ABSENCE OF GRIEF

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In publishing this paper I am fulfilling the wish of my beloved friend, Dorian Feigenbaum. It is a tragic coincidence that my last interchange of ideas with him was largely concerned with the problem of death and with mourning. In his last letters to me he pressed me repeatedly to send this paper, incomplete as it is, for the Quarterly. At that time we had no suspicion that this man, so full of the joy of life, so deeply and actively interested in everything intellectual, would himself become so soon an object of mourning to all those who knew and loved him.

Mourning as a process, is a concept introduced by Freud [1] who considers it a normal function of bereaved individuals, by which the libido invested in the lost love-object is gradually withdrawn and redirected toward living people and problems.

It is well recognized that the work of mourning does not always follow a normal course. It may be excessively intense, even violent, or the process may be unduly prolonged to the point of chronicity when the clinical picture suggests melancholia.

If the work of mourning is excessive or delayed, one might expect to find that the binding force of the positive ties to the lost object had been very great. My experience corroborates Freud's finding that the degree of persisting ambivalence is a more important factor than the intensity of the positive ties. In other words, the more rigorous the earlier attempts to overcome inimical impulses toward the now lost object, the greater will be the difficulties encountered in the retreat from that ultimately achieved position.

Psychoanalytic findings indicate that guilt feelings toward the lost object, as well as ambivalence, may disturb the normal

[1] Freud: *Trauer und Melancholie.* Gesammelte Schriften, Bd. v. (Trans. by Joan Riviere in Coll. Papers, Vol. IV.)

course of mourning. In such cases, the reaction to death is greatly intensified, assuming a brooding, neurotically compulsive, even melancholic character. Indeed the reaction may be so extreme as to culminate in suicide.

Psychoanalytic observation of neurotic patients frequently reveals a state of severe anxiety replacing the normal process of mourning. This is interpreted as a regressive process and constitutes another variation of the normal course of mourning.

It is not my purpose to dwell at length upon any of the above mentioned reactions. Instead, I wish to present observations from cases in which the reaction to the loss of a beloved object is the antithesis of these—a complete absence of the manifestations of mourning. My convictions are: first, that the death of a beloved person must produce reactive expression of feeling in the normal course of events; second, that omission of such reactive responses is to be considered just as much a variation from the normal as excess in time or intensity; and third, that unmanifested grief will be found expressed to the full in some way or other.

Before proceeding to my cases I wish to recall to your minds the phenomenon of indifference which children so frequently display following the death of a loved person. Two explanations have been given for this so-called heartless behavior: intellectual inability to grasp the reality of death, and inadequate formation of object relationship. I believe that neither of these explanations has exclusive validity. Should an intellectual concept of death be lacking, the fact of separation must still provoke some type of reaction. It is also true that although the capacity for an ultimate type of object relationship does not exist, some stage of object relationship has been achieved. My hypothesis is that the ego of the child is not sufficiently developed to bear the strain of the work of mourning and that it therefore utilizes some mechanism of narcissistic self-protection to circumvent the process.

This mechanism, whose nature we are unable to define more clearly, may be a derivative of the early infantile anxiety which we know as the small child's reaction to separation from the protecting and loving person. The children of whom we are

to speak, however, were already of a sufficiently advanced age when the loss occurred that suffering and grief were to be expected in place of anxiety. If grief should threaten the integrity of the ego, or, in other words, if the ego should be too weak to undertake the elaborate function of mourning, two courses are possible: first, that of infantile regression expressed as anxiety, and second, the mobilization of defense forces intended to protect the ego from anxiety and other psychic dangers. The most extreme expression of this defense mechanism is the omission of affect. It is of great interest that observers of children note that the ego is rent asunder in those children who do not employ the usual defenses, and who mourn as an adult does. Under certain circumstances an analogous reaction occurs in adults, and the ego takes recourse to similar defense mechanisms. The observations serve to show that under certain conditions forces of defense must be set in operation to protect a vitally threatened ego, when the painful load exceeds a threshold limit. Whether these defense mechanisms are called into operation depends upon the opposition of two forces: the relative strengths of the onrushing affects, and of the ego in meeting the storm. If the intensity of the affects is too great, or if the ego is relatively weak, the aid of defensive and rejecting mechanisms is invoked. In the first instance quantitative considerations are of greater importance; in the second, special circumstances render the ego incapable of working through the mourning process. This might be the case, for example, should the ego at the time of the loss be subjected to intense cathexis on some other account. For instance, the ego might be in a state of exhaustion by virtue of some painful occurrence just preceding the loss or conversely, be engrossed in some narcissistically satisfying situation. In brief, if the free energies of the ego have been reduced by previous withdrawals for other interests, the residual energy is unable to cope with the exigent demands of mourