life. On the other hand, cycles--of depressive anxieties, guilt, defense and reparation--occur both within

the depressive position itself, and in the ongoing oscillation between this and the paranoid-schizoid position, so that there is no once and for all closure of the depressive position. If mourning at every stage reactivates the depressive position, which is characteristic of early life, how is one to make developmental sense of qualities of mourning specific to unique phases in development?

In founding the link between early depressive struggles and adult mourning on a commonality of "processes of the mind" (1940, p. 344), Klein obviates the whole notion of developmental specificity, which significantly affects the way the mind works. Her theory does not concern itself with making meaningful differentiations between types and qualities of mourning that are characterized by specific developmental challenges and capacities. This limitation--and the wealth of knowledge on the specificity of, for one, aspects of symbolization in childhood, forces one to view this feature of Klein's thought as a limitation -- is ironic. Klein views loss and mourning throughout life as a reactivation of the early phase that is the cornerstone of development. She thus links all later loss experiences to the self's early life. And yet, because her theory is not finely tuned to the nuance of developmental particularity, it undercuts its own potential to contribute to a developmentally-based understanding of that which differentiates a child's process of loss from an adult's.

There is a paradox to Kleinian theory here. On the one hand, through its conceptualization of all mourning at every stage of life as reactivation of the depressive position, and further, given the ongoing oscillation of the depressive position for everyone at all times, the theory invites the experience of loss to play a central part in self-experience. In this way, Kleinian thought forges the path for seeing development as a life-long process involving ongoing cycles, and a revisiting of many a lost paradise. On the other hand, by so intimately linking all loss in later development with the loss of earliest life, Kleinian thought pulls the rug out from under its own developmental legs, becoming developmental in its spirit and outlook but not in the specifics of its applicability.

Klein (1940) makes the important statement that "the early depressive position, which had become revived through the loss of the loved object, becomes modified again, and is overcome by methods similar to those used by the ego in childhood" (p.369). In other words, the later loss reactivates early loss, but in reviving it change is brought, but it is brought in accordance with the internal rules of the game of early loss.

What I am describing as a paradox here is, I think, an inevitable byproduct of the cyclicity of Klein's thought. That is, there is a circular motion to her thinking on loss-- from later to early to later to early, that is no doubt

designed to reflect, and that successfully captures, the ongoing effects of loss, which remains a cyclical experience, one in keeping with the intricate complexity of the unconscious self-object relations that sculpt the inner world.

From this perspective, it is entirely unsurprising that parents who had suffered early parental loss have been found to encounter difficulty in parenting their children at specific phases that correspond to, and activate, their own early experience (Furman, 1974). And yet, there is much theoretical and clinical value to be gained from training one's gaze to focus upon not only the fact that early loss is activated, but also the specific nature of each current developmental phase and its challenges, which shape the way in which this activation is experienced.

It is at this junction that the effort to conceptualize mourning and loss benefits immeasurably from a return to Freud. In his delineation of the particularities that distinguish mourner from pathological mourner from melancholic, Freud utilized and further elaborated his evolving diagnostic scheme, which rests on the conceptualization of progressive levels of types of object choice, and of object love (Steve Ellman, personal communication, 1996). The melancholic, for example, is prone to all that occurs when libido regresses and the object is taken back into the ego because his love for that object was

narcissistic, or founded upon a narcissistic type of object choice, which is characteristic of one phase in the early development of the self. A less narcissistic, more developmentally advanced object choice, or love, would lead to a different mourning process. By contrast, for Klein, narcissism and object love are two moments in the same object relationship, rather than their being two different *kinds* of relating to an object; as such, both ways of relating are a part of all types of mourning (Diana Diamond, personal communication, May, 1998).

In thus linking his view of the mourning process to levels of object love, Freud provided a developmental prism through which the experience of loss is conceptualized. The Freudian perspective rests upon a model of development that is linear and hierarchical, with later stages--of ego development or object love, signifying the potential for a more capacious self. It seems to me that such a perspective is a necessary component of a theory of object loss that seeks to make meaningful differentiation between early and later loss, and between earlier and later reactivation and renavigation of it. I thus suggest that the cyclical Kleinian lens be fitted with a corrective, linear Freudian filter. Equipped with such an apparatus, one's theoretical and clinical gaze should be not only wide--and capable of seeing ongoing, lifelong cyclicity, but also exquisitely focused upon detail.

Combining the Freudian and Kleinian perspectives in this way would result in a dialectical, as opposed to a strictly linear or strictly cyclical, perspective (Diana Diamond, personal communication, May 1998). Freud's linear approach to mourning and loss may be seen as the thesis, with Klein's cyclical one providing the antithesis; together, these views construct a dialectical approach, wherein the revisiting of loss is considered continuously to cycle through one's life, but always at a next, or different, developmental stage and frame of meaning.

The linear, developmental Freudian filter fitted onto Klein's cyclical lens would result in a view of the ongoing, life-long relationship to loss in which this relationship resembles a spiral, rather than a cycle. To take Klein's cyclicity and slide it along a hierarchical, linear developmental line is to adopt a perspective reminiscent of the one articulated by Vygotsky in his conceptualization of the internalization of higher psychological functions. "Development, as often happens," Vygotsky (1930/1978) wrote, "proceeds here not in a circle but in a spiral, passing through the same point at each new revolution while advancing to a higher level (p.56)."

Parenthood presents its own developmental tasks (Benedek, 1959, Bibring, 1959), and so do many other phases of transition. Different phases in adult development are characterized, also, by differing perceptions of the pace,

depth, and urgency of change (R. Gould, 1980) and by a different sense of time. At every stage, transformations of adulthood reactivate, and also present a need for new mourning (L. Gould, 1999). Such mourning, then, is colored by the nature of the "processes of mind" specific to the developmental era in which it occurs, while also being suffused with early life's processes of mind.

To view the self's relationship to actual, parental loss in childhood in the shape of a spiral is to retain the specificity of the loss experience on both ends of the ongoing cycle. Loss and mourning are not the same at ages two and four, four and seven, or seven and fifteen, because the progressive elaboration of the symbolic and affective self is punctuated by critical watershed moments of development that usher in important changes. Together with the focus on the specific nature of processes of mind that characterized the experience of loss at the time it occurred, one must consider the specific features of those moments of being during which, in later, ongoing development, the early loss becomes reactivated. The nature of the cyclical revisiting suggested by Klein will vary depending on the quality of those processes of mind operating at the specific developmental moment in which this revisiting unfolds.

Here, one must remain mindful of that further twist that makes such darting back and forth into a cycle: early processes of mind can both shape and are in turn shaped

through the way in which the chaos of the early experience of loss is settled; these processes continue to infuse and thereby to shape those later processes of mind at play during times of the loss' activation; nevertheless, these later processes are also patterned with features specific to the later phase.

In the last project he undertook before his death in 1975 (Holquist, 1996), Bakhtin, writing about methodology in the human sciences, revisited the question of dialogue. Though Bakhtin nowhere intended to address the question of loss, his words, in the context of the present discussion, do curiously echo the note that has been sounded here regarding loss' fate. He wrote:

there is neither a first nor a last word and there are no limits to the dialogic context (it extends into the boundless past and the boundless future). Even *past* meanings, that is, those born in the dialogue of past centuries, can never be stable (finalized, ended once and for all)--they will always change (be renewed) in the process of subsequent, future development of the dialogue. At any moment in the development of the dialogue there are immense, boundless masses of forgotten contextual meanings, but at certain moments of the dialogue's subsequent development along the way they are recalled and invigorated in renewed form (in a new context). Nothing is absolutely dead: every meaning will have its homecoming festival [1974-5, p.170].

CHAPTER III
REPERCUSSIONS IN THE MIND:
MARY MAIN'S ATTACHMENT-THEORY PERSPECTIVE AND THE
APPROACH OF THE NEO-KLEINIANS

In recent years, attachment theorists have been articulating a "move to the level of representation" (Main, Kaplan & Cassidy, 1985). This apt phrase designates the evolutionary trend in the theory towards more refined conceptualization of the internal, representational vicissitudes that underlie externally observable behavioral strategies for attachment. The shift has yielded promising links between attachment and psychoanalytic theories (Silverman, 1991, Slade & Aber, 1992, Diamond & Blatt, 1994). Writing of the convergence of psychoanalytic and developmental-research perspectives within the burgeoning field of developmental psychopathology, Hobson (1993) singled out work on adults' mental representations--especially Mary Main's, which is particularly well-suited for the important task of examining the developmental significance of interpersonal relatedness for the structuring of mind and the symbolic capacity.

Hobson's words recall A. Freud's (1960) depiction of the analytic stance: its focus is not the external events in and of themselves, but rather the repercussions these events have in the mind. Efforts to tease apart real events from the way

in which they become registered--and the effect they come to have through their having been so registered--are, according to this view, misguided. But the apparently straightforward utility of this position is highly deceptive. Dotting the road of any thoughtful journey through this topic are the very same controversial signposts already identified in the previous discussion of Freud and Klein: fantasy/reality and internal/external worlds. What is the nature of the inner world, or mind? How reality-bound, or fantasy-driven is it? What is the nature of this inner world's relationship to the real world environment of events and of inter-relatedness? How does a monumental and decisively real event, such as loss due to death, come to be experienced in, and to shape, the internal landscape of the self, which must continue to contend with a lifelong, ongoing absence?

In his later (1980) writing on factors that affect an adult individual's response to loss, Bowlby identified the mourner's "cognitive bias" as a central determinant of the relative health or pathology of reaction. "When confronted with information spelling loss each individual processes it in his own idiosyncratic way--more or less slowly, more or less completely, more or less accurately--depending on the cognitive structures through which the information passes," he wrote (p.232).

Bowlby distinguished his information-processing perspective from what he referred to as "the conventional

psychoanalytic literature [that deals] in terms of phantasy" (p.233). Cognitive bias is a preferable term according to Bowlby because psychoanalytic "phantasy" is too loose a designation for cognitive processes, and because, importantly, "[in psychoanalysis] little systematic attempt is made to discover how an individual has come to think in the idiosyncratic way he does." In what is surely a particular reference to Klein, Bowlby concluded that psychoanalytic theorizing regarding thought patterns postulates "an almost wholly autonomous origin for whatever form an individual's phantasies may take and an equally strong bias against considering hypotheses...[such as his own] that invoke childhood experiences within the family as major determinants" (p.234, emphases added).

And in fact, attachment theory's "move to the level of representation" has brought further, more sophisticated elaboration of the connection between the form of internal representation and real events. Still, as I will be suggesting, Bowlby's emphasis on the primacy of cognitive processes, his already discussed relegation of affect to secondary status, and his ambivalent, even dismissing attitude toward the utility and meaningfulness of the category of phantasy, continue to exert a strong and, I think, limiting influence on attachment theory. What is the relationship between internal working models-- Bowlby's term, denoting representational models of self, other, and self-

other in relationship--and affectivity and phantasy? How do affect and phantasy combine with the internal working model to affect a person's ongoing relationships and interactions? How do they combine to affect her way of being in relation to the loss of relationships?

In the contemporary theoretical context, the division Bowlby defined--in which attachment theory concerns itself with real events and the primarily structural and organizational aspects of their representation in the mind while ph/fantasy² and content are claimed to be the psychoanalysts' domain--may be challenged. Considering recent trends in infancy research, attachment theory and writings on clinical technique, it seems that the depiction of the theoretical landscape as one in which psychoanalytic thought is most concerned with the "content of fantasy" and attachment theory with the "structure of consciousness" (Slade & Cohen, 1996) is becoming less and less tenable. (See Slade & Cohen's 1996 paper for a critique of this dichotomy; Slade and Cohen emphasize the way in which attachment theory can also claim fantasy as its domain, while the present comments aim to add that psychoanalytic theory is also very

²Because the neo-Kleinian writers, and Klein herself, are major voices in this study, I will adopt the generally accepted convention derived from Klein's writing, and use the 'ph' spelling--phantasy, to refer to unconscious mental content, and the 'f'--fantasy one to refer to a conscious fantasy. I am retaining this convention especially since in a number of places in this study, a point is being made regarding one's capacity to access one's unconscious phantasies, and to, elaborate and/or play with them, thereby making them somewhat conscious.

much concerned with the structure, not only content or function, of consciousness.) A significant and growing number of contemporary writers on psychoanalytic process and technique are combining a focus on fantasy content with a pointed analysis of the structure of consciousness (see the writings of contemporary ego psychology-oriented analysts Gray, 1994, and Busch, 1995 on the operation of defensive processes). Ogden (1986, 1994), especially, has written of qualities of psychic organization in relation to psychic content. In his (1986) book Matrix of the Mind, Ogden stated:

"In offering genetic clarifications and interpretations it is important not to treat the patient's symbolization of his past experience as if it were one and the same with the symbolized, i.e., one and the same with the past experience itself. What is of importance is the way in which the patient constructs his symbolic representation of the past...It is one of the analytic tasks to understand the patient's reasons for symbolically representing the past in the way that he does" [p.243, emphases added].

And, further highlighting his combined focus upon the form of thought *in relation* to thought content, Ogden (1986) added: "each personal meaning influences the subject's way of constructing and interrelating his symbols and consequently affects his subsequent acts of interpreting experience (p.245, emphases added).

But it is the work of British neo-Kleinian writers, whose thinking is now arousing great and varied interest outside of England (Schafer, 1994, 1997), that is turning

this division on its head most dramatically. For these writers, the structure of consciousness is reflective of and continuously shaped by phantasy content, so that one may not be meaningfully discussed without the other. A person's defensive organization--the way in which his constellation of defenses functions--is arranged, makes knowable and exists in order to effect this person's adaptation to and way of coping with phantasy and the anxieties it arouses. Betty Joseph, a foremost neo-Kleinian writer, conceptualizes a patient's behavior and words, indivisibly, in terms of the patient's underlying, phantasy-borne anxieties, and the way in which his mind works in relation to these mental contents.

In this chapter, I will attempt to introduce some aspects and characteristics of the neo-Kleinians' approach to consciousness and treatment into the consideration of Mary Main's take on the problem of resolution. I'll begin with a rendition of certain elements of the neo-Kleinians' way of thinking, and then evaluate attachment theory's approach to resolution in its own right, before bringing the two together in an effort to throw fresh light upon, and to extend, the contours of Main's contribution.

In many ways, the following dialogue is a foray into dangerously murky waters that are teeming with trouble. Attachment theory is Bowlby's child, and contemporary Kleinian writers clearly owe an allegiance to one of Bowlby's least favorite colleagues. Still, attachment theorists and

those Schafer (1994) has termed the "Freudian Kleinians of London" are producing exciting new thinking and debate in (separate if equal) universities and psychoanalytic institutes. Both streams of thought place interaction and mode of relatedness at the forefront of inquiry, and both endeavor to account for the way the mind works in connection with such relatedness. Yet the portraits they draw of repercussions in the mind use quite different palettes, which suggest rather different atmospheres, or styles, of consciousness. Do politics and history preclude fertile dialogue? Are the two perspectives founded upon irreconcilable worldviews, methodologies, and ways of ordering the data? Can a research-bound theory that is moored to the laboratory fruitfully be enriched by conceptualizations of clinical technique that evolve, some might say belong, in the consulting room?

I. The Perspective Of The British Neo-Kleinians

Schafer, bringing the contemporary British Kleinians to the attention of American audience, has functioned as a goodwill ambassador of sorts, writing of some of the ways in which these Kleinians' approach is compatible with American clinical sensibilities that have been shaped by ego psychology and an overall Freudian stance. "In this stage of the evolution of psychoanalysis," he wrote, "they can have a liberating and invigorating effect on the reader as well as

helping him or her work with patients with greater acuity and depth" (1994, p. 431).

Schafer characterizes the British practitioners and modifiers of Kleinian-derived thinking as Freudian Kleinians, who are focused mainly on "the dynamic present, and on issues of relatedness and the many forms of dialogue" (ibid). While calling them to task for "incompleteness of theorizing" and an "avoidable tendency toward interpretive imbalance," (1994, p.409), Schafer states that these modern Kleinian modifiers have thrust a creative force into the current psychoanalytic arena, with which we ought to wrestle.

Contemporary British neo-Kleinians offer a perspective, a way of conceptualizing clinical data, and a method for working with such data. Although utilizing Klein's paranoid-schizoid and depressive positions, it important to note that what is being offered by this group is, primarily, an approach to mapping and navigating intrapsychic and intersubjective phenomena, rather than an extension or new set of hypotheses regarding the presence of specific mental contents. One may then reject the notion that, for example, a patient is contending with the death instinct, while still utilizing the therapist's *approach to understanding* just what and how the patient is aiming to accomplish through his communication or mode of defense.

To be sure, the neo-Kleinian approach reflects a particular vision of the nature of the inner world of objects

(Joseph, 1988/89) and the self's negotiation of relating to them. Klein's positions designate constellations of anxieties, defenses, and ways of relating to others that become dominant at different phases or moments in life and in treatment. In their broadest, most useful sense, Klein's positions ought to be seen as modes of experience. Ogden (1989) has elucidated the nature of these distinct modes of experience, focusing on each mode "not as a structure or a developmental phase, but as a process through which perception is attributed meaning in a particular way" (p.11). In relation to loss, he wrote,

"in a paranoid-schizoid mode one does not miss a lost or absent object; one denies the loss, short-circuits the feeling of sadness, and replaces the object (person) with another person or with oneself" (p.24). "Sadness, the experience of missing someone, loneliness, and the capacity for mourning become dimensions of human experience as a consequence of the interplay of the qualities of experience in the depressive mode."(p.14).

The contemporary Kleinian approach may thus be seen as a way of keeping track of and handling a patient's mode of experience at any given moment.

I would like to suggest that even in the context of working with a broader developmental framework or set of concepts than is typically associated with Kleinian thinking, and whether or not one is ordinarily accustomed to, or in favor of, formulations that are given solely in terms of Klein's positions, one still stands to gain from considering the observation of mental contents of varying kinds through

the neo-Kleinian lens. The nuanced and highly self-reflexive lens of these Kleinians offers a particularly powerful tool because it trains one's focus both upon the phenomenon one is seeking to understand, and upon the meaning of one's seeking to understand it in the specific way with which one is currently engaged.

Neo-Kleinians view their own elaborately textured reading of moment to moment shifts in relatedness and dialogue as, always, *both* interactional and intrapsychic. Edna O'Shaughnessy (1983/1988, Vol 2) has characterized her group's method in relation to a general psychoanalytic stance, writing: "*instead of being about the patient's intrapsychic dynamics, interpretations should be about the interaction of patient and analyst at an intrapsychic level* " (1988, p.139, emphases in original).

While she claimed this to be a widely applicable depiction of psychoanalytic approaches, O'Shaughnessy's remark does underscore a crucial component of the Kleinian-derived approach that has not been so readily accepted elsewhere. For, as is well known, many a debate between variously termed attachment theorists, interpersonal, relational and Freudian authors has addressed what is considered to be too much or not enough focus upon the real clinical interaction between patient and analyst, and, in conjunction, too much or not enough focus on the real-world, observable parent-child interactions of early life.

O'Shaughnessy's words, ironically enough, (considering the enmity between A. Freud and Klein) seem to build upon A. Freud's remark regarding the province of psychoanalysis, whose proper concern is with the way that *real events become registered*--and the ongoing repercussions they have--*in the mind*.

I stress this point here in order to earmark the way in which neo-Kleinian thinking privileges the cyclical interpenetration of intrapsychic and interactional dynamics, so that one is not choosing either to attend to one or to the other, as though they are on opposite sides of a divide. Spillius (1988,), writing about modern Kleinian formulations, has said "the internal world itself is regarded as the result of an ongoing process of development, the product of continuing interaction between unconscious phantasy, defences, and experiences from external reality both in the past and in the present" (p.6).

To some extent, then, this perspective, in principle, offers a tantalizing promise: one's theory needn't be overly focused upon the real/external world/actual relationship constellation, which is, in my view, Bowlby's shortcoming, nor must it be overly focused on the phantasy/internal world/object relations one, which is Klein's shortcoming that Bowlby sought to redress. Instead, theory can and ought to remain attentive to the interpenetration of these constellations. I write that this promise--of synthesis and

integration, is made 'in principle,' because, as many who have looked closely at their writings have shown (Mayers, 1997, Schafer, 1997), in practice, neo-Kleinian writers typically betray a pronounced leaning towards the internal-phantasy side of the dichotomy, thus upholding it in their own way. Still, in principle, serious consideration of "interaction at an intrapsychic level," and propositions towards a way of working on the basis of this consideration are prominent in neo-Kleinian writings.

In what follows I will suggest that this kind of cyclical and complex perspective on the inter-relation of the internal and external worlds is highly appropriate for the notion of resolution of loss. Death, after all, is a real event, which drastically curtails one interaction--between mourner and deceased, and reshuffles many others. Loss, however, is also an intrapsychic reality that is not limited to the accurate registration of the real event, but, rather, encompasses the ongoing relationship to having suffered separation and to continuing to suffer absence. The self's organization in relation to loss should be viewed as an ongoing intrapsychic processing of the vicissitudes of past, present and future (that is, wished for, feared or expected) real world interactions that, having been intrapsychically processed, continually generate specifically-patterned real world interactions.

The modern Kleinians' approach may be broadly conceived, but there is diversity within it as well, and I will focus here mainly, though not exclusively, on the contribution of Betty Joseph, whose writings have been collected in the (1989) book "Psychic Equilibrium and Psychic Change." The titles of Joseph's papers are themselves illuminating of her approach. In such papers as "The patient who is difficult to reach," (1975/1989), and "Towards the experiencing of psychic pain," (1981a/1989), Joseph aims to capture the more nuanced, atmospheric and intangible aspects of clinical process, which betray subtle yet crucial shifts in the organization of the patient's self. Because of the specific overall aim of the present study, I will focus here upon Joseph's conceptualization of two somewhat overlapping and interdependent ideas, rather than attempting to give a comprehensive account. I will group these, for the sake of clarity, under the headings: 1. methods of communication and projective identification, and 2. transference as the total situation, countertransference, and the past in the present.

1. methods of communication and projective identification

"It is often more important to focus one's attention on the patient's method of communication, the actual way in which he speaks and the way in which he reacts to the analyst's interpretations rather than to concentrate primarily on the content of what he says," Joseph (1975, p.76, emphases added) has written. The focus here is on the

"way in which the material emerges," (ibid, p.85) and, most importantly, "the process being acted out, rather than about the content of whatever may have been under discussion before" (p.82, emphasis added).

These key sentences go to the core of Joseph's contribution and the neo-Kleinian mindset. A person's approach to and process of communicating is considered to be not only a vehicle for expressing relevant material contents but is, itself, material. Words like "method," "way," and "process" aim to convey that communication is broader than that which is captured by and expressed *in* words, as it is the organization of the words--the way they are strung together, the precise timing and tone with which they are delivered, the function their utterance fulfills over and above the expression of specific contents--that reveals the ongoing shifts in the communicator's fluctuating organization of self.

Joseph's focus on tone is particularly nuanced. In the context of her remarks about communicative method and process, Joseph (1975/1989) stated that "one [the analyst] mainly intuits from the effect that the patient's words produce on oneself and the atmosphere that is created" (p.75). This is a bold statement, as it plainly and unapologetically puts forth the notion that the analyst and patient are engaged in a complexly intricate relationship in

which the analyst's experience provides legitimate, or better yet critical, material.

Joseph takes quite seriously the Kleinian-based conceptualization of the paranoid-schizoid and depressive positions as modes of experience that involve phantasies, anxieties and defenses *that are always object related*. This leads her to view a person's momentarily unfolding constellation of wish to communicate, content, fear, and defense--a constellation that constructs his particular, momentarily unfolding communicative act--as, always, an object related constellation. The patient's phantasy, anxiety and defense are inseparable from the way he is experiencing Joseph at the moment in which his phantasy emerges, along with a particular deterring anxiety, an anxiety related to the meaning of having and telling this phantasy to whoever Joseph is for him right then. A specific defensive maneuver arises to reinstate balance in the self in the face of the anxiety about the content that has come up and further anxious phantasy regarding how this anxiety will be utilized in the hands of the self-other linkage within which the patient experiences himself to be held.

Part and parcel of being attuned to this whole unfolding, then, is being attuned to the self-other linkage the patient produces, or enacts. Joseph pays very close attention to where she is being placed and to the role and function she is being conscripted to play. This role is

critically important because its construction is the patient's way of communicating part of what he is aiming to communicate; it is his way of showing Joseph he not only thinks this content in this way and such is how it makes him feel, but also that his past relationships have been experienced by him in such a way that this now is how his internal relations work around thoughts, wishes, and the fears and retreats they arouse when he seeks to live them out with an other.

With patients who are difficult to reach one may get a feeling of hollowness, come to feel one is talking to the patient about a self, rather than talking to the patient's self, and this split may be maintained by the patient because of unconscious anxiety about, for example, neediness or dependence. With these and with all patients, it is the analyst's task to understand, on the basis of her experience of the timing of the effectance of the patient's momentarily predominant self organization, what part of the patient's self, or what self-other element of his self, is being lived out through the real interaction in which the analyst is being pulled to play in a particular way.

"I think one cannot help patients to break out of the old methods of operating and emerge to the experiencing of this type of psychic reality [of the more differentiated depressive position kind] and the beginning of suffering psychic pain and get through it, except by following minute

movements of emergence and retreat, experiencing and avoiding within the transference," Joseph (1981a/1989, p.96) wrote. I will leave discussion of what is meant to be included by transference here to a later point, in order to place the emphasis now upon the suggested method of attending to a patient's communication-- "following minute movements of emergence and retreat, experiencing and avoiding," and upon its aim. I am underscoring this passage especially, because it deals with the notion of psychic pain, which is central to all treatments but is particularly salient for formulations regarding the experience of loss.

Joseph's writings on psychic pain recall Klein's (1935) depiction of a successful mourning process as one in which the mourner becomes capable of feeling the full depth of his pain, which goes along with feeling the full breadth of his love. Joseph (1981a/1989), who, to be clear, is not here describing the effects of loss but rather more generally a certain kind of psychic pain, writes, "...in long term such emergence gives to these patients a sense of greater emotional range and richness; or to paraphrase Bion's idea, the patient who now begins to have the possibility of suffering pain will also be able to suffer pleasure" (p.92).

Bion's contribution, upon which Joseph builds in this writing, is exquisitely suited to a conceptualization of resolution of early or past loss in terms that remain cognizant of loss, and the wound of continued absence, as an

ongoing challenge to the self, rather than primarily as a historical event that permits closure. Joseph explicates Bion's idea in relation to her view that attention to and shared work upon the minute and constant shifts in each session gradually enable the patient to become aware and thus to own his method of communication and the intrapsychic-gone- interactional relations it is designed to manage. She writes of a "willingness and active interest..in what is going on, externally and internally," that obtains when the patient integrates the ego functions of seeing, understanding and communicating into his self more fully. "It is then that...psychic pain is experienced as such, and provided that the patient does not retreat from this, his capacity to suffer pain is increased" (1981a/1989, p. 95). Here Joseph goes on to cite Bion's statement that treatment ought to increase a patient's *capacity* for suffering, despite there being a shared hope between analyst and patient that the pain itself may decrease. Pain and development are integrally related, Joseph describes Bion to have said, something that is captured by the phrase "growing pains"(ibid).

For Joseph, Bion's contribution regarding the capacity to suffer pain supplies a base upon which further to build her view that what one is charting in the treatment situation are shifts in a person's mode of experience, which translate into the person's type and capacity for tolerating and living through certain kinds of self, and self-other dimensions.

Pain, according to Joseph and Bion, is a dimension of experience one ought to be capable of suffering. The alternative to suffering pain derives from the pervasive intolerance to it, which leads people to "feel the pain but ...not suffer it and so [they] cannot be said to discover it" (Bion, 1970, quoted in Joseph 1981a/1989, p.88). Pain that is felt but not suffered, Joseph elaborates, is experienced by people as indefinable and incomprehensible, a phenomenon of self they feel they cannot convey to the analyst.

Here one may recall a number of the ideas regarding the lifelong legacy of early loss that were discussed earlier. Resolution in the aftermath of loss may be looked for in a person's faith in his self's viability and capacity to suffer-- that is, to bear--its own longings and affects. The Kleinian object relations view of the viable self as one in which there is, ensconced within, a nurturing and loving self-other relation, contemporary infant researchers' view of self-regulatory capacities developing through a taking in of the regulatory function of the (m)other, Winnicott's writings about the self coming to be a viable instinctual self through interaction, and many other formulations regarding the way in which the viable self derives from a functionally capacious self-other relation provide the background onto which one may pin Bion's and Joseph's notion regarding the importance of moving towards the capacity to suffer pain. Such a capacity emerges through the therapeutic process in which careful

attention to the register of the self-other link continuously shows and thus gives back to the self those strengthening ego functions that, when given over to the other, weaken the self and keep the person in a balanced but compromised organization. Taken back in, these functions enable greater interest, because of increased confidence, in the ability to suffer one's own internal life.

The problem of one's sense of viability in the aftermath of loss is at once a problem of self, and of self-other-ness. Patients who cannot suffer pain not only feel indefinable and incomprehensible, they also expect the impossibility of conveying their pain to the analyst, or, of course, to anyone. The feeling that the self is plagued with something that cannot be suffered and that also cannot be contained, regulated, taken in by an other is at once both a feeling about the self and about the possibility for and necessary nature of self-other relations. Joseph's tracking of minute vicissitudes in the observable self-other interaction is especially fitting here, then; it opens the way for seismographically mapping a person's organization in relation to pain, phantasy, and anxiety, in the face of which he attempts to maintain a certain equilibrium of self that requires an other's specific kind of participation to succeed.

O'Shaughnessy (1983/1988, Vol. 2) has written of clinical hours in which "words and what words consciously

express are not all that is happening, when important events are also occurring beyond words, communicated in more primitive modes...[I]n the service of the less developed part of himself, a patient may also use words not as words to express meaning, but also along with other non-verbal aspects of the encounter to engender his projections in the analyst" (pp. 139-40). She, too, is focusing on the patient's method of communication here, and on the process or way in which clinical material emerges. O'Shaughnessy views the patient-analyst interaction in terms of the modes of communication patients use in order to bring in their less developed selves, so that these selves may also be understood, taken back in, and ultimately communicated through less primitive modes of relating. The ability to express those parts of the self in words is a therapeutic accomplishment, gradually achieved by the patient through a changing intrapsychic registration of his interaction with the analyst, which leads to his taking upon himself, more and more, the use of words in the process of working through.

The point here again is that much is conveyed in the way that words are utilized, so that not only the words' content but something else too must be attended to. This something else is the patient's always object related unspeakable. In this connection I would like to suggest that when we examine the lifelong negotiation of the relationship to loss, we remain mindful of the possibility that there is much to a

once-bereaved person's self-experience that may not be communicable in words, or more precisely, that there may be much that cannot be contained *within* the bounded vehicles of words and brought over to a listening, interacting other. Much may happen in the way words are used, and especially in the way the other is used in the process of communication. We may lose important insight into pain and other dimensions of self-experience that may be too primitive, fluid or indefinable to the self that cannot suffer them, if we attend primarily to the words that are said about the loss, without also noting the way in which these words are brought together, brought to us, affecting us.

The notion that much is conveyed around the words, and through the creation of a certain kind of feeling and dynamic with the other with whom one is communicating, was initially introduced by Klein, who put forth the concept of projective identification, and then elaborated by Bion, who extended this concept (Spillius, 1988, Vol. 1). In Joseph's (1984-7/1989) writing on this topic, she built upon Bion's explication that projective identification may be used by a person as a mode of communication in which he puts "undigested" parts of his self-experience into the other, first mother, now analyst, as a way of getting these parts to be understood and returned in a digestible, comprehensible form that can be integrated into the self. Importantly, Joseph suggests that projective identification is, by its

nature, a kind of communication, even where there is no intent or aim to use it as such. If the receiving other, in this case the analyst, is "really open to what is going on and able to be aware of what he is experiencing," (p. 170) then understanding may be gained, which illuminates the incomprehensible aspects of self-experience that the patient, not expecting a possibility of understanding, does not attempt to convey in words, or, consciously, at all.

To bring this discussion explicitly to a focus on the communication of loss, as a clinician treating a patient who has suffered profound loss, one may, in some sessions, sense the presence in the room of an emptiness that seems to seep around all that is being said. One ought then to consider that what is being powerfully conveyed from patient to analyst is incommunicable absence, the feeling of impotence around communicability of self-experience, and the inability to find an internal, filling self-other linkage of nourishment. One ought, then, to heed Ogden's (1995) guiding principle, expressed by him when he wrote, "the sense of aliveness and deadness of the transference-countertransference is, for me, perhaps the singlemost important measure of the moment-to-moment status of the analytic process" (p.695). Joseph's (1984-7/1989) patient filled her with despair, she felt, no matter the particular understanding regarding specific contents with which he was engaging her. Seeking to understand the motivation for his so

communicating this sense of despair--via projective identification, she wondered whether there was a depth of despair her patient was experiencing that they had not thus far truly understood together, whether he was seeking to communicate this or something else to her, and what internal figure's role she was being drafted into, what self-other arrangement was being put in place, through the continuous sending over of despair.

In other words, projective identification is a method of communication. Like other methods, which are more verbal and more respecting of self-other differentiation, it is being used for a reason. When a person encounters within that which is unspeakable or unmetabolized, he seeks immediately to gain, or to regain, what is felt to be a necessary equilibrium in the self. To effect such an equilibrium the person works to activate a certain kind of self-other arrangement that will enable him to bear what feels like unmetabolized, unmetabolizable--and therefore unbearable--pain or anxiety. If he cannot bear it--or suffer it enough to contain it in words and neatly bring it over to the other through the speaking of it, he may attempt to pass it on through his tone, his inappropriate laughter, the pressure or slowness of his speech, the way he engages in the conversation. This way he can convey it, get it to become contained somewhere. If the other can receive it, then what has been conveyed is not only that there is pain, or despair,

for instance, but also, crucially, that there is a feeling of incommunicability. The receptive other may then be in a position to ask not only what and where about the pain, but also about the person's phantasy, conviction or fear that this particular pain is incommunicable. This questioning may then lead to new, greater understanding, organized around the questions: Why has this pain or content felt incommunicable? How has it come to feel this way? It is in this way that a person's very use of projective identification is itself material, telling us about the mode of experience through which the person scrambles and seeks to interact upon encountering certain contents of pain, fear or despair.

2.transference as the total situation, countertransference, and the past in the present

Riesenberg Malcolm (1986/1988, Vol. 2) wrote, "the analyst understands the patient's present relationship to him as a function of the past. Therefore his understanding of the present is the understanding of the patient's past as alive and actual" (p.75). To illustrate just how methods of communication make the past alive and actual in the transference, she brought a clinical vignette from the treatment of a young man who, she came to notice, used the following verbal mannerism: he would follow everything his analyst said, and regularly punctuate his own speech, with a mechanical "yes," which would bear no relation to what he actually thought or felt about the matter under discussion.

Riesenberg Malcolm noted that she herself, when speaking following his yeses, spoke as if nothing had been said. She grew attentive to this patient's verbal tic. "Curiously, at first it made me feel a sense of isolation. Slowly the picture emerged in my mind of a baby crying or trying to communicate something, and being met with a mild, 'Yes, yes, dear,' which was an automatic response. From his behaviour and my own reaction, the thought came of a very early relationship with mother, who though physically present...seemed mentally to be either absent or incapable of resonating.." (ibid, p.76).

Riesenberg Malcolm believes that interpretations that reconstruct the past and link it explicitly to the present are important therapeutically, because they enable patients to gain a sense of continuity. She puts forth other considerations regarding the therapeutic benefit of so linking past and present, making clear that such links are never forged solely on the basis of the analyst's historical knowledge regarding the patient (though, contrary to popular misconception, neo-Kleinian analysts gather meticulously detailed histories, Steve Ellman, personal communication), but rather in relation to the patient's portrayal of the way his object relations have evolved through the repetition of his relational problems with the analyst. She writes, "transference is an alloy of past and present" (ibid, p.88).

This view of the transference utilizes Joseph's pivotal (Spillius, 1988, Vol. 2) Klein-based extension of the concept in her classic (1983-5/1989) paper, "Transference: the total situation." I think it useful to conceptualize Joseph's view of the transference, most concisely, as the way the patient's mind works, which shapes the vicissitudes of the patient-analyst interaction. Transference, she (1983-5/1989) writes,

must include everything that the patient brings into the relationship. What he brings in can best be gauged by our focusing our attention on what is going on within the relationship, how he is using the analyst, alongside and beyond what he is saying. Much of our understanding of the transference comes through our understanding of how our patients act on us to feel things for many varied reasons; how they try to draw us into their defensive systems; how they unconsciously act out with us in the transference, trying to get us to act out with them; *how they convey aspects of their inner world built up from infancy - elaborated in childhood and adulthood, experiences often beyond the use of words, which we can often only capture through the feelings aroused in us, through our countertransference, used in the broad sense of the word [p.157, emphasis added].*

The how of the interaction, its method, if correctly assessed *through the analyst's attention to the way in which she is being used by the patient*, reveals the patient's most immediate anxiety, the "lost parts of the self" with which that anxiety is interlinked (1978/1989, p.109).

O'Shaughnessy (1979-81/1988, Vol. 1) wrote of the defensive organization as "a fixation of object relations," (p. 309) constructed "against objects internal and external which are causing...nearly overwhelming anxiety," (p.293). For the neo-Kleinians, defenses are considered in relation to

phantasy, which, when it arises, produces anxiety. In their elaboration of the phantasy-defense link, one may find a more satisfying account than the one in which phantasy is but a loose designation devoid of historical understanding, with which Bowlby (1980) took issue. Speaking of two patients' associations, through which they bring into the analysis "something from their history, the types of object relationships and defences of their infancy or childhood," Joseph (1981b/1989) explains, "I am not casting doubt on the accuracy of his [the patient's] description...but analytically I am interested in the fact that the description arose at that moment...[S]o often communications about so-called ideas or facts reveal to us, not just the real or unconscious symbolic meaning of the words, but the phantasy meaning of what is going on between two people" (p.121).

* * *

Such, then, is the lay of the intrapsychic-interactional consciousness, when viewed through a certain kind of neo-Kleinian lens. Only through paying close mind to the minute shifts in the self-other thread that weaves the session can one gain access to lost, insufferable parts of the self, which tell the story of the way in which the past was experienced, of its repercussions in the mind. I am suggesting that this approach has an especially good fit with the kinds of questions one ought to ask about the negotiation of loss' aftermath. Does the person who once experienced

profound loss handle himself as though he expects there to be a tenable self-other linkage through which he can elaborate his experience? Deep early loss challenges the linkage upon which the earliest elaborations of self were established. Does the one who once lived such a loss speak to others out of expectation of their presence, of the durability of the link even across deep, indefinable pain, anxiety, despair, fragmentation, flooding? How catastrophic is his fear that the other will prove to be absent?

II. Mary Main's Attachment Perspective

Of the theoretical approaches that are being brought together in this study, only Mary Main's explicitly addresses the concept of resolution. To be precise, Main articulates degrees of lack of resolution, and the understanding of resolution that emerges from her treatment of the problem is rather more implied than developed in its own right. Still, since Main's work is based upon adults' representation of their past, her formulations regarding what one might expect from these representations are highly germane to the present inquiry. My aim here will therefore be to engage with and appraise the suitability of Main's approach to the problem of resolution.

It is the position of the present study that Bowlby's conceptualization of *childhood* loss and mourning added an enormously important, corrective perspective to psychoanalytic notions of this topic, and thus, that conceptualizations of the *adult's* resolution ought to aim for some kind of integration of attachment theory and psychoanalytic perspectives. Nevertheless, the dialogue with Main's work is undertaken with the following caveats. The Adult Attachment Interview (see below)--which provides the basis for Main's conceptualization, is a research instrument; the following inquiry is an effort to evaluate its approach's usefulness for a clinically-oriented perspective on loss and

resolution, for which it is not intended. Limitations in the Adult Attachment Interview's direct applicability to a nuanced, clinical mindset on loss must therefore be expected (see Slade, forthcoming, for a discussion of the overall contribution of this instrument to clinical practice). At the same time, while the primary goal here is to advance towards a clinically-oriented conceptualization to which the Adult Attachment Interview (AAI) may contribute, an additional direction of inquiry will involve the potential contribution that aspects of a clinically-based approach may make to the AAI's own evaluation of loss.

Main's is an evolving, research-based theory, which utilizes theoretical foundations developed by Bowlby, but elaborates them through use of the scientific method. Its tone and tools, then, are different from the sweeping theoretical gestures put forth by the neo-Kleinians, who stand and speak for a readily identifiable worldview about the nature of consciousness. Still, Main's branch of attachment theory is engaged in building a view of the patterning and shape of consciousness, or of the way the mind works (Main, 1991, 1993). What are the implications of Main's approach to understanding the way the mind works -- and the meaning and significance of minds working as research discovers them to be working -- in relation to loss? I begin with a broad sketch, in order to situate the particular

concern of the present study -- loss and resolution, on the current attachment-theoretical map.

1. Attachment theory: selective background

At the center of Main's ongoing contribution is the Adult Attachment Interview (George, Kaplan, and Main, 1985), a research tool that has been generating many innovative contributions to the evolving rapprochement of attachment theory and psychoanalytic thinking (Panel, 1997). In a series of questions and probes, the semi-structured Adult Attachment Interview (AAI) calls upon interviewee subjects to describe early childhood relationships with parents and to provide adjectives and examples that support more general statements regarding these relationships. Interviewees are asked to recall feelings related to early interactions and separations, styles and quality of comfort seeking, the ongoing impact of early experiences, as well as to reflect upon the reasons behind their parents' behaviors. There is also a series of questions specifically addressing the experience of loss, so that if an individual has suffered loss, or trauma, explicit probes and attention are given to eliciting details regarding the nature and quality of these experiences. It is this series of questions that is later evaluated with respect to the question of resolution.

Main (1993, 1995, 1997) has provided comprehensive accounts of the state of the art of attachment theory, focusing especially on work that is based upon the Adult

Attachment Interview. The theoretical foundation for this work is provided by Bowlby's theorizing about the relationship between actual early relational experience and its representation in the mind. Bowlby (1973) wrote of the 'internal working model,' which is conceived as an individual's representation of himself, his early significant others, and the relations between them. According to Bowlby, this internal model contains not only information and representations of actual attachment figures and relationships, but also self- and self-in-relationship-concepts that are derived from attachment-related experiences. It thus provides a model according to which individuals assess their ongoing, eventually adult, relational environments and a basis for their expectations and behavioral strategies in such environments. The 'internal working model' may thus be thought of as a template through which one's relational history is both preserved and carried forward into the future.

The Adult Attachment Interview is used to assess the quality of an adult's attachment-related organization of self, since it has been found that the template such an organization provides directly shapes the adult's style of parenting her own child. In other words, templates forged through one's past, early relationships, lead one to create relatively accurate reproductions of that experience not only in one's own future, but also in the future of one's child.

Attachment theory has been evolving complex accounts of precisely how the intergenerational transmission of the relational past takes place, and robust research findings that point to the ubiquity of such transmission have become commonplace (for example, Fonagy et. al, 1993).

Recently, for example, attention has been turned to the parent's mental representation of her child, which is thought to be an important factor mediating between her representation of her own past child-self and her present, and future, parenting self, which underlies her parenting behavior (Slade and Cohen, 1996, Slade, in press, Slade et. al., 1998). The more balanced, flexible and free an adult's relationship to her own attachment history, with its complex mixture of both cherished and painful memories, the more balanced and flexible she will be in her approach to the whole gamut of attachment-related experiences that make for parenting. If she is free of, yet connected to, her relational past, she will likely be able to provide her own offspring more or less free-ranging experiences that allow the present, and not only the past, to define the trajectory of development.

It is a central, pivotal, underlying postulate of Main's work that adults who are overly embroiled in thoughts and feelings related to early life events differ from others who have achieved some autonomy from these events in the degree and quality of coherence of their account of life experience,

rather than in the absence or presence in their accounts of certain events, thoughts, or feelings. The account generated when an interviewee tells her life story in response to the Adult Attachment Interview is scored by expert scorers, who evaluate both the interviewee's actual relationships to her parents and, especially, the nature of her account of these relationships. These judges aim to arrive at an overall assessment of the interviewee's state of mind with respect to attachment-related experiences.

It is coherence that the scorers look for in interview narratives, and their assessment of this dimension is based entirely on the discourse transcript, and, more specifically, upon the type and quality of the interviewee's language use (Main, 1995). Coherence is thought to reflect a measure of flexibility of thought and feeling, a flexibility that enables the creation of affectively vivid accounts that move from generality to abstraction to particular episodes and memories. Coherent discourse on the AAI is understood to reflect the working presence of a singular, unified internal model (Main, 1991) that has been constructed on the basis of consistently favorable or unfavorable early relational experiences, which, because of their consistency, permitted the then-child, now interviewee a measure of integration. To further specify the rules for identifying coherent interview transcripts, Main has invoked the contribution of the linguistic philosopher Grice, (Main, 1991) who formulated a

principle of coherent conversation called the Cooperative Principle. Coherent transcripts obey the four maxims that characterize Grice's Principle, whereas incoherent transcripts violate one or another of these maxims in ways that reflect disorganization or a characteristic imbalance of representation. According to Grice's maxims, coherent discourse obeys a principle of quality, (the speaker can support her statements), quantity, (the speaker can maintain complete yet succinct speech), relation, (the discourse remains relevant to the topic at hand), and manner (the presentation remains clear and organized).

I present Main's building blocks for the conceptualization of coherence in some detail because, as I will try to show, the way in which coherence is defined here reflects a particular worldview about the nature of consciousness and the relationship of consciousness to discourse. Main's view of coherence is integrally related to her notion of resolution, or its lack: Interviewees are considered to be unresolved if their interview transcript reveals "marked disorganization and disorientation in thinking or discourse processes" (Main, 1995, p. 438) that occur during discussion of a past traumatic event. Narrative construction that is flexible and coherent is considered to be reflective of a measure of intrapsychic peace that goes along with one's feeling relatively free to evaluate--because

not overly embroiled in or threatened by--one's early relational landscape.

Based on their complex analysis of coherence, judges of AAI transcripts assign a rating of autonomous-secure, that is, reasonably free to reflect upon attachment-related themes and experiences, dismissing of attachment-related experiences, preoccupied with such experiences, or unresolved with respect to loss or trauma. While these are categorical scores, the first three, which are attachment classifications, also include subscores that capture the underlying continuum within each category.

For the purposes of the present exploration of the meaning of resolution of loss for the self it is important to note that according to the Adult Attachment Interview's scoring system, interviews receiving an Unresolved score are also given a "forced" score, which fits them into one of the three categories of attachment. That is, an interviewee who is considered to be unresolved with respect to loss or trauma is also evaluated as being more generally secure, dismissing or preoccupied on the basis of her overall discursive, representational style. To earn the Unresolved score in relation to loss, a transcript must reveal indices of mental disorganization identified by Main as lapses in the metacognitive monitoring of reasoning, discourse, or both, (Main & Hesse, 1990, Main, 1995) which occur during discussion of the loss. This classification process reflects

Main's (1995) view that lack of resolution with respect to loss or trauma is often or even typically encapsulated, revealing itself only in relation to the AAI's rather segregated series of loss-related questions, which tap a specific but sequestered area of the interviewee's self. According to Main (1995, 1997), then, individuals who receive the unresolved score may well be highly functioning and generally coherent people who have only one incoherent area of consciousness. Nevertheless, this incoherent, unresolved area-- their representational, discursive relation to their past loss or trauma--significantly affects aspects of their relationships to their children. Lack of resolution scores in adults have been powerfully linked to the presence of unusually disorganized relational strategies in their young children (Main and Hesse, 1990, Main, 1995, 1997).

To appreciate the crucial significance of this finding, one must appreciate the gravity of disorganized attachment in the young (Main and Solomon, 1990). A child classified into the disorganized attachment category lacks a habitual style of or strategy for achieving much-needed closeness to and nurturance from his parent. The behavior of children with organized strategies reveals the operation of characteristic, consistent defenses that have been built up in reaction to the nature of the child's more or less satisfactory

relational environment³. Disorganized attachment, on the other hand, is thought to reveal the failure of defense (Main, 1993). Such failure has been linked to the presence in the parent--who ordinarily is the sought-after nurturer and haven of safety--of frightening behaviors or of behaviors that reveal the parent is herself frightened, and therefore frightening to her child. This parent's fright is considered to be directly linked to, and derived from, her past loss or trauma, for which she has received an AAI score of Unresolved. Much work is currently being done (Main, 1997, Hesse and Main, in press) to expand our understanding of the types and underlying mechanisms of the frightening parent's frightened behavior, and of the precise way in which they affect her infant and child.

But what about the adult herself? What does it mean to say that she is unresolved with respect to past loss or trauma? What would it mean for her to be resolved in relation to these experiences? What, then, is the view of loss and its

³Research has found children of securely attached, 'autonomous' adults to be, generally speaking, 'secure', while the children of dismissing and preoccupied adults have been found to be insecure. Early writings found predictable patterns, in which 'dismissing' adults had what have been described as 'avoidant' children, and 'preoccupied' adults' children have been described as 'anxiously attached/resistant'; the children's avoidant and resistant strategies are behavioral versions of their parent's discursively observed strategy for attachment. More recent research has questioned the degree to which a parent's type of insecure attachment leads to the child's particular type. That is, while insecure parents are still predicted to have insecure children, some attachment researchers are finding that an adult's insecure style may produce the other kind of insecure style in her child (Arietta Slade, personal communication, May, 1998).

working-over in the mind that is implied by Main's conceptualization of resolution in relation to coherence?

I begin with a close reading of the Adult Attachment Interview's series of questions about loss, and move on to examine the scale that provides the basis for assigning transcripts the Unresolved score in conjunction with an attachment classification. My own guiding concerns in the initial reading, of the AAI, are: What do these interview questions aim to tap? What kind of narrative do they pull for? Ought we expect these questions to generate the narrative of loss?

2. The Adult Attachment Interview

It has been said that the AAI is designed to "surprise the unconscious" (George, Kaplan and Main, 1985), repeatedly asking, as it does, for more angles and finer nuance concerning dimensions and details of early life than one is usually called upon to depict in daily discourse. Once the loss-related questions begin, they unrelentingly probe for memories, facts, and details about the loss, so that even if an interviewee mentions her loss history earlier in the interview and is told the topic would be taken up later on, there is still plenty of room for surprising the interviewee's unconscious. "Did you experience the loss of a parent or other closed loved one while you were a young child? Could you tell me about the circumstances, and how old you were at the time?" The focus on requesting factual detail

is retained, since judges of the transcript will want to assess the plausibility of the account as well as the interviewee's capacity to maintain coherent discourse during the telling, but the scope of inquiry does also widen to include a softer depiction of experience. The subject is asked about her response at the time of the death, whether the death was sudden or expected, whether her feelings about the death have changed over time. If she does not volunteer specific detail regarding the event, she is asked whether she went to the funeral, and what that experience was like, how the death affected the household right when it happened and also over time. Finally, returning to the present, the AAI elicits reflection from a somewhat greater distance, as the subject is asked to assess whether the loss has affected her adult personality as well as her approach to her own child. If the interviewee has suffered more than one early loss, and, too, if she experienced the loss of close persons in her adult years, the series of questions and probes is repeated.

I would now like to suggest that the AAI's loss questions reflect Bowlby's legacy, and, as such, suffer from the same limitation discussed in the earlier critique of his thinking. To recall that discussion, Bowlby (1963) identified four, often combined variants of pathological mourning, but believed the continued, unconscious urge to recover the lost object to be the most prominent of these. This urge is lived out through wandering and searching behaviors, which express

continued unconscious longing for the lost object. According to Bowlby, such longing and yearning is pathological and problematic, as it reflects a belief in and wish for a very specific event--the object's return.

As suggested earlier, Bowlby's view of the nature and function of longing is rather narrow, linked as it is to the proximity-seeking motivational system that is at the heart of attachment theory. Bowlby's focus was on belief and the recovery of the object, not on affect and the mourner's relation to--and wish to recover a certain experience of--her self. Shining the spotlight so narrowly upon unconscious belief in and behavior towards an event -- the object's return, leaves much of the terrain of loss-related affective self-experience shrouded in darkness and far from theoretical reach.

I recall these aspects of the earlier critique in order to identify the presence of Bowlby's philosophical fingerprint on the Adult Attachment Interview's questions. Quite critically, it seems to me, the AAI asks for recollections and reflections that weight the inquiry in the direction of being rather more about the experience of the event of the death than about the experience of the loss.

At first glance, there may seem to be nothing so remarkable about the presence of questions about what actually and really happened in an interview reflective of attachment theory, which came to be largely as a result of

Bowlby's recognition of the significance of real events in the life of children, and especially of the centrality of real events surrounding the loss of parents.

The trajectory of the theory's development must also be kept in mind here (Arietta Slade, personal communication, May, 1998). In her depiction of the evolution of attachment theory's methodologies, Main (1993) described the way in which the AAI's classification system was developed--through a several-stage, multi-layered process of linking a sample of interview transcripts of parents with their infants' attachment behavior assessed 5 years earlier. Thus, conceptualization of the AAI was refined through assessment of its findings' compatibility with externally observable behavior patterns (the child's); this is the basis for Main's (1993) claim of having used both the "dialectical method" and the "method of hypothesis," thereby meeting both hermeneutic and predictive/correspondent truth criteria (pp. 240-41).

Attachment theorists' conceptualization of lack of resolution grew out of this process of refinement of AAI classifications. Specifically, researchers' notion of lack of resolution of mourning was put forth as a hypothesized mediating factor linking the observed disorganized attachment behavior of some infants with the discursive properties of these infants' parents' AAI's (Main and Hesse, 1990). One must keep in mind, then, that the AAI's loss questions were not

written on the basis of a previously thought-through conceptualization of loss and resolution.

Now, to be sure, I am by no means suggesting that the AAI's request for a depiction of the knot of events surrounding parental death, which is a request for plausibly coherent recollection, is anything less than crucial. What I do wish to suggest, however, is that if one's intent is directly to conceptualize the life-long effect of loss, focusing only on event-ness--rather than on self, affect and internal self-affect-other linkages--yields an incomplete picture of the experience of loss, and a misleading likeness of the nature of resolution.

To flesh out what is meant by saying that the Bowlbian perspective on loss and its aftermath lends the Adult Attachment Interview a focus on the eventness of the death, I shall now address a few of its questions specifically. The AAI asks "have your feelings regarding this death changed much over time?" There is, to my reading, something hauntingly impersonal, even distant about this question. The interviewee is being asked to evaluate her feelings about the death, an approach that leaves the door open for philosophical, intellectual or summary responses of the kind offered by one who surveys a singular, finite, albeit dramatic, event. But though the death itself is finite and singular, the internal experience of loss is complex, emotional, and never-ending. Absence, afterall, remains, and

one must continue to contend with and revisit it, again and yet anew, at each developmental turn.

To be sure, a depiction of the event of death is, necessarily, a depiction of the event's representation in the mind. The mind's portrait or narrative of an event depicts one's representation of the event, and, as such, it provides rendition of one's experience of it. I do not mean to suggest that *event* and *experience* ought to be dichotomized here, but rather to point to the difference between focusing our attention primarily upon the way in which one experienced a death, as opposed to focusing upon the way in which this same someone continuously experiences the (ongoing) loss.

In many ways, a depiction of the event of death is a depiction of a moment in time that was full--of the circumstances of dying, the rituals of burial, familial chaos, emotion. And, actually, this moment is the last moment in which the relationship to the lost parent still allowed for a measure of concrete fullness, since the parent was still physically present and therefore visible. But what about the contention with emptiness, absence, the aching gap? How could we evaluate the nature of our interviewee's navigation of the paradoxical presence of an internal attachment to an absent object?

Consider asking an interviewee who lost her mother at a young age a different kind of question, such as, for example, 'have your feelings about your mother changed over time?' The

Adult Attachment Interview probes for detail and the plausibility of closure, asking the interviewee if she attended the funeral, and what this was like for her. But now consider asking, too, 'do you still think of your mother now, and what is that like for you?' To return to a level of organized reflection about the past, which is its purview, the AAI concludes the loss series by asking the interviewee whether she would say that the loss has had an effect on her adult personality, and, finally, how it affects her approach to her own child. If we think of loss as a lifelong challenge, and remain truly cognizant of a spiral of revisiting that is ushered by each and every developmental rite of passage, we may well wish to ask 'were there any times, growing up, when you became especially aware that your mother was gone? How do you think those times have affected you?'

True to the sense and spirit behind the Adult Attachment Interview's movement from generality to particularity, we might then ask for an episode. We would inquire about it in a manner that seeks to tap our interviewee's capacity to evoke the absent object, the relationship that goes on within the self, and the self's own affective way of being in relation to this present-absence. We could, for instance, inquire: 'Can you recall a time in the recent past when you felt most aware of your mother's absence? What happened? What do you think brought on that awareness for you? How did you feel?'

How do you feel describing it now? Can you imagine what your mother might say or do on this occasion if she were here? What would she be like? What would you be like together? Do you expect yourself to have more moments like that one in the future? What do you think might bring them on? Have you ever felt washed over by feelings about your mother? How do these moments and feelings affect your approach to your own child?'

Hypothetical alternative questions such as these--which are focused on the textured affective experience of ongoing absence--aim to contrast with, and thus to sharpen, the portrayal of the very different, Bowlbian quality of the AAI's approach to loss. I wish now to elaborate this portrayal in two converging directions, in relation to what I have been calling "event-ness," and in relation to the status of affect and phantasy. Before proceeding, however, the earlier-mentioned caveat about this dialogue with the AAI bears repeating. The AAI does not purport to be an instrument for measuring loss. Rather, it is designed for more globally assessing attachment. This study's close engagement with the AAI is undertaken in an effort to advance towards a more pointed conceptualization of resolution and its assessment, which could build upon the AAI's overall framework.

Writings about the Adult Attachment Interview's assessment of lack of resolution, and about the significance of findings concerning the Unresolved classification, have relied upon a conceptualization and scoring system (Main and

DeMoss, 1988, Main and Goldwyn, 1998) that does not clearly and consistently differentiate loss from trauma (Main and Hesse, 1990, Main and Solomon, 1990, Main, 1995, Coates, 1998). That is, although the most recent (1998) AAI scoring manual does present judges with distinct directions for scoring these experiences, lack of resolution is evaluated, and an Unresolved, or U score assigned, whether the interviewee has suffered loss or some form of severe physical or sexual abuse. Main and Goldwyn (1998) write, "[a]s with the case of loss of attachment figures through death, there are three possible major reactions to traumatic events...[t]he principle...used for identifying unresolved abuse parallels that for unresolved/disorganized responses to loss" (p.137).

However, as Levine and Tuber (1993) pointed out, loss of a parent and abuse by a parent are, affectively, quite distinct, as are the processes of working through these experiences. Levine and Tuber contend that the AAI's Unresolved classification lumps together non equivalent life experiences because it is designed to capture a broad range of discursive functioning. Such functioning--disorganized and incoherent discourse--stems, the authors suggest, from disturbed object representations. They link the imprecision in the Unresolved classification to attachment theorists' tendency to focus on current behavior and cognitive

disorganization, rather than on the complex developmental antecedents for this behavior.

This critique might be supplemented slightly with a more explicit emphasis on that which is implied in the authors' distinction between loss and abuse. The Unresolved category may well be pooling together not only discursive manifestations of disturbed object relations, but also, inseparably, the affective dimensions along which these representations fluctuate. The expectation that loss and trauma may register an equivalently defined lack of resolution does not sufficiently differentiate the critically distinct affective challenges to the self, and the variety of challenges to the internal self-affect-other matrices, that are posed by these experiences.

I have already mentioned that early loss continues to linger in the form of the paradoxical presence of an absence, or gap. Such a gap may be hypothesized to present the self with a challenge to its own capacity to maintain affective continuity in the connection with an other across certain kinds of painful affective storms. Such continuity ordinarily derives from, is buttressed by, or at the very least encompasses a continuous self-other link that is felt to be safely ensconced in the internal world. Abuse, too, presents a challenge of linkage across difficult affect, but, rather than presenting an ongoing present-absence, it specifically ushers in the challenge of facing a parent's sadism and

hatred, possibly sexuality. The legacy of abuse may thus be thought of as involving the difficulty of living with the presence of a malevolent object within the self, which is quite different from the scenario that sometimes follows loss; in the latter, the self contends with the absence from the external world of a benevolent object that is present only inside the self. Thus, while the experiences of parental death and abuse may well present some overlapping dynamic challenges--for example, with respect to the experience of abandonment--the constellations of these factors, and the subjective experience they shape, are bound to differ.

An appreciation for the process through which the Unresolved category was developed--on the basis of linking observed infants' disorganized attachment behaviors with discursive properties of their parents' interviews--goes a long way towards explaining why the Unresolved category had been used in reference to both loss and abuse. In the early stages of thinking about the Unresolved group, attachment theorists attended primarily to identifying a (loosely-defined) mediating factor--lack of resolution--which was hypothesized to be linking parent and child, and to the observable mechanism--frightened and frightening behavior on the part of the parent, through which lack of resolution in the parent exerts its effect on the child.

That is, once the mediating factor was defined, it was employed to explain the way in which a parent's own real

history of actual events could affect her child. New writings (Hesse & Main, in press) are beginning to look in a more differentiated way at the specific nature and quality of the intergenerational effect of an Unresolved parent's past-trauma-derived organization. And yet, despite these developments, the theory continues to place emphasis on linking past events and current behavior (interpersonal and discursive) without lingering for long upon the intrapsychic registration of these events in the parent herself.

I am suggesting that the status of the actual events and, most importantly, the transmission of their effect, is gained here in place of a careful delineation of the affective, intersubjective, and generally complex attributes of the experience of these events. If one's goal is to integrate the central constructs of attachment theory into a clinically-oriented perspective that pays careful attention to affective and intersubjective repercussions in the mind, one ought not continue to place loss and trauma in the same category of resolution.

There is an apparent irony to attachment theorists' combined approach to loss and trauma. On the one hand, as was just suggested, the AAI's attention to the factual details of loss and abuse for the purpose of evaluating resolution reflects attachment theory's respect for the importance of real events in the life of the self. After all, it was Bowlby's mission to liberate psychoanalysis from what he

viewed as the Klein-derived danger of focusing primarily on internal experience and considering this experience to be causative, instead of looking at the real, pathogenic environment. Given this progenitor, one would well expect the AAI to seek to generate an evaluation of the impact of real history, through questions that ask for a depiction of the actual circumstances of the death, the funeral, and the effect on the household. The ostensible irony here, is that despite its recognition of the impact and concrete significance of real historical events, attachment theory has continued to link the problematic contention with parental death and with abuse.

But this irony is only apparent. Attachment theory, like Anna Freud's psychoanalysis, aims to take as its purview the repercussion in the mind of real events, rather than the events themselves. For this reason, the Adult Attachment Interview aims to assess the legacy of either death or trauma by examining the quality of organization of the *representation* of these experiences. Main's work articulates the impact of the events of relational history in terms of the quality of discourse, which, while being the outcome of actual history, is considered to be reflective of a *state of mind* with respect to that history of attachment. Can we fault attachment theory for seeking to focus both upon the real events and upon their repercussions in the mind? Of course not. What I wish to suggest, instead, is that what makes it

possible for attachment theorists to employ virtually the same tool to evaluate relations to past parental death and to abuse, is their focus upon only *certain kinds of* repercussions in the mind.

Repercussions in the mind, here, are narrowly defined and decidedly cognitive. Had the theory conceptualized such repercussions in terms that include the affective and intersubjective dimensions of self-experience, it would have been equipped to differentiate between affectively distinct samples of discourse and interaction that may share certain cognitive-discursive characteristics. Recall, in this connection, Bowlby's earlier quoted (1980) statement that the emotions that accompany a mourner's unconscious longing, which have been the focus of other psychoanalytic writers, are "*but the subjective counterpart of a mourner's urge to act*" (p.28, emphasis added). The alternative loss-questions put forth above were designed expressly for the purpose of focusing on affect, and on affect-suffused unconscious phantasy, which is an important dimension of self-experience that is likely to register the ongoing effects of the loss on the flexibility of the self.

Still, some adults who suffer early loss as well as some victims of past trauma receive the same Unresolved Adult Attachment Interview score based on one set of criteria and guidelines. Clearly, then, the interviewees who fit this classification do share some significant common features that

underlie the kind of incoherent discourse that gains them the score. Main and Hesse (1990, 1998?) have described behavioral commonalities--frightened or frightening behaviors, that go along with the lapses in metacognitive monitoring of reasoning and/or discourse that earn a transcript the Unresolved score. And the children of these adult interviewees show common features of disorganization as well, further suggesting the presence of commonalities in the nature of the linked representational-behavioral mechanism that underlies the adults' transmission of the past's legacy onwards. What is it that the AAI's Unresolved trauma and early loss sufferers share? What is the resolution scale actually measuring? To what extent ought it be used as a base or model upon which to construct an interview-based or clinical approach aimed specifically at the assessment of resolution of loss?

3. The scale

The Unresolved score is assigned to interviewees who receive scores of above 5 on the nine-point scale Main and Hesse (1990) had until recently described as assessing "lack of unresolved loss." "In constructing a scale intended to assess unresolved loss," they wrote, "we focused on the concept of disorganization and disorientation in mental (cognitive and affective) process as it might be made evident in speech transcriptions" (p. 167). This focus on disorganization and disorientation aims to reflect findings

from the bereavement literature, and especially Bowlby's (1980) writings about the mourning process, which describe the first few months following loss as filled with searching behaviors, fleeting illusions about the presence of the dead, and disbelief. In the most recent coding manual for the AAI, Main and Goldwyn (1998) cite Bowlby's depiction of the end of mourning, in a healthy case, as the end of pining and searching: "the bereaved person recognizes the impossibility of 'finding' the lost figure and becomes re-organized and re-oriented towards the environment as it now stands" (p.114). The Adult Attachment Interview's scale aims to assess the presence of disorganized discourse or behavior, because these are believed to reflect an unsuccessful completion of the mourning process.

Quite critically, until very recently, the scale equated "lack of unresolved loss" with a lack of indication of incomplete mourning, as defined by Bowlby. Its focus was and continues to be (1988, 1998) on cessation of proximity-seeking behaviors and thoughts, and of unconscious beliefs in the lost person's potential return. And, in fact, close evaluation of the different scale points reveals that, as would be consistent with Bowlby's worldview, while Main and Hesse (1990) have depicted the disorganization the scale aims to pick up as "mental (cognitive and affective) process" (p.167), cognition and affect were rather segregated in earlier (1988) depictions of the scale's scope, and only a

truly cognitive disorientation led to the assigning of the Unresolved score.

To backtrack for a moment and elaborate a point made only in passing earlier, the scale takes account of statements indicative of two kinds of lapses in metacognitive monitoring. A lapse in the reasoning process regarding the death is indicated through remarks that reveal the interviewee's disbelief in the death or the lack of a causal relation to her own thoughts and actions. A lapse in the metacognitive monitoring of discourse takes the form of altered, odd discourse that reveals the interviewee has shifted and is no longer oriented to the present conversational context, nor appropriately cognizant of having so shifted. The scale's third index for mental disorganization, or unresolved mourning, is the presence in the interview of reports of extreme disorientation in behavior--suicide attempts, dramatic redirected grief--following the death, which are not accompanied by convincing accounts of subsequent reorientation (Main and DeMoss, 1988, Main and Hesse, 1990, Main and Goldwyn, 1998).

I return now to the point made above, regarding the scale's segregation of affective and cognitive processes and its orientation towards cognition. Main and Hesse's (1990) reasoning discourse and behavior-oriented indices seek to pick out manifestations of the disorientation that a normal, healthy mourning process typically brings to an end; when

such disorientation is present, it is believed to be indicative of a "lack of resolution of mourning" (p. 170).

Significantly, the (1990) paper by Main and Hesse from which I have been citing here refers to unresolved mourning and unresolved loss interchangeably. The early version of the scale itself was entitled the "Lack of Resolution of Mourning" scale. Ought resolution of the mourning process be equated with resolution of loss? It has been the position of the present study that, while the immediate mourning process itself is finite, the life-long contention with loss is not. It seems it is the reliance upon Bowlby's approach--which, to my mind, is overly focused upon the event, behavior and belief at the expense of sufficient focus upon affect, unconscious phantasy and self-experience--that lends the AAI its predominantly cognitive and behavioral orientation.

And, in fact, the authors of the most recent manual (Main and Goldwyn, 1998) recognize the earlier writings' only limited applicability to the wide phenomenon of unresolved loss. Main and Goldwyn now make a narrow and highly specific claim for the subset of lack of resolution experiences that the scale can be considered to address. They write: "[t]his scale assesses a *particular* index of unresolved loss...-- through disorganization and/or disorientation in thinking or discourse...[A]s we have gained an increasing understanding ...*unresolved/disorganized/ disoriented* has come to seem the best descriptor." And they reiterate: "a

disorganized/disoriented state of mind is only one particular kind of unresolved sequel to loss. Earlier scale titles were therefore misleading" (p.113, emphases in original).

What happens to indications of loss-related *affect* on the scale? "We do not consider 'dismissing' discussions of major loss experience ('I just considered it a blessing by the time it happened. The next year, I started highschool') as indicative of disorganization and/or disorientation," Main and Hesse (1990) wrote. "Rather, such discussions would seem to indicate 'failed mourning'--that is, that the process of mourning has yet to begin" (p.168).

On what basis is failed mourning being differentiated from unresolved mourning? In the early manual Main and DeMoss (1988) cautioned that in cases of "failed mourning" or a "frozen self," there was never an onset of mourning and its disorganizing processes. Clearly, then, the construction of the scale took into account the notion that there are people who suffer childhood loss whose depictions of this loss, while not discursively disorganized, are, nevertheless, suggestive of the presence of less than optimal processes of relating to the loss. What seems to be the case here, is that an individual whose depiction is noteworthy on affective grounds, rather than on cognitive, or metacognitive ones, cannot be fitted into the AAI scale's Unresolved category.

Considered from a clinically-sensitive perspective, which is affectively oriented, it does not seem to make much

sense to separate "unresolved mourning," failed mourning and a frozen self into categorically distinct entities. This, too, is something Main and Goldwyn (1998) have begun addressing, in the context of their new definition of the narrow limits of the scale. They now (1998) write,

[E]ffective dismissal of the importance of loss is certainly indicative of failure of resolution of mourning (and is often referred to as 'failed mourning'), but is not considered disorganized/disoriented. Further, subjects who describe themselves as still frequently sad or distressed regarding a much earlier loss are considered by some clinicians to be not yet resolved, but a continuing feeling of sadness or even distress is not considered evidence for a disorganized/disoriented state of mind in the context of this manual (p.113).

Main's earlier writings on the scale--now termed "Scale for Unresolved (Disorganized/Disoriented) States of Mind"--described scores of 3 or less as ones properly assigned when the interviewee reveals some continuing or reemerging affect during discussion of the loss without becoming disorganized. Do "brief tears in remembering a shared love of music...or regrets expressed for not having had a longer time together"--Main and Hesse's (1990) examples--deserve to be placed on a scale of lack of resolution? What ought we expect one's affect to be upon recollection of a significant loss? Should such affective moments earn the transcript placement on a scale measuring the extent of one's being unresolved when dismissing, affect-less moments do not? From a clinically-oriented perspective, again, it is reasonable to consider that the capacity to re-engage with feelings about the lost

relationship with a significant other may well be indicative of more, rather than less, health, since it is potentially indicative of great affective tolerance, flexible defenses, and faith in the possibility of affect regulation. By contrast, it is worth considering that it is the dismissing absence of affect that may potentially be indicative of the kind of self-experience with respect to loss that ought to be captured somewhere along a spectrum of unresolved-to-resolved.

As suggested above, in the current conceptualization of the AAI, "Unresolved" is operationally defined to mean that one manifests certain kinds of disorganization and/or disorientation while discussing one's loss. The problem of affect is thus largely circumvented. Still, the current summary of the lowest scale point, which does not lead to receiving the U score, seems reflective of the relationship to affect--its relegation to marginal importance--that continues subtly to underlie the scale's approach. Under the heading "No evidence of disorganization or disorientation in discussions of loss" Main and Goldwyn (1998) write, "[t]he subject may state that she felt sad at the time, or is still sad, or she may dismiss the loss in a detached way--but it is clear that disorganizing and disorienting reactions to the loss are either completed or have yet to begin. Discussions of the loss have no disorienting effect on speech, reasoning or behavior at the present time" (pp. 128-9, emphasis added).

To underscore, completed reactions and ones not yet begun are pooled together now, and both are not considered Unresolved, because of the exceedingly circumscribed meaning assigned to the term. Clearly, the textured, affect-sensitive phenomenology of a self's relation to loss is not what the scale aims, or is equipped, to elaborate.

The decision to entirely exclude non-discourse-disrupting, dismissing expressions of the absence of affect from the scale also calls into question the limits of focusing exclusively on discourse as opposed to content. Main grapples with this difficulty in a telling and pertinent manner, which I will discuss later. For the moment, however, what I wish to call attention to is the scale's relationship to affect, which reflects, I think, a somewhat uncertain if generally loyal following upon Bowlby's relegation of it to secondary status.

In sum, a close reading of the scale reveals that compromised affective processes, which go right to the heart of the question of resolution, were not given a prominent place in its construction. As mentioned above, in the most recent depiction of the scale (1998), the problem of affect is largely evaded; the scale is now defined very narrowly, with indices of disorganization elaborated using pointedly cognitive and behavioral markers.

It thus seems reasonable to conceptualize the Unresolved-proper, higher part of the current scale to be

identifying people with a traumatogenic past experience who manifest a tendency to dissociation, rather than people with unresolved loss. Hesse (1996), suggested that lapses in the monitoring of reasoning and discourse may represent interference and/or unusual absorption in normally dissociated memory systems. Lapses in reasoning indicate the presence of incompatible memories and beliefs that have become dissociated, and lapses in discourse suggest that the speaker may be experiencing a "state shift" indicative of entering a compartmentalized, dissociated state of mind (Hesse, 1996). Main and Goldwyn (1998) have written that lapses in monitoring are linked to "the possible intrusion of dissociated or partially dissociated ideation, or...to mildly dissociative experiences taking place in the interview process" (p. 116). What I am suggesting here, is that, rather than consider such dissociated processes to be primarily *descriptive* of the people the scale picks up as Unresolved, we actually consider the presence of such processes to be the *defining criterion* of that which the scale is able to identify.

To elaborate this point further, while the scale successfully picks up on various forms of faulty beliefs made manifest through instances of thought disorder, such as "now he can get on with being dead and I can get on with raising a family" (Main and DeMoss, 1988, p. 65), as discussed above, it does not also evaluate the affective gradient of response

to loss questions, so that many individuals whose affective relations to the loss may well be worthy of placement on a continuum of problematic resolution do not appear on the scale. What I am suggesting, then, is that the scale be seen as evaluating a certain subset of unresolved responses to loss, which is characterized by a particular kind of constellation of faulty meta-processing, one that is expressed through a proneness to dissociation. This subset is not representative of lack of resolution of loss because it is more specific, and requires the presence of certain kinds of slippages that do not characterize *all* people who have problematic relationships to their loss history. Such a view is compatible with Main and Goldwyn's (1998) current thinking. They now write that the scale is based solely upon "the notion of *disorganization and/or disorientation in reasoning, discourse or behavior* as signs of a particular kind of unresolved experience, possibly involving frightening ideation" (p.113, emphases in original).

Such a reconceptualization of what the scale is measuring would begin to address the question raised earlier regarding the pooling together of trauma and loss. We may think of those adults whose non-loss related traumatic history earns them an Unresolved score on this scale as having some measure of a tendency to dissociation, which a certain subset of adults who suffered loss also do.

Recall Main's (1995) view that individuals who do fit the Unresolved category are often highly organized, discursively capable people whose responses to the loss questions are anomalous in comparison to the rest of their functioning. Main interprets this finding to mean that these individuals' relationship to their past loss is encapsulated. From a clinically-sensitive perspective, I think it is worthwhile to question the notion that such encapsulation reflects a general flexibility and health of the self. Much of the contemporary literature on trauma (e.g., Davies and Frawley, 1994, van der Kolk and Kadish, 1987) formulates aftereffects in terms that take advantage of Freud's later writings on defense (1940a , 1940b), in which he suggested that disavowal be conceptualized as a major alternative defense that is as primary and significant a mechanism as repression (although the link to Freud is rarely recognized, A. Bass, personal communication, 1996).

Freud viewed repression as an effort to contend with the presence of inner conflict, and disavowal as an effort to deny certain aspects of reality that the self finds intolerable. The steadily growing body of work on trauma recognizes the tendency of some persons to cut off and segregate their representation of and affective response to traumatogenic experiences through use of a defensive process that renders the self, generally speaking, not so much inhibited as a result of repression, but rather split and

thus unintegrated. When put in touch with their denied, split off region of self, traumatized individuals seem to others to have gone elsewhere. It is as though they are, for a period of time, engaged with a sequestered processing mechanism that renders them temporarily out of reach, and out of touch, with the broad affective, self-other context of experience.

The split in these individuals' pattern of processing is linked to the traumatogenic nature of some exceptional piece of recent or distant past experience. Importantly, not all exceptional experiences we would colloquially designate as potentially traumatic have a traumatogenic effect, since, for reasons of environmental circumstance and broadly defined individual difference, not all such experiences cause all people the kind of tremendous, overwhelming fright that plunges the self into a primordial sense of helplessness (Krystal, 1988). Only some constellations of person, potentially traumatogenic experience and environment produce the kind of discontinuity in the processing of self that is found in moments or lapses of dissociation.

Main and Hesse (1990) suggested that parents who display frightened or frightening behaviors in front of their children--such as moving or vocalizing in unusual ways, or speaking strangely--tend to have children with pathological, disorganized attachment styles, since such parental behaviors present the young child with "an irresolvable paradox wherein the haven of safety is at once the source of alarm" (p.180).

High-risk, maltreating populations have been found to have particularly high rates of disorganized children whose parents reveal such behaviors. These parents have been found to have suffered a trauma of which they are still frightened and to which, therefore, they are still tied. "[w]e must ask," Main and Hesse wrote, "why unresolved loss on the part of the parent would lead to infant behavior patterns which are at all similar to those displayed by maltreated infants." The authors respond to this critical question with the statement that parents suffering from "unresolved mourning" may still be frightened by their loss experiences, and therefore might display frightening anxiety. They write, "loss is not an inevitably frightening or overwhelming (traumatic) experience, but may have been traumatic for those particular individuals who appeared to us to be unresolved" (p.174, emphasis added.)

There is a certain circularity to this definition, which ought to point us towards refining the authors' category of Unresolved in the following manner, one that is compatible with Main and Goldwyn's (1998) own rethinking. Those people whom the scale designates as Unresolved are individuals whose loss experience was traumatogenic, leading to fissures or splits in their self-experience, which underlie their more or less pronounced tendency to dissociation. Discussion of the loss sends these individuals into a segregated mode of processing, which makes them lose track of the connection

with the discursive context in a manner that is designated by Main's conceptualization of lapses in metacognitive monitoring of reasoning and/or discourse.

In sum, it is the high end of the scale that identifies those people who become cut off from the interview situation and from the discursively elaborated self- and self-other organization they capably elaborate before being called upon to access the loss. These people--the AAI's Unresolved adults--ought thus to be seen as individuals whose relationship to loss involves a tendency to dissociation. It thus stands to reason, as Main has, that the AAI's Unresolved adults would have an encapsulated disorganization that does not appear throughout the interview and appears only when they are called upon to access the loss, which is, for them, split off. Other loss sufferers, ones whose organization in relation to loss may result in a differently patterned processing of self-experience, discuss the loss dismissively, as though frozen, or with reemerging, live affect, but they do not become cut off from the discursive context, and, not being prone to dissociation, they do not display frightening, trance-like, frightened behaviors to their children. Some of these people--the reemerging affect ones and the dismissers, do not make it into, or to the high enough part of, the scale, and are not considered Unresolved according to its criteria.

Consequently, it seems reasonable to go further, and to state--as Main and Goldwyn's own (1998) recent work suggests, that, since the scale is not attuned to and sensitive with respect to the non-dissociation-prone, affective gradient of the relationship to past loss, (with which it is not concerned) it ought not be considered adequate to the task of assessing the breadth of the concept of resolution of loss, with all of its dimensions.

* * *

Before concluding this extended conversation with attachment theory's approach to the problem of resolution and inviting the neo-Kleinians back in, I would like to make one final point, concerning Main's concept of coherence. Careful perusal of the Adult Attachment Interview classification system reveals that, as was alluded to earlier, the concept of coherence came to grief when it was utilized solely with respect to discourse analysis. Once it was discovered that transcripts could be coherent according to the scoring criteria and yet contain significantly pathological, unrealistic thinking related to loss or trauma that does not fit common sense views of healthy cognition and organization, an additional dimension of coherence was added to the evaluation--coherence of mind (Main and DeMoss, 1988, Main and Goldwyn, 1998). This dimension is to be used to assess to what extent the interviewee's representation of and thinking regarding the loss or trauma she experienced in the past is

plausible, over and above the extent of coherence of her narrative (Main, 1991).

One of the indices of disorganization described earlier--reports of extreme, disoriented behavior, such as suicide attempts, following the death--already crosses the line that separates discursive incoherence from coherence or incoherence of mind, inasmuch as reports of disorganized behavior are often delivered without any cognitive disorganization expressed through discursive lapses. Other clear examples of response that do not violate discursive coherence but ought to be attended to, using the coherence of mind dimension, are instances revealing belief in magical causality or, subtly, in the deceased being simultaneously dead and alive (Main, 1991).

The addition of the coherence of mind dimension to the already existing coherence of transcript one was designed to redress, and thus reveals, one important limit of approaching resolution with an eye strictly upon organization of discourse.

Significantly, the addition of this dimension involves a return to a focus on content, and it is important to note this shift. That Main's version of discourse analysis is complemented by a corrective return to a focus on content suggests that form and content ought to be attended to in some sort of integrated fashion. The distinction between and interrelation of discourse and mind should be carefully

considered. Speaking specifically of Main's approach, one may ask whether discursive coherence, which is a category born of and clearly embedded in conceptualizations of narrative, may be extended to apply to 'mind' without contorting one's notions of mind at great cost. Might it not be that, as a narrative-bound category, coherence provides a limited tool for evaluating the more ineffable aspects of affective range and fluctuation that contribute to the phenomenology of relating to loss?

More generally, I wish to suggest that, since the lifelong relationship to loss--as distinct from the time-limited mourning process that initially follows it--involves an ongoing confrontation with absence, which may be thought of as presenting a kind of *gap*, formulations regarding communication about the loss experience should be particularly sensitive to such questions as: how is the teller organizing herself in relation to an absence? what happens to her narration when she seeks to depict the presence of a gap? The essence of narrative coherence is, after all, continuity, and not gaps and absences. I am suggesting, then, that if a gap, absence, or emptiness do figure in a person's self-experience, a truly present other who seeks to evaluate this person's experience ought to be equipped to receive certain extra-narrational properties of her communication about the loss; it is these properties that may be conveying the emptiness that the narrative itself--

because of its inherent continuity--might not be adequately able to express. To conclude this note and prepare for the following re-consideration of neo-Kleinian thinking, I wish now to take one more step, and to suggest that a receptiveness attuned to the many (not only narrational) dimensions of communicative acts is necessary if one wishes adequately to capture the many meanings of loss that are expressed in a person's method of seeking to convey her experience to an other.

III. Attachment Theory And The Neo-Kleinians: A Suggestion For Joining Forces In The Approach To Evaluating Loss' Repercussions In The Mind

The earlier discussion of the neo-Kleinians concluded with the suggestion that their approach to mapping and investigating the cyclical interpenetration of the interactional and intrapsychic dimensions of experience is particularly apt for a conceptualization of resolution of loss. O'Shaughnessy's remark, that "interpretations should be about the *interaction* of patient and analyst at an *intrapsychic level*" (1988, p.139, emphasis in original), can be seen as a statement of an ideal of a certain kind of intersubjective work⁴. The previous discussion of the Adult

⁴Discussion of the concept of intersubjectivity in relation to psychoanalytic treatment has recently picked up steam. Debates over the meaning of the term and its applicability to the work of certain American analytic theoreticians, and to the neo-Kleinians', have followed on the heels of the publication of Aron's (1996) book A Meeting of Minds. In his discussion of different understandings of the notions of mutuality and recognition, Aron cites mostly commonalities between the views of such prominent American analytic writers as Benjamin, Stolorow and his colleagues, and the relational writers in general. Their work shares a focus on the contribution of both members of an analytic dyad to that which unfolds in analytic treatment. The view that both members of the analytic dyad contribute, and that the subjectivity of each member of the dyad is influenced by the subjectivity of the other, has led to questions regarding the implications of this state of affairs for the level of equality or non-equality between analyst and analysand. Questions have also arisen regarding the extent to which an analyst's view of her countertransference involves recognition of her own contribution to the mix that is analytic data. Aron states that the above-mentioned writers' not identical but converging views are part of a theoretical trend that also characterizes the work of the British neo-Kleinians. As Aron sees it, the latter writers' elaboration of the concept of projective identification points to their interest in the development of intersubjectivity.

However, the parameters and rightful ownership of the concept of intersubjectivity remain hotly debated. Recently, Stolorow, who

Attachment Interview's approach to resolution mentioned that it insufficiently addresses the dimensions of affectivity and intersubjectivity; these ought to be included in an evaluation of relating to loss. Intersubjectivity was raised only in passing in that discussion, because the topic seemed to me to require its own section. In what follows, I will reintroduce the neo-Kleinians' use and understanding of intersubjective process, in order to suggest it as a particularly useful corrective to attachment theory's consideration of resolution.

developed (with colleagues, 1992, 1987) a particular brand of intersubjective perspective, made forceful denunciation of projective identification, and of all work that is based upon Klein's, as not at all intersubjective. "Kleinian theory...and intersubjectivity theory are incommensurable paradigms," (1998, p.724) he wrote. Still, Ogden (1994), who works to integrate Freudian, Kleinian and Winnicottian views of the development of subjectivity, wrote of the "dialectic of intersubjectivity that is implicit in the concept of projective identification," (p. 33) and in Klein's, and Bion's, overall contributions. With these contradictory conceptions in the background, the present discussion of the neo-Kleinian approach as aiming towards a certain kind of intersubjective work ought to be clarified.

This study refers to intersubjectivity as a dimension of experience that ought to be considered in conceptualizations of resolution. However, it is not my intention to enter into the debate about which form of analytic technique and thinking qualifies as intersubjective and which ought not to qualify. The meaning of the term intersubjectivity that is intended in this study is more general, aiming to encompass the focus on the interplay between the subjectivities of two people, but not to the exclusion of focusing also on each person's subjectivity in its own right.

The meaning intended here is thus closest to Ogden's explication of what goes on in an analytic dyad, put forth in his (1994) book Subjects of Analysis. He wrote: "...the analytic task involves an attempt to describe as fully as one can the specific nature of the experience of the interplay of individual subjectivity and intersubjectivity" (p. 64). It is in this sense that O'Shaughnessy's remark is taken as pointing towards an ideal of intersubjective work. It is also in this sense that the following discussion of the use of the dimension of intersubjectivity is intended.

One corrective to Main's approach was already put forth in the evaluation of the Adult Attachment Interview, namely, that questions about loss ought to include inquiry directed towards affect and affective phantasy. I am considering affective phantasy here to be a unit of currency in self-experience that is expressive of internal self-affect-other linkages. I am further considering the quality and nature of access to and organization in relation to affective phantasy to be expressive of flexibility of mind and defense.

In addition to the development of inquiry specifically suited to the assessment of affective challenges uniquely characteristic of a lifelong relationship to loss, the earlier discussion implicitly called for a creation of an alternative scale, or for the conceptual/theoretical equivalent of such a project. The aim of such an alternative scale or conceptualization would be to make provision for including the affective manifestations of problematic resolution within an overall assessment of a gradient that captures the affective and affective-symbolic dimensions of loss. One reason for aiming to identify such an affective dimension in research is that it would tilt findings and subsequent conceptualization towards viewing relationships to loss along an *affective continuum*, rather than in categorical terms (resolved or unresolved) defined according to the presence or absence of certain *kinds* of emotional self-

experience, such as yearning--which was singled out by Bowlby.

By contrast, here I wish to point to a potential that is already present in the AAI's approach, and that ought to be further developed. To recall for a moment the neo-Kleinian perspective, Joseph (1975/1989) has focused upon the way in which session material emerges, and, most importantly, "the process being acted out" (p.82) through the patient's *method* of communication. Under the heading of method, neo-Kleinians include projective identification, which they view as a mode of communication indicative of the patient's experience of painful, unmetabolized content that must be conveyed to a containing other who can metabolize and return it in understandable, sufferable form. Patients' very use of projective identification, and of all other communicative methods, reveals the way in which their *internal object relations* work around thoughts, wishes and fears. Careful attention to the way these object relations are working in the therapeutic interaction can therefore yield understanding of the way the patient experienced his past, formative relationships; the way in which the interaction unfolds and fluctuates communicates volumes about the interactional-intrapsychic relational past's repercussions in the mind. Accordingly, Joseph (1981a/1989) has described an approach of "following minute movements of emergence and retreat, experiencing and avoiding," (p.96) within each session.

Despite the fact that the central thrust of attachment theory is attention to the domain of relationships, its approach to conceptualizing the interview situation seems to me to be lacking an explicit, adequate exploration of the intersubjective dimension. I wish now to suggest utilizing Joseph's conceptualizations in order to work towards an interview-based approach that is more fully cognizant of this dimension.

The capacity to maintain a link to an other in relation to the ineffable pain of loss deserves to be thought of in intersubjective terms. The lifelong experience of the presence of absence and loss involves contending with all kinds of shifting, paradoxical constellations of longing, aloneness, togetherness, and fear of future loss--say, of the relationship with the analyst or any significant other--and of the possibly insurvivable affective storms that may bring it about. An interviewee who tells the story of her life and loss to an interviewer is faced with the task of attending to the conversational context while dipping into and seeking to express intangible yet potentially very palpable aspects--such as emptiness, or an aching gap--of her self-experience. An intersubjectively sensitive evaluation of her telling would ask: Does this person handle herself as though she expects there to be a tenable self-other linkage through which she can elaborate her experience? How does she attempt to utilize the interviewer? Does her style and method of

communication--assessed through following minute shifts of emergence and retreat--suggest her expectation that the interviewer will remain present, that the communicative link can endure expression of pain, anxiety, or ineffable longing?

The interview situation is not the same as the therapeutic one, to be sure. And yet, a view of the interview situation as one in which one member of the dyad is entirely neutral and uninvolved in the unfolding of the other member's accounting of experience is not theoretically tenable in the contemporary landscape of growing sophistication about the mutually-influencing nature of dyads. Because it is a research tool, the Adult Attachment Interview must be used in a relatively standard way by trained interviewers who can maintain an appropriately neutral style (George, Kaplan and Main, 1996). But psychoanalysts, too, and the neo-Kleinians are no exception, aim for a certain kind of neutrality. Still, interviewers and analysts become affected by their dyadic partners. The way in which they become affected--what they feel pulled to express or enact, the way in which they are moved--is critically relevant to their effort to understand the patient's, or interviewee's, communication.

I am advocating for the following interrelated amendments to the way we mine what the Adult Attachment Interview--or any interview--potentially has to offer . First, like Joseph, we ought to map minute movements of an interviewee's emergence and retreat, both from that which she

is discussing and, inseparably, from her interviewer, and the interview context as a whole. Joseph, like other theoretical descendants of Klein, focuses predominantly on the way in which patients enact certain processes with the analyst as they seek to handle anxiety, and then also despair, guilt and grief, which go along with the paranoid-schizoid and depressive positions. But we could widen the scope and aim to focus on a broader range of affective experience, of self-affect-other phantasies, and still adopt Joseph's methodology for understanding the communicative significance of ongoing shifts in an interviewee's efforts to utilize the interviewer in the particular way that she does.

Second, we ought to be attuned to, to use, and to understand the *interviewer's* countertransference as a valuable source of information, rather than primarily as a byproduct that is potentially disruptive to the properly uniform handling of the interview situation. Putting this point together with the one made above, the following, more elaborated suggestion can be made.

Evaluations of interviews ought to supplement the focus on the form of discourse with attention to the interactional-intrapsychic process of its unfolding. Joseph's and O'Shaughnessy's focus upon the clinical atmosphere that develops in a session is especially relevant for the specific present purpose of defining an appropriate way to look at the way in which an interviewee represents experience that is

highly emotional and concerns relationships. Did the interviewer feel sad during the discussion of the interviewee's painful experience? Did she feel connected, pushed away, numb, annoyed, empty, pressured, relieved that the interviewee wasn't delving too deep? Was there a tense atmosphere, or a hollow one? Building upon these questions, one could then wonder what the interviewee was seeking to enact, and thereby communicate, through her process of evoking the interviewer's response, and generally, through her contribution to the shaping of the dynamic that develops between herself and the interviewer.⁵

As was discussed earlier, the addition of the coherence of mind dimension to the Adult Attachment Interview's coding system captures Main and her colleagues' recognition that coders may be left with an impression that there is something incoherent, jarring, or disturbing about an interviewee's thought content, which a purely-discursively oriented code could not pick up. Coders give a final gloss to their scoring of transcripts through their assessment of the overall coherence of the interviewee's state of mind. The AAI coding manual thus makes room for appropriate use of the coders'

⁵See Samstag (1998) for an interestingly similar suggestion, made in the context of psychotherapy process research. Samstag states that a trained coder's perspective on the vicissitudes of the therapist-patient link during a videotaped session was found to be useful but somewhat limited, or to provide an incomplete picture of the therapeutic alliance. She suggests that the picture obtained from the coder's perspective would be productively enriched by the addition of the therapist's own ratings of the link between herself and the patient during sessions.

reactions and overall clinical feel. What I am suggesting now is that the interviewer's experience of the interview situation and the atmosphere that was created ought to also be included in evaluations of the meaning of an interviewee's communication.

The potential for making use of this suggestion can already be found in Main's writings. I would like to dwell for a moment on this incompletely tapped potential, in order to show that Main's treatment of the issues I have been discussing here reveals, rather ironically, an early-Freudian template for understanding the nature of communication in a therapeutic dyad. Such a template is not sufficiently attuned to the intersubjective dimension of interactional-intrapsychic cycles that is prominent in many contemporary schools of psychoanalytic thought. I am pursuing this point here because of my belief that conceptualizations of the relationship to loss ought to be carefully attuned to the (variously defined) intersubjective dimension of experience.

To begin with, Main's use of Grice's maxims of coherent conversation already contains the seeds for emphasizing the interviewee-interviewer interaction. Grice defines a Cooperative Principle, and in Main's (1991) discussion of the relevance of his contribution, she wrote that 'being cooperative' is the overriding and most pertinent aspect of the maxims. Still, of the maxims themselves, Main stated, the maxim of quality--have evidence for what you say--is the most

important. Attention to the other three maxims could potentially capture the interactional dimension to which I have been pointing. The injunctions to be succinct and yet complete, be relevant, and be clear and orderly--the other three maxims--could be seen as addressing the way in which a speaker ought to attend to her listener's engagement with her. They describe what a speaker does in order to make sure the listener is with her, attentive and able to follow, rather than flooded, lost or confused and therefore unable to maintain connection. Highly coherent narrators, who are secure, struck Main's judges as "both collaborative and truthful" (1991, p.142). The significance of the quality of and capacity for collaboration--which involves active meta-monitoring not only of one's own cognitive processing but also of one's ongoing interaction--is thus an important dimension to consider.

Now, to be sure, Main's approach does not entirely leave out consideration of the interaction. (In fact, Main now sees collaboration and cooperation as being equally as important as coherence; Arietta Slade, personal communication, May, 1998.) What does happen, however, is that what the interaction is registering is assessed by Main, rather ironically, from a one-person-psychology perspective that has come to be associated with antiquated, largely extinct versions of the classical psychoanalytic approach, which viewed what happens in a therapeutic dyad largely

unidirectionally, and in terms of resistance (See Schafer, 1992, for a contemporary critique of the psychoanalytic concept of resistance).

"Considered from the viewpoint of discourse," Main (1993) has written, "both dismissing and preoccupied adults may be said to exhibit forms of resistance to the interviewer's insistent requests for a description of their attachment-related experiences, and for an evaluation of the relation between those experiences and their present state of mind" (p.235). What I am suggesting here is that, considered from an intersubjectively-oriented perspective that is influenced by the neo-Kleinian approach, insecure adults' way of speaking with an interviewer may be seen as communicative, rather than as, primarily, resistive of communication⁶. That is, focusing on that which is enacted in the communicative process between interviewee and interviewer entails viewing the interviewee's unconscious "choice" of method of communication as relevant material, which provides nonverbal depiction of aspects of the interviewee's relational experience. The speaker's method of communication includes her creation of a certain kind of self-other dynamic with her listener, which she employs (unconsciously) as part of her

⁶ Schafer, who has cited neo-Kleinians as an important source of influence on his thinking (1997), wrote: "I present a recommended version of a modern technical approach to resistance wherein the analysis of countertransference replaces 'the resistance' as a central factor in the analytic process" (1992, p. 219).

effort to convey her experience, rather than to resist its communication⁷.

Hesse (1996) wrote that dismissing individuals are guided by the effort to ostensibly answer the questions without actually making links to memories and feelings, so that the interview is only superficially collaborative. Main (1995) noted that they appear to reject the interviewer, thus behaving in this interaction as they typically do towards their children. From an intersubjective perspective informed by neo-Kleinian writings, these individuals could be seen to be creating pseudo-links with the interviewer. The interviewer is given a very good sense of the way such interviewees were made to feel through their past relational experiences, since the interviewer is being made to feel much the same--she is dismissed, and the potential affective link with her is not lived out.

Preoccupied individuals, Hesse (1996) continued, tell the interviewer too much, often speaking of irrelevant or insufficiently organized content in a confusing, non-succinct manner that requires much effort to follow and understand. The parents of such preoccupied individuals "are often judged

⁷ The focus of this discussion is on the contribution that a clinical-listening perspective may make to the way one approaches the interaction that develops during the AAI's administration. See Slade, 1998, for a consideration of the contribution made in the reverse direction--that of AAI-based attachment theory to clinical listening. Slade shows how awareness of attachment patterns allows the clinician to understand the communicative function of particular patterns of thought and feeling that are revealed by the patient in session.

to have drawn attention to themselves, being involving and/or role-reversing," (p.7). Main (1995) has noted that preoccupied adults appear to be as overwhelming and unresponsive to the interviewer as they are to their children. Here, too, a neo-Kleinian-informed, intersubjective perspective would extend this insight, to suggest that preoccupied individuals' discourse be seen not really as a resistance to communication of their experience, but rather as an enacted communication of their relationally-related self-experience; preoccupied individuals convey to the interviewer how it has felt to be flooded by a role-reversing parent by flooding the interviewer, making her struggle to follow as though it is really the interviewee who properly has the lead, when in fact it is the interviewer who, strictly speaking, asks the questions and therefore calls the shots. In other words, there is a self-other enactment here; the interviewee creates a role-reversal with the interviewer, who, if given the chance to be truly receptive, can thus palpably understand that very experience which her interview questions aim to capture (See Slade, forthcoming, for a combined attachment patterns/psychoanalytic perspective on clinical listening).

Main (1995) has written that insecure adults' discourse violations can be understood "within the framework provided by psychoanalysis...as constituting resistance to both memory and to interaction" (p.452). This statement, too, evokes the

older psychoanalysis, which viewed patients' difficulties with free association in terms of what such difficulties reveal about what is going on within the patient, without also attending to the dyadic significance of the difficulties and to their communicative value. A more contemporary version of psychoanalysis would be prepared to view what traditional approaches saw as resistance as also, potentially, enactment.

To underscore this point, neo-Kleinians, specifically, would consider a person's apparent non-communication as highly communicative of the way her object relations work around certain kinds of unconscious, painful, anxiety-producing mental content. If we broaden the scope to include a wider range of affective experience, we could be prepared to understand apparent non- or violated-communication to be conveying the nature of internal self-affect-other linkages, or phantasies, through extra-narrative means. That our communicator is utilizing such non-verbal, primitive means we would consider quite material and telling in itself; it would signify to us that the self-affect-other phantasies our speaker is conveying possess a fluid, primitive flavor, and it would reveal to us the quality of processing and self-organizing in relation to these phantasies of which she is now capable.

Importantly, Main (1995) has suggested that transference-like patterns of interaction are recapitulated in the AAI's of the organized insecure speakers, those who are

preoccupied and dismissing. In other words, the way in which parent-child dismissing-avoidant dyads, and preoccupied-resistant ones, inter-relate is identifiable in the kinds of interactions that develop between dismissing and preoccupied interviewees and their interviewers; interviewees treat the interviewer the same way that they treat their children. While this is along the lines of what I have been suggesting, and can thus be seen as containing the potential for a fully intersubjective attentiveness, I have been trying to show that Main's way of understanding the transference-like interactions that develop in the Adult Attachment Interview leaves out direct focus on the way the past is being enacted, as well as on the countertransferential part of the picture, neglecting to attend to the overall atmosphere that develops and the way in which the *interviewer* is affected.⁸

To turn specifically to the evaluation of interactions surrounding loss, Main (1995) wrote "the intrusion of lapses of reasoning or discourse during the attempted discussion of potentially traumatic events that identifies unresolved speakers does not appear to me to be part of an interactive pattern or to represent a propensity toward a particular kind

⁸ One must of-course keep in mind that research and clinical aims are different (Arietta Slade, personal communication, May, 1998). The proposition that an interviewer's countertransference be brought into consideration need not imply that the interviewer would intervene and interpret to her interviewee understandings derived from her attentiveness to the countertransference, as one may choose to do in a clinical setting. Rather, the suggestion here is that such an understanding be incorporated into the overall framework within which the researcher evaluates the content and findings from the interview.

of relationship with the interviewer...[it] represents not so much an overall pattern of interaction as a collapse of patterning" (p.443-4). Now, if one considers such lapses to be indicative of a dissociative tendency, one's view of Main's comment would have to depend upon one's conceptualization of the nature and function of dissociation as it relates to the transference-countertransference matrix. It is worth considering that when a speaker shifts states and momentarily operates from a sequestered track of processing that is inaccessible to her listener, the listener who is attuned to her own feelings and reactions may use the bizarre or de-realized experience she is likely to have as important insight into the speaker's experience, which is founded upon and reflective of her object-relational history.

I have been suggesting here, throughout, that we broaden and reweave the net with which we identify noteworthy loss-related aspects of a person's portrayal of her loss, so as to focus upon the affective dimension of experience--which is critically significant while not being discursively disruptive and indicative of shortages or blips in metacognitive processing. With the introduction of the intersubjective dimension into such a perspective, affectively problematic relationships to loss that are expressed in the course of an interview, or a clinical session, could be assessed with respect to a broader notion of meta-processing.

Moments in which an interviewee, or patient, depicts affect could be examined along a criss-crossing matrix of meta-processing registers in the following way. We would be prepared to ask: how is the interviewee feeling right now and how is she processing her feelings? Is she self-regulating in a manner that allows for retention and modulation of the affect? In other words, is there a continuity of meta-affective processing here, or are there breaks and disruptions to which the interviewee does not have access? We would also turn to another register--the one along which the interviewee processes the interactions.

Now, importantly, while this description of a possible way of approaching the material is necessarily somewhat linear, my intent here is to emphasize the criss-crossed way in which attention to the interviewee's processing ought to be conceived. That is, to truly profit from utilizing the neo-Kleinians' way of working, we ought to focus upon the register along which the interaction unfolds at the same time that we attend to the affective register. Thus, we would ask not strictly about how the interviewee processes her affect at any given moment, but also how this processing shapes and is then therefore also shaped by the interactional moment in which it unfolds. Looking at the interaction in this way, we may be prepared to address *interaction at an intrapsychic level*, keeping in mind at each moment that through the self-other links, affect--broadly defined to include pain and

anxiety--is being shuttled, shoved out, and cycled through, for the sake of self.

To sum up, I have been suggesting that the intersubjective dimension ought to be introduced into formulations of resolution that proceed along the lines of the affect-oriented perspective discussed earlier. If we aim to widen our conceptualization of resolution, and to shift our unresolved-to-resolved spectrum so that it occasionally intersects but does not overlap with the spectrum of people identified by the Adult Attachment Interview's Unresolved scale, we should proceed with an eye that is sensitive to affect, but also to self and to self-other experiences. In thinking of resolution in relation to specific individuals who suffered loss--individuals with whom we are involved clinically or in research--we ought to attend to self-affect-other phantasies, which fluctuate along the intersubjective dimension of interview, clinical, and all other interactional contexts.

1. Examples of "interviewing" loss

What do actual interviewees say about their early loss experiences? Following are three voices who suffered such loss. The last and briefest one belongs to a woman who described her experience to the writer of Motherless Daughters, (Edelman, 1994) a lay, non-fiction book that became quite popular with mainstream audiences; the writer, herself a motherless daughter since age 17, interviewed

scores of women who lost their mothers at different ages, and the book contains excerpts from many of her interviews. The two extensive and detailed examples I will cite here are taken from the AAIs of two women who lost their mothers at age 4, at the height of the Oedipal phase. Both women went on to become mothers, and their AAIs were collected as part of a longitudinal study of motherhood and infancy⁹, and scored by expert coders. In the course of their participation in the study, both had been given this interview at two different times--during pregnancy, and approximately one year after their babies were born. One woman, whom I will call Rita, was judged to be resolved (and secure), while the other, whom I will call Ursula, received a score of Unresolved (and insecure-preoccupied) for her first, earlier AAI.

In light of the preceding extensive discussion of the AAI and its scale, it should be clear that the information provided by Rita's and Ursula's scores is considered to be limited in its usefulness for telling us about the *affective* nature and the more nuanced intrapsychic meaning of the women's relationships to their losses. Rather, their scores are indicative of the presence in one woman and the absence in the other of one type of potential post-loss self-experience--disorganization and some tendency to

⁹ The longitudinal study -- The Pregnancy Project, was an NIH-funded study conducted at the Department of Psychology of City College, the City University of New York, under the direction of Arietta Slade, Ph.D.

dissociation--with which attachment theory's AAI-based perspective became, for historical-theoretical reasons, concerned.

Rita's father remarried shortly after her mother died, so that her childhood quickly regained a certain kind of ordered normalcy. From a psychoanalytic-developmental perspective, it is important to note that the loss and immediate remarriage occurred when Rita was in the midst of navigating the Oedipal phase, a time in which a child first begins to comprehend, and to react to, her place in the mother-child-father threesome. One would therefore expect her relationship to her new mother to be marked by feelings of both rivalry and identification, which she would have experienced with her biological mother had the loss not taken place. The triangular relationship of herself, her father and her new mother is likely to have been complicated by the shadowy presence of the newly-absent biological mother. This constellation may well have lent Rita's age-appropriate competition with her new mother, and her likewise age-appropriate identification with her, a shifting, somewhat unstable quality.

Ursula's life was very different. As a young girl, she not only suffered the death of her mother, she also went on to have an exceedingly disorganized childhood and adolescence, which included: living with various relatives; father's re-marriage, subsequent divorce and near-total

abandonment of his children; and stepmother's own remarriage and divorce. Thus, while Ursula was also in the midst of the Oedipal phase at the time of her loss, she did not immediately regain the opportunity for navigating the triangular father-child-mother relationship that is so pivotal for the development of a girl's identification with her mother.

Ursula's Unresolved-score AAI, her earlier one, contains many disorganized, incomplete and trailing-off sentences that convey only half-thoughts and give a palpable sense of disorientation. It seems reasonable to suggest that the discursive disorganization found in this AAI ought to be considered to be, at least in part, an outcome of Ursula's disorganized, pathogenic environment, which gave rise to the "unresolved/disorganized/disoriented" (Main and Goldwyn, 1998, p.113) state of mind that the AAI aims to identify. This description of Ursula is consistent with Bowlby's way of ordering the data of childhood loss. To recall, according to Bowlby, the environmental failure that sometimes follows parent loss is the feature of the loss experience which leads to pathologically disorganized adaptation; where the post-loss environment does not fall into disarray, and the child is enabled to have an orderly, supported mourning process, one would not expect to find latter day pathology (of the kind with which Bowlby was concerned).

This way of viewing Ursula is also consistent with the perspective presented in the earlier discussion of the AAI's focus on disorganization and dissociation. There it was suggested that the AAI is equipped to identify particular kinds of representational sequelae of loss, ones that reflect the legacy of traumatogenic losses, which were not followed by the proper reorganization following mourning. Ursula's life never gained even a semblance of organization. And her discussions of her immediately post-loss life, as well as of the events and thoughts regarding mother's death, are punctuated by incomplete sentences, and by momentary slippages in which she speaks as though the mother she lost is not a clearly distinct entity that lives on only in Ursula's internal world. Individuals such as Ursula are the people with whom the AAI is concerned; they manifest the tendency momentarily to dissociate from the interaction with the interviewer, the interview context, or the rest of their own reality-tethered personality.

But this way of describing Ursula does not tell the whole nuanced story of her affective experience of the ongoing absence of mother, her sense of self-with-loss. Are there ways in which Ursula might resemble Rita, whose AAI does not manifest disorganization and dissociation? Are there features of their presentations that suggest that, rather than remaining moored to a particular, categorically-definable version of loss, each woman fluctuates and shifts

along a spectrum of relating to her loss? Might the two women share commonalities of affective experience?

The following excerpts from Rita's and Ursula's discussions of their losses are designed to flesh out a bit some of the suggestions made earlier, regarding avenues of questioning and consideration that ought to be pursued for the purpose of conceptualizing resolution. The aim here is to shift from the AAI's Bowlbian lens to one that is trained upon affect and ph/fantasy. What "thick" portrait of Rita's and Ursula's relationship to the loss of their mother might one paint with the aid of such a clinically-focused lens?

One caveat. Because these interview fragments were elicited through the AAI's questions and interview procedures, there is no way to know what other useful material may have emerged had Rita and Ursula been interviewed by someone with a clinical, affect- and ph/fantasy-attuned mindset, rather than with the one intended by the research-based AAI, someone whose purpose would have been directly to evaluate the nature of these women's lifelong, ongoing relationship to the absence of their mother.

Ursula

Each woman was asked to describe as much as she could remember from her early childhood relationship with the mother that died, and only then was each one asked to address

the relationship with the stepmother. In her earlier AAI,

Ursula said:

Ok, well um, I remember little um..bits out of a movie about my mother. Little, just little pieces, a few scenes um, (chuckle), mostly they have to do with food. Uh, I remember her making, I guess it must have been my fourth birthday, or maybe it was just a cake for a special occasion, putting lots of effort into it, it was shaped in the shape of a dog, a TV cartoon. Um, I remember um, I remember her, she had a vegetable pot, we had a very big garden in the house we lived in. She loved vegetable gardening and she had a potato plot in the back and I remember her in the back of the garden in front of the hedge, um, digging up potatoes...

Interviewer: more specifically, if you can remember anything about your relationship with her.

Not really, no...she wasn't happy. She was furious at my father. I remember her throwing furniture out of the second floor window...Um, and I really don't remember anything about my relationship with her...I remember her bending over me one time, it was at my aunt's wedding. I remember the light coming through her hair and she was, I think I had been given -- I was a bridesmaid, and I had been given a bracelet and she was putting it on my, doing it on my wrist, and that is the only thing that I remember directly, her dealing with me...

This extended excerpt reveals the imagistic quality of Ursula's sense of her mother. She cannot remember the relationship, put it into words, but she is able to conjure fragments of images having to do with mother baking a treat for her, mother growing vegetables, the light that unites mother and small daughter in a glow, or perhaps that segregates mother, who is going off to death and away from her living daughter. She is also able to recall strife, mother's loud, maybe frightening anger, so that the mother-image she conjures, while fragmentary and vague, is

nevertheless mixed, hinting at inklings of an unelaborated, choppy but realistic portrayal.

What was Ursula feeling as she spoke? Does trying to remember feel painful, difficult, frustrating? Does it feel hypnotic, comforting? Such a question would point in the direction of exploring the nature of the particular self-with-other part of her self that is coming into play in the process of Ursula's recollection. What would she have said if asked, following her chuckle, what it is that made her laugh? One may speculate that she might have been reacting to a feeling about the link between her sense of mother and her relationship to food. Or that she had been feeling self-conscious about such a link, or about recalling an early memory, with self as child, while telling it to an adult woman interviewer; afterall, the interviewer asked the question in the context of a study looking into motherhood, and may therefore have become imbued with certain mother-related transferential aspects. What was the interviewer's experience of the chuckle, and the tale overall?

There may of course be other meanings to the chuckle, and the feeling-tone of the effort to recollect. What I wish to underscore here, is that some version of self-affect-other constellation is at play during the telling about self with food and mother to a transference-imbued other. The chuckle may well express Ursula's comfort- or anxiety-level, her organization in relation to this self-affect-other evocation.

In the absence of data regarding these areas of inquiry, one may raise any number of purely speculative suggestions about the affective tone and quality of Ursula's interview excerpt, as well as about the way the telling was shaped by, and the effect it had upon, the interaction with the interviewer.

It is interesting to consider Ursula's response as an expression not of a veridical memory, but of some combined product of conjured images, the interview situation, and the broader developmental phase--with its particular atmosphere of affect and need--upon which she draws at the time of the interview. In response to the same question, about her early relationship with mother, posed to Ursula in the later administration of the AAI--this one received a score of resolved (and secure)--after she had given birth to her first child and mothered him for approximately one year, she said:

Well she was very (pause) she was fun, she was very loving. She liked to cook. Most of my memories about her involved food. Um, you know, going to get candy, walking here, walking there. Um I don't really remember...I can't see her face [interviewer: mm hmm], on any memories I have of her I can't see her face, but um, I have some sense of her and it's a warm, comfortable, loving feeling; I can't really remember her face or any pictures of her...

[interviewer asks for specific incidents that come to mind with respect to adjectives Ursula is beginning to supply]

Well, I remember that she didn't really mind us getting grubby..She'd let us play, really play..and she would get in with us and get covered with sand and whatever [interviewer: mm hmm]. I remember one occasion..after she had made icing for the cake and we were just sticking our face in the bowl and our hands and we were all covered with icing and sticky and messy and it was very funny...

It seems Ursula's memories are more tactile in this later excerpt, and that she has a more available affective, atmospheric sense of how she felt while being with her mother in very early life. Again, the emphasis of this line of thinking is not upon the veridicality of this or the earlier excerpt's content, so much as about the quality--imagistic, textured--and feeling tone with which the two responses are elaborated, and the feeling they thus reflect. At the time of the later AAI, Ursula is herself a mother, of an undoubtedly messy, not yet verbal infant with whom she is bound to be having a highly tactile relationship. Against this backdrop, she is able to evoke an image of tactile, non-verbal, messy interaction between her own child self and her mother.

Is there a shift in her capacity to imagine ways in which she might be similar to the mother she lost? And, conjuring the other side of the inner dyadic relation thus evoked, is there now greater capacity to access a sense of early self-with-(m)other? It seems that the process of becoming a mother has led to a reworking in Ursula's internal experience of her own lost mother. How would she respond to direct inquiry about the way she imagines she might be like her mother? Such an approach would shift the focus from the past relationship to present moment affect and fantasy.

In the loss-focused portion of her earlier AAI, administered during pregnancy--a time in which a woman

naturally wonders about the as yet unknown baby and its resemblance to herself, she says,

I do feel very sad that I didn't know her and I often, you know, there's always, when someone is adopted you wonder how much of their character they inherited from their parents, and how much is natural or nurture, and I often wonder that about myself, how much of me is like her.

In this excerpt, Ursula's organized, poignant words reflect her struggle to find a way to identify with and thus enliven her mother, make her present again within the self. In general, then, one might explore the quality and meaning of the feeling tone of Ursula's responses against the developmental backdrop of the two tellings, keeping in mind the spiral of revisiting of the loss that is ushered in by all that is activated in each phase of adult development-- pregnancy, the mothering of an infant, as well as in relation to the two interview situations and the interviewer-interviewee interactions in which they unfolded.

Rita

In Rita's discussion of the loss of her mother, one may discern a struggle with a certain sense of unreality. Rita seems to be working to gain a fleshed-out, elaborated vision of her mother, as well as a greater connection with the affect to which, in the past, she had not given room. Despite what she convincingly describes as a rewarding, complex, full relationship with her stepmother, she refers to the mother who died, throughout the AAI, as the "real" mother. Ursula,

too, says "it's very confusing because I think of both my real mother and my step-mother as my mother." But for Rita the search for real, affective presence of the other and a concomitant fullness of self seems especially potent.

In her earlier AAI, administered during pregnancy, she says she does not have any memories of her "real" mother, and moves on to depict only father and stepmother. She reflects on the past, saying "it was just all very weird, you know, it was this very important thing that happened to me but it never really happened to me." During this same administration, in the midst of depicting the early relationship between herself, then an idealizing little girl, and the stepmother who was experienced as "fairy-like," Rita recounts:

Ah, well, what I remember, there was this one sort of fantasy that I had that I kept thinking that one day that she could sort of unzip herself and that would step out this monster, I was really scared of that happening. I think, the reason that I thought that was that she was sort of unreal; she was too good to be true. Like this fairy, like she could easily (trails off) that the spell would wear off or something. Like a little kid, reading too many fairy tales (laughs).

One may understand this frightening fantasy as reflective of Rita's sense of the magical quality of the disappearance of her first mother, which was felt to be somewhat unreal, mysterious. The presence of the stepmother, who appeared quite soon after mother's disappearance, may also have been

experienced, on some level, as not fully real, solid or trustworthy.

The fantasy that the fairy would turn monstrous is highly suggestive. One may speculate--as she evokes a conscious fantasy about a bad, monster (m)other, about Rita's (unconscious) complementary phantasies about herself. That is, the other part of the bad-other-with-self dyadic relation may be a bad-self-with-other; such a bad self may be associated with the disappearance of mother, with (unconsciously marked) bad self having contributed to mother's leaving, and/or with bad, damaged self being the outcome of having been left.

While these remarks are entirely speculative, given the limited data that is available, it does seem clear that, for Rita, there was at some time an incomplete integration of the positive and negative qualities--of the experience of being both a dispossessed self and a self who received, in relation to mother.

To explore the present-day imbued value and affective atmosphere of the self-affect-other phantasy constellations that are captured by Rita's recollected fantasy, one might inquire about her laugh. How does she feel recollecting this fantasy and telling it to the interviewer? What was the interviewer's sense upon hearing it? Did the interviewer feel concerned about the possible present-day echoes of the fantasy, or did she have a sense that the fantasy is a long-

gone fragment of poignant early childhood magical thinking in the face of loss? One may wonder if the recollected fantasy makes Rita feel sad for the little girl self she is depicting, or amused and fondly forgiving towards this girl. Perhaps she felt embarrassed in front of the interviewer and thus wanted to make light of and to close off the topic, for fear of revealing a vulnerable aspect of self that, in her internal world's economy, is a self that gets left. The thrust of an exploration such as the one suggested by these remarks would be to flesh out Rita's present experience of her recollected past, and the nature of the self-other relation that is activated and played out through her depiction of her experience.

The effort to conjure a more real-feeling connection to the lost mother, which is tied in to the struggle to elaborate her own child- and adult affective- self, is expressed when Rita responds to the AAI's specifically loss-focused questions. Discussing the change over time in her feelings, during the first, pregnancy administration of the AAI, she says:

...It was like always this story that was there in the background. I mean, I knew what had happened to me, I knew that my mother had died and my father had remarried and it was this story that I could sort of recite, but I didn't really relate to it very much. I just, it was just part of my history, part of me, but it didn't really mean anything to me. And I never knew a lot of details about it, in fact, I never knew how she died until very recently. I just knew that she was sick and that she was in the hospital and she died. I didn't

really know how it happened, I thought she had been a sickly person all her life, I didn't (trailing off)....

Later, as she continues, she explains that the developmental changes she has gone through--getting married, becoming pregnant--have caused her to revisit the story of her mother, and to begin to confront notions about ways in which she and mother might be similar:

I started thinking about her as a woman and someone who right now I am about the age she was when she got married and she had a baby and I have pictures of her when she got married and she had a baby...and pictures of her when she was pregnant and pictures of her when I was a baby, you know, and like suddenly she is this person that is like my age and just can I empathize with the situation..She was always this mythical figure and now suddenly it's like she is this real woman that died when she was thirty after she had a little three-and-a-half-year-old baby. You know, I feel like I went through a period sort of, of mourning like twenty-five years later, sort of like mourning for her as a person pretty recently.

Interviewer: Do you remember the funeral?

Interestingly, while the interviewer here is asking the AAI question that is supposed to come next, she does not ask the question accurately. The proper wording for this question, which is to be phrased in the past tense, is "*did* you attend the funeral and what was this like for you." One may speculate that the interviewer proceeded with the questioning but was pulled to remain engaged with Rita's recounting of her effort to conjure up the past and bring it to life in the present. She thus asks about Rita's present-day remembering ("do you remember"), rather than inquiring

regarding a past action--"did you attend," and past feelings.

One wonders about Rita's recent mourning, and its effect on her sense of self right now. How did she mourn? What specifically were her feelings? Can she recount a recent episode in which she felt washed over by feelings about her mother? How does she feel right now, as she tells about her deferred mourning and the many ways in which she has begun wishing to know her mother? Given, especially, the theme of unreality that is sounded throughout her interview, one wonders about the extent of Rita's capacity to evoke an image of her absent mother, and to let herself truly experience some of what she may feel when imagining a connection with her.

During the later administration of the AAI--Rita has been a mother for roughly a year now--she says, "I, (pause) I don't really remember anything about my mother. I just have very vague memories of her singing to me." Recall that her earlier response to this question was simply that she did not have any memories of her "real" mother. As in Ursula's case, it is fascinating to consider that the sensory experience of the 'primary maternal preoccupation' that characterizes a new mother's relationship with a pre-verbal infant may have led to a subtle shift in Rita's access to connection with some soft, inchoate sense of early self-with-mother; this sense may or may not reflect veridical memories.

Also during the later AAI, she again describes questions and feelings about her mother, which had not been active for her until recently:

The sadness of it, I really appreciated it for the first time sort of from her point of view [interviewer:right], instead of from this little girl who lost her mother but then everything turned out all right, and like I always had looked at it from my point of view [interviewer:right], just how it affected me [interviewer:right], and (pause) for the first time I started looking at it as though, like identifying with her and it made me very sad [interviewer: sure] you know, and I went into (pause) you know, I guess it was later when I (pause)found out the details.

Now that she is herself a mother, Rita's identification with the mother's side of the mother-child experience is intensified. The empathy with mother that she began expressing when she was pregnant has deepened, as she now allows herself to sink with fuller affect and a more wide-ranging imaginative effort into the mother she is working to conjure. One gets the palpable sense that at this moment in her life, Rita is experiencing a more complete affective resonance with the many aspects of the loss. She is able to shift between the perspectives that make up the internal self-other connection, back and forth, from the girl's loss of mother to the mother's loss of the girl, perhaps also the mother's experience of dying and knowing she was leaving her girl with an experience of enormous loss. From the interviewer's attentive, empathic engagement, one gets the feeling that Rita vividly conveyed the affective atmosphere,

the mood, that permeates her current sad, bittersweet feeling of close connection and resonance with mother; it seems a close resonant interaction with the interviewer has likewise been created.

Thus far, I have been depicting Rita using the language and preoccupations of a particular kind of clinically-oriented mindset. This way of thinking is concerned with the quality of affect, phantasy and self-other dynamics that shift in meaningful ways during interactions that are shaped through the mutual influence of intrapsychic and interpersonal sources.

Rita's AAI scores tell us that she is not disorganized and does not tend to dissociate from the interview situation while engaging in discussion of her loss. Thus, according to the AAI's criteria, she is not unresolved, and, again solely according to AAI scoring, there is little basis upon which to liken or explore her internal world's resemblance to or difference from Ursula's. And yet, it is interesting to consider the way in which adding the Bowlbian lens used in the earlier sorting through of Ursula's experience tilts the perspective a bit, yielding further nuance to the present exploration of Rita.

Rita links the necessity and difficulty of her struggle to understand and to combat the unreality of her loss of mother to the environment that followed the loss. She cites father's coping and his shaping of her little girl

experience, saying that the loss of mother had been "swept under the rug." Rita's father re-married shortly after the death of his first wife. She depicts his introduction of stepmother into the family as a game, during which father made light, playful reference to Rita's getting a "new mommy." There was no environmental facilitation of a mourning process, so that Rita, then four years old, was not helped to understand and to elaborate her experience of mother's disappearance.

Thus, Bowlby's notions regarding the importance of facilitating a small child's mourning process apply to Rita, even though she does not demonstrate the kind of cognitive, information-processing-like disturbance with which he was-- and the AAI still is, concerned. That is, the effect of the absence of a childhood mourning process is identifiable in Rita's affective sense of self, even though she shows no signs of having remained disorganized in a way that, according to Bowlby, would designate that she still harbors a belief, and therefore seeks, that the lost object may return. Ironically, then, the nature of Rita's relationship to the absent mother--a relationship shaped by that which Bowlby identified as the pivotal aspect of the loss experience--is made visible when her words and manner are viewed through the affect- and phantasy-focused lens which Bowlby largely rejected.

* * *

That the non-facilitating-of-mourning post loss environment, Bowlby's culprit, took its toll on Rita, and yet it is a toll different from the one Bowlby was interested in, suggests that there is much to gain from combining the very different perspectives offered by the attachment- and psychoanalytic lenses.

Rita becomes more and more able to yearn for her mother, and to elaborate her image, so that mother becomes a more and more real presence within her self. And yet, there is no denying or reversing the absence, and Rita does not seem to be involved in a continuous search for the mother's actual return. The capacity to tolerate the powerful sadness and haunting hunger aroused when one elaborates a wish for presence but must continue to contend with absence may be thought of as the earlier-mentioned capacity to suffer one's own inner life.

It may be said that in the ideal vision of health, this capacity does not remain static. Healthy relationships to loss may thus be thought of as ever-evolving relationships, in which affect and phantasy continuously shift, from background to foreground to background, and so on. Earlier in this study, these shifts were characterized as being shaped not like a cycle, so much as a spiral. In a spiral, what may seem like a revisiting of the same content is nevertheless not quite a revisiting of sameness, because the revisiting

itself is shaped by the new phase of development, is on another plane, and is thus not exactly a return to the same spot.

In the introduction to her book Motherless Daughters, Edelman (1994) writes "I am losing her [mother] a little more each day. How is it then, I've wondered, that she still has such a hold on me?" (p. xxvi). In relation specifically to the elusive, affect-drenched evocation of a very early loss, she cites the story of a thirty-two-year-old woman, whose mother died when she was three. This woman was one of many who wrote Edelman to contribute their narratives of loss to the book. The woman described that she always experienced an intense sadness whenever she saw sunsets. "She physically avoided them for most of her life," Edelman writes.

Driving home one day, she finally decided to watch one and experience the accompanying emotions. In doing so, she remembered that after her mother died, she frequently ran away from her father's house at dinnertime and sat on a curb, watching the sun set and waiting for her mother to appear and bring her home. After making this connection, she went to mark the event on her calendar--and discovered her mother's birthday was the day she had finally chosen to watch the sun go down (pp.20-21).

In one way, this story is related to a certain kind of haunting cyclicity, a birthdate that returns each year. It also raises the Bowlbyian question regarding the function of the three-year-old's post-loss family environment--"her father's house," and its capacity to take care of and to contain the girl's experience of the mother's disappearance.

And yet it is also interesting to read this story as one of a shifting of aloneness, or of a certain kind of exile.

The teller is describing opening up her thus far closed eye and taking in a color-suffused vision that is richly symbolic of loss, both generally, in the abstract, and in her own personal history. Such an opening designates that the teller's self is expanding to let in and elaborate more affect, that she is now more capable of looking at all that there is within her inner world.

The teller of this story is alone in her tale; she watches the sunset by herself, and then, as she tells it, she goes home and makes her own internal connection, also by herself. And yet, coming upon the information that Edelman was writing a book on the subject of mother loss, she chose to write and tell of her experience. One may say she has found an appropriately available listening other. But one may also note the readiness to look for a listening other. Read in this way, the story may be taken to suggest, as this study has been suggesting, that the evolution towards a greater capacity to take in all the color, or affect, of one's inner life of loss involves a greater capacity and need to elaborate its likeness to a receptive other.

PART IIICHAPTER IVRESOLUTION OF LOSS: SELF, AFFECT AND INTERSUBJECTIVITY

Monday 5 May

The day mother died twenty something years ago. The smell of wreaths in the hall is always in the first flowers still; without remembering the day I was thinking of her, as I often do.--as good a memorial as one could wish. [In Virginia Woolf's diaries, 1919]

Monday 5 May

This is the 29th anniversary of mother's death. I think it happened early on a Sunday morning, & I looked out of the nursery window & saw old Dr. Seton walking away with his hands behind his back, as if to say It is finished, & then the doves descending, to peck in the road, I suppose, with a fall & descent of infinite peace. I was 13, & could fill a whole page and more with my impressions of that day, many of them ill received by me, & hidden from the grown ups, but very memorable on that account: how I laughed, for instance, behind the hand which was meant to hide my tears; & through the fingers saw the nuns sobbing. [In Virginia Woolf's diaries, 1924]

I suppose that I did for myself what psycho-analysts do for their patients. I expressed some very long felt and deeply felt emotion. And in expressing it I explained it and then laid it to rest. But what is the meaning of 'explained' it? Why, because I described her and my feeling for her in that book [*To the Lighthouse*, written in 1925-6], should my vision of her and my feeling for her become so much dimmer and weaker? Perhaps one of these days I shall hit on the reason; and if so, I will give it, but at the moment I will go on, describing what I can remember...[In Virginia Woolf's *A Sketch of the Past, Moments of Being*, 1939/1976, p. 81]

What is the meaning of "explained it"? Can expressing one's feelings about a lost other, and about the loss, serve to explain it and lay it to rest? Is this what analysts do for,

or enable in, their patients? Virginia Woolf felt she had laid her deeply felt emotion about her mother, and the loss of her mother, to rest. Is that, then, the meaning of resolution?

In the chapter that preceded this one, I discussed bringing the intersubjective dimension into the attempt to evaluate resolution of loss. It was suggested that the approach one brings to the problem of resolution in an interview-based endeavor ought to explicitly focus upon intersubjective process, which is to say, it ought to attend to moment to moment fluctuations of the self-affect-other linkages that constitute the interaction between research subject and interviewer, or between patient and analyst. Such a process-focused perspective, it was suggested, is most productive and most fitting to the problem. Here I shall return to focus upon the phenomenon of resolution itself; I wish to gather up some of the ideas that were put forth earlier in this study and to paint a fuller, richer portrait of resolution.

This study aims to bring together into interaction and mutual influence several different voices from attachment theory and from varied psychoanalytic perspectives. An attempt has been made to retain the plurality of the voices, to suggest integration and ongoing conversation in which some of what all the voices contribute affects and is brought together with some of what the others bring. There is, in

other words, an attempt at integration, not unity. Out of this process of theoretical dialogue, the suggestion was made that resolution be evaluated with an eye upon the dialogue and mutual influence that is set in motion between the researcher and subject, analyst and patient, who attempt to gain an understanding of the experience of loss. The interactions of these dyads ought to be looked at in a manner that makes room for utilizing the experience of both members of the dyad. Here, too, there is an attempt to retain rather than to exclude the two voices, and to focus upon that which develops intersubjectively, in the realm in which interactions are intrapsychically experienced, and then externalized, enacted, and intrapsychically experienced further.

Against this backdrop, resolution itself may be seen as an always ongoing process of being, which is un-finalizable, and which involves relations between, rather than the presence or absence of, affect, imagination, thinking, and, broadly, self-affect-other phantasies, which are played out through relationships with others.

I am suggesting that resolution be thought of as the nature of one's capacity to suffer one's internal life. A person's faith in the viability of his self, which is to say his faith in his own capacity to suffer--that is, to live--his own longings and affects, leads him to seek access to his internal life, rather than to attempt foreclosure of it. The

key question, then, is not whether a person with a life of loss yearns, has certain phantasies, contains imagined dialogues with the one who is lost, but, rather, the question becomes, what is this person's *relationship* to his yearning, longing, phantasy.

Recall the four-year-old girl treated by Buirski and Buirski (1994), who was discussed in the clinical portion of the first chapter of this study. In the context of a therapeutic relationship, this little girl learned to play with her longings, making pretend and fantasy out of a phantasy about the lost father, a phantasy suffused with drastically unbearable affect that, before its expression in and transformation through play, was hidden and choking. In adulthood, where actual play with dolls and other concrete objects of make-believe is not typically the medium of self-expression, we may look for the capacity to transform (unconscious) phantasies--self-affect-other scenarios--into more or less conscious fantasy and affect that may be regulated, modulated, transformed--through thought, imagination, creativity, interaction--and thus sustained.

As loss is never finalized, and the internal world's self-affect-other phantasies continuously interplay with external world interactions and events, the capacity to suffer one's internal world fluctuates. Resolution is thus a cyclical phenomenon, shaping the management of, and also being shaped by, each new life event and experience.

Developmentally-speaking, successful resolution ought to be drawn as a never-ending spiraling of self-experience, since each revisiting of affect and phantasy in relation to the loss is articulated in terms of the living that characterizes the present moment of its unfolding. Thus, one is being more successfully resolved when one's capacity to bear one's internal life continues to shift and spiral, rather than to cycle through in the same way over and over again, without development; in a child, such cyclical revisiting would be tantamount to frozen repetitive play that, soon enough, is no longer play at all.

I am suggesting that resolution is about the capacity for ongoing process. If we wish to paint its likeness, we must focus upon the relations between the self and its evershifting internal life, rather than strictly upon the contents of this life. Whether or not somebody "has" sadness or yearnings regarding the lost other does not tell us all we need to know. We need to ask: Can this somebody live with, experience, elaborate the sadness and yearning, or must they shut these off and exclude realms of relationships, culture, and daily living that may touch upon desire, disappointment and wish? Can this someone feel different shades and nuance of sadness and yearning, or does fear of the insufferability of such experiences lead to foreclosure of fine-tuned empathic entering into the experience of others, lest such

empathic entering lead to closer contact with one's own unelaborated pain?

I am trying to point to the difference between *having* certain fixed self-affect-other entities that do not undergo continuous elaboration--a depiction of a defensively fixed or foreclosed organization of self, and, by contrast, being open to truly *experiencing*, creatively, ever-fluctuating affective processes.

Writing of the psychoanalytic process, Ogden (1989) wrote that its goal is "helping the patient shift the balance of the dialectical interplay between different modes of generating experience *in relation* to specific unconscious contents. What must happen," he continued, "involves the establishment, re-establishment, or expansion of a dialectical relationship between different modes of experience" (p.29, emphasis added.) The spectrum of resolution has no fixed, stable, final endpoint designating once-and-for-all accomplishment of relief or freedom from processing one's relationship to loss. One shifts along one's internal relationship to loss, with greater freedom manifesting itself in the ability to move between different modes of experience, to articulate and elaborate in ever-changing ways newly fathomed or imagined desires, wishes, ways of being. To truly suffer one's inner life and thereby discover it--in Bion's and Joseph's sense, is to emerge towards more, new and different contact with oneself and with

others. Resolution, then, ought not to be thought of as the presence or absence of certain contents, but, instead, as the capacity to re-engage contents through different modes of experience.

In Ogden's (1989) depiction of the structure of experience in terms of Klein's positions, from which the above quote was taken, he cites Eigen's critique of the tendency to view the attainment of the depressive position as signifying full realization of human potential. The paranoid-schizoid position remains critical to health and ongoing development, he states, because such development depends upon the interplay of the modes designated by the two positions. I will cite one more passage from Ogden's discussion of this notion, because the depressive position is associated with a capacity for mourning, reparation and reflection, which are terms for processes that go directly to the heart of the phenomenon of resolution and yet are insufficient for depicting the ongoing process and freedom in fluctuation of self-experience to which I have been trying to point. Citing Eigen and Bion, Ogden (1989) wrote,

The paranoid-schizoid mode and the depressive mode serve as essential negating and preserving contexts for one another. The depressive mode is one of integration, resolution, and containment, and *if unopposed, leads to certainty, stagnation, closure, arrogance, and deadness...* the paranoid-schizoid mode provides the necessary splitting of linkages and opening up of the closures of the depressive position, thus reestablishing the possibility of fresh linkages and fresh thoughts. The integrative thrust of the depressive mode in turn provides the necessary antithesis for the paranoid-

schizoid mode in limiting the chaos generated by the fragmentation of thought, the discontinuity of experience, and the splitting of self and object. [p.29-30, emphasis added]

So far I have been writing of resolution in relation to self and affect, and I will widen the angle of vision now to take in the intersubjective dimension along which processes of affective self-experience unfold. To be able to travel a broad range of affect, and to allow for a broad range of affective interaction, is to be living out of an expectation of one's own capacity to suffer pain and yet remain a cohesive self who is linked to others. One's relation to one's internal self-affect-other phantasies is elaborated and lived through one's interactions with others.

But the notion of intersubjectivity designates something that is more specific and refined than the manifest level of interaction. Earlier, I referred to O'Shaughnessy's remark about interactions at an intrapsychic level as an ideal vision--one of several possible versions of such a vision--of intersubjectivity. Here, I wish to focus upon the unfolding of intersubjectivity as the process in which self-experience comes to be actualized, known and elaborated through a communicative interaction between two minds. Again, one may recall Ogden's (1989) writing. In relation to projective identification and to elements that potentially lead to psychological change, he wrote, "the 'processing' of a projective identification by the recipient is not simply a

matter of returning modified psychological content to the projector. Rather, it is a matter of altering the intersubjective mode of containment generated by the interacting pair, thus generating a new way of experiencing the old psychological contents" (p.26).

The intersubjective mode or realm of experience is the arena within which the nature of one's capacity to suffer one's inner life is most acutely revealed. As was discussed in relation to Joseph's tracking of minute shifts in the interaction that develops in an analytic session, a person's organization in relation to pain or anxiety is effected and maintained through an other's specific kind of participation, which the person tries to elicit. Also in connection with Joseph, it was further discussed that people who cannot suffer their pain not only feel indefinable and incomprehensible, they also expect the impossibility of conveying their pain to an other.

In other words, full experience of one's loss-related affective self-experience involves elaboration along a self-affect-other matrix. I am suggesting that one's fluctuations along the spectrum of resolution, from being more to less to more resolved, are effected through one's varying attempts to utilize an other. The nature of one's attempt to enlist the other, the way one works to shape the intersubjective field, reveals the nature of one's loss-bound self-affect-other phantasies. It is important to recognize that attempts to

conscript an other in shaping the intersubjective field are never strictly about interaction, as distinct from being about the self; rather, they are efforts to live out internal scenarios that the self deems necessary for the maintenance of its own equilibrium, even though such equilibrium may be pathological or filled with pain.

I will now turn to two examples of attempts to enlist others' participation in the depiction of one's painful loss experience. Something fails in the first example, whereas in the second, I think, there is significant success. The examples are meant to reflect different positioning or ways of being on the resolution spectrum, and are used here to flesh out and illustrate how one's efforts to shape the intersubjective field elaborate one's innermost relationship to self-affect-other aspects of the self that are drenched with loss.

In the first example, the unfolding of the interaction surrounding the loss fails to give the narrator the sense that true communication of her pain is possible. What happens between teller and listener here can be viewed, intersubjectively, as a complex product of what the teller brings, the role into which she works to conscript her listener, and, on the other hand, what the listener brings, and the way in which he receives, processes and modifies the speaker's contents. Even this cumbersome list is incomplete, however, because what is at play here, also, is the speaker's

conflict: she is enlisting the listener to play a part that would establish speaker and listener in the kind of link that is very painful to the speaker; we may speculate that she works to recreate the equilibrium she fears will always be true but also needs, in some sense, because it is a version of cohesiveness that, while painful, is nevertheless known. And the listener, too, brings his own blocks and needs not to receive, which intermingle with the side of him that responds to the unspoken injunction to play the part the speaker has assigned him.

The example is taken from a (1991) book by English professor Lawrence Langer, which is entitled Holocaust Testimonies. In it, Langer analyzes the video testimonies of Holocaust survivors that participated in the Fortunoff Video Archive for Holocaust Testimonies established at Yale University in 1982. The book aims, in Langer's words, "to begin to undo a negation--the principle of discontinuity which argues that an impassable chasm permanently separates the seriously interested auditor and observer from the experience of the former Holocaust victim" (p.xiv).

Langer believes that there is in our culture a tacit agreement that the sorrow of survivors is in fact unimaginable to the rest of us, and that this assumed inaccessibility is our "invented defense against the invitation to imagine what is perfectly explicit in the remembered experience before our very eyes" (p. 82).

Throughout the book, which is organized around detailed readings of the interactions between the survivors and their interviewers in the video testimonies, he shows the ways in which we, as listeners, collude with that part of the survivor-narrator's narrating self that is convinced that empathic joining is impossible. In his analysis of this particular example, Langer focuses upon the listener-interviewer's own contribution to the impasse in empathic connection; the listener shuts himself off to receiving all that the narrator tells. My own purpose is to highlight, also, the nature of the teller's efforts to involve her listener, efforts that reflect her disbelief in the possibility of tenable links with others across her sea of pain.

Irene W.'s interviewer asks her how she gets the strength--the strength then, presumably to survive, and the strength to tell all she's been telling now. Irene W. asks: "to function? Interviewer: Well, it's not only...it's more than functioning." The following are excerpts from her response, and then the subsequent interaction with the interviewer, with Langer's descriptions in brackets:

Irene W.: ...there is this past of daily living one has to attend and adhere to...and that must not interfere, the other must not become so overwhelming that it will make so-called normal life unable to function. Yet it's always there; it's more a view of the world, a total world view...of extreme pessimism [at this word, sudden almost palpable breath intake by the interviewer], of sort of one feels...of really knowing the truth about people....so it's a complete lack of faith in human

beings..you hear one thing and you believe something else....

Interviewer [interrupting]: Mrs. W., you are one of the greatest optimists I've ever met.

Irene W.: [laughing differentially]: How do you know...how do you come about to that conclusion [smiling, but not retreating from her position]. [pp. 58-59, emphasis and brackets in original]

Langer wonders about the psychological exchange that took place here, suggesting that the interviewer may have been protecting Irene, or himself, with his comment. While there may be some superficial truth to the interviewer's words, he nevertheless ignores the deeper meaning of the interviewee's anguish. The interaction that develops can be seen as an enactment of the fearful conviction the speaker is describing: that there cannot be connection and truth that is empathically shared. Langer points to: "the barren belief that the very story you try to tell drives off the audience you seek to capture." He continues: "the issue is not merely the unshareability of the experience but also the witness' exasperated sense...of a failure in communication" (p.61).

I believe this example captures the complex nature of intersubjective efforts to express, convey, and thereby contain one's pain about loss. In the case of Holocaust survivors, pain of loss is enormous and intermingled with human-inflicted trauma of inhuman magnitude, a combination that underlies many survivors' conviction in the untenability of self-other links of empathy and meaning (Laub and

Auerhahn, 1989). This combination is unique to survivors of genocide, and it is not my intent to liken their experience to that of a person who loses a parent under more ordinary circumstances. Nevertheless, I do think Irene W.'s interview, and Langer's analysis of it, provide a particularly poignant depiction of one individual's relation to her inner life of loss, which becomes elaborated and enacted through her engagement with an other; part of what pains her is that she can no longer trust others to receive the truth of her severely disjunctive experience of life, and in her effort to convey this pain she makes frozen statements about human beings lacking the sharing of truth, statements that come to be lived out in the interplay with the other.

Two people participated here. Surely, the interviewer, as Langer suggests, turned away from receiving the narrative of disjunction and imposed upon it his own unifying modification. And yet, I think, there is in this instance not only the failure of one mind--the interviewer's--to meet another, but also a tragically isolating failure in one person's capacity to suffer her internal life in such a way that it remains supportable by the environment of others. Resolution here depends on more than just one person, or, to put it more acutely, resolution *requires* an accessible intersubjective arena, one that is made accessible by both self and other.

Recall Winnicott's (1970) view that what is often at the heart of a fear of breakdown is a fear of a catastrophe to the self that has already happened, and Krystal's (1988) writings about individuals' fear of overwhelming affect that derives from having experienced past, traumatizing states of affective flooding that were of serious consequence to the self's cohesiveness. Early loss presents an enormous challenge to the self's capacity to regulate affect, as it involves the severing of a bond through which regulation of affect and self evolves. Intersubjective elaborations and enactments of aspects of the internal relationship to loss register the nature or quality of the self's fear of breakdown--a breakdown of cohesiveness or affective stability. Importantly, intersubjective creations play out the nature of one's relationship to one's loss that obtains at the moment in which the intersubjective creation unfolds. Loss is about two in the world out there becoming lost and replaced by varieties of being two in the world within. Resolution requires such a movement too.

I turn now to my second example, with which I will conclude. I offer this as an illustration of a successful intersubjective engagement that translated into the sufferer's --Virginia Woolf's--sense of relief. Virginia Woolf committed suicide; she has been considered to have suffered from manic depressive illness, and she has been written about and psychoanalyzed from a distance by many. My

intent here is neither to psychoanalyze the writer, nor to issue judgment about the significance of her suicide in relation to the losses she suffered throughout her life. Rather, the aim here is to speculate about the question she herself posed: what is it about the writing of the novel To the Lighthouse that afforded her so much relief from obsessive and oppressive feelings about her long-lost mother?

In trying to answer this question, I put myself in the role of the other to the novel, which is a representative of Woolf's self. The process of reading and the experience that develops in the reader can be seen as the unfolding of an intersubjective process of sorts, in an arena in which the book is one and the reader is the other.

Here is a rough, brief sketch of the structure of the book, necessarily linear and bare of the throbbing, beautiful mix of color, sound, and image that moves the story of this novel along. The book is composed of three parts. The first and longest part of the novel, "The Window," brings to vivid life a family of boys, girls and habitual visitors that come to be part of the home, a family held in place by the sternly intellectual, aloof father, Mr. Ramsay. In the midst of the family and the web of others that are attached to it is Mrs. Ramsay, the mother, who is described as the beautiful, radiating source and center of the love, imagination and desire that permeate the lives of the children, the father, and the guests.

Woolf scholars have drawn the very obvious connection between Mrs. Ramsay and Woolf's own mother, as well as between the character of Lily Briscoe, a painter, and Woolf herself (Abel, 1989). Lily, frequent visitor to the Ramsay household, is an artist who, like Woolf, defies her culture's expectations about women artists. Her relationship with Mrs. Ramsay is intense, and she feels a powerful pull, always unfulfilled, to feel at one with this mother-like other. Reading the first part of the novel, which is filled with adventure and the aesthetics and thoughts of everyday life, childhood, family, home, one gets a strong sense of Mrs. Ramsay as a present yet elusive life-force, not only of her family but of the novel as well.

Part II of the novel, "Time Passes," is comparatively brief and peculiar. "So with the lamps all put out, the moon sunk, and a thin rain drumming on the roof a downpouring of immense darkness began," (p. 189) we are told. There are sparse comments from several of the characters we have come to know, but mostly there is a sense of the foggy, dark atmosphere of a house that, having been left by all of its vivid inhabitants, becomes inert. Reading through slow description of inanimate objects and the shifting quality of the absence of light, one gets the uneasy feeling that the life has seeped away from the novel, and there is an almost excruciating sense of stillness, futility, and a nagging question about what's to come: Shall I continue to read about

stillness? Is there life still ahead? And then, several pages into this part of the novel, comes the following sentence, which is enclosed in brackets: “[Mr. Ramsay, stumbling along a passage one dark morning, stretched his arms out, but Mrs. Ramsay having died rather suddenly the night before, his arms, though stretched out, remained empty]” (p. 194).

This startling statement is never explained or elaborated upon. The reader can only go on to wade through the depiction of the still and emptied house, the slow actions of the old women who come to tend to the house in the absence of its inhabitants, the dust and the shadows. Reading through this section, one feels the loss of the central source of light and color. Other devastating pieces of news, about losses and war, are delivered in the same perfunctory bracketed manner in this part of the novel, which is wrapped in stillness. Reading, one wonders, do I go on with this? When will this strange mutedness lift?

Then, in the third and final part, “The Lighthouse,” family members and guests return to the house. The children and their father, the father and his visitors, and especially Lily, all spin out their own versions of relating to each other and to the new landscape of their lives. There remains an empty center.

The work of mourning, longing for Mrs. Ramsay and the endless working to depict her essence and the essence of her absence are given over to Lily and the process of looking and

painting. In Woolf's depiction of Lily's efforts of depiction, we get a vision of Woolf's own process of composing To the Lighthouse, struggling to find the proper place for the character of her mother and the proper relations between her vantage point in the present and her absent mother (Abel, 1989). As she paints an abstract painting of shapes and spaces, Lily remembers scenes from the past with Mrs. Ramsay. The process of creating the painting, and of memory, are one and the same. The reader, following depiction of the gathering of shapes and colors into painted canvass, begins to get a vision again, to emerge from the dark inertness into a story that is, again, compellingly alive, though it is now drenched with the emotion of loss:

For how could one express in words these emotions of the body? express that emptiness there? (She was looking at the drawing-room steps; they looked extraordinarily empty.) It was one's body feeling, not one's mind. The physical sensations that went with the bare look of the steps had become suddenly extremely unpleasant. To want and not to have, sent all up her body a hardness, a hollowness, a strain. And then to want and not to have--to want and want--how that wrung the heart, and wrung it again and again! Oh, Mrs. Ramsay! she called out silently, to that essence which sat by the boat, that abstract one made of her, that woman in grey...Ghost, air, nothingness...Suddenly, the empty drawing-room steps, the frill of the chair inside, the puppy tumbling on the terrace, the whole wave and whisper of the garden became like curves and arabesques flourishing round a centre of complete emptiness.

"What does it mean? How do you explain it all?" she wanted to say... [pp. 265-6]

Woolf's diaries reveal that she experienced the writing of To the Lighthouse sometimes as an exciting breakthrough in

form and design, and a distillation of her method, and sometimes with a dread of blankness and sentimentality. When she began to write the second part of the novel "Time Passes," she wrote, "I cannot make it out--here is the most difficult abstract piece of writing--I have to give an empty house, no people's characters, the passage of time, all eyeless and featureless with nothing to cling to" (April, 1926; pp. 75-6).

Loss, absence, is "eyeless and featureless with nothing to cling to," and Woolf's novel conveys the terrifying inertness and futility one feels when confronted with a sense of time passing with life and color having seeped out. Through its structure, To the Lighthouse captures that which cannot be fully captured within words and coherent narrative. The intense feelings of disjunction, absence, futility, longing and the reemergence of creativity are brought over to the reader not only through words, but also through the cervices between words and through the way in which words are strung together and presented -- through brackets and the division into parts. Reading the novel, one feels the vividness, descends into the stillness that tempts one to escape from the reading and abandon the book, but one keeps going in the hope of regaining detail and a sense of the fullness of experience, one wants to discover a meaning of the loss. Reading the novel, then, one travels Woolf's process of relating to her loss, as well as--through Lily's

painting efforts--the process of the writing, narrating work she does in order to shape our experience of the vicissitudes of her relationship to her mother's presence and absence.

Virginia Woolf wrote that in writing this novel she finally laid a deeply felt emotion to rest. This feeling can be seen, I think, as an outcome of her sense that she had shaped others' grasping of the loss experience so that it truly matched her own. Readers' grappling with the horrible stillness of an "eyeless and featureless" phase of being is a grappling with that which makes loss so lonely and incommunicable. But the experience of having conveyed that speechless internal relation to an other who receives it is transformative, because the other's successful reception, in itself, undoes the lonely featurelessness of the feeling. "Psychological growth occurs not simply as a result of the modification of unconscious psychological contents," Ogden (1989) wrote. "[I]n addition, what changes is the experiential context...the phantasy is experienced differently due to a shift in the psychological matrix within which it exists" (pp.26-7).

I have been suggesting that resolution is a never-ending process of self, that the frozen fixedness of a relationship to loss indicates less resolution, that the very ongoingness of more and fresh rearticulation--of one's pain, sadness and longing, and of imagination and the desire for connection--signifies more, albeit never finalized, freedom. I have also

suggested that the capacity to suffer one's internal life requires an intersubjective arena to unfold fully; resolution, not only the loss itself, is a process of self that happens through processes of self and other. I conclude now with one more passage from Woolf's novel. In it, Lily, the painter, smiles ironically at her painting as, discovering a fault in her design, she recalls having thought, earlier in the painting process, that she had already solved the proportion problem with which she was now faced again.

What was the problem then? She must try to get hold of something that evaded her. It evaded her when she thought of Mrs. Ramsay; it evaded her now when she thought of her picture. Phrases came. Visions came. Beautiful pictures. Beautiful phrases. But what she wished to get hold of was that very jar on the nerves, the thing itself before it has been made anything. Get that and start afresh; she said desperately, pitching herself firmly again before her easel. It was a miserable machine, she thought, the human apparatus for painting and for feeling; it always broke down at the critical moment; heroically, one must force it on....Let it come, she thought, if it will come. For there are moments when one can neither think nor feel. And if one can neither think nor feel, she thought, where is one? [pp. 287-8]

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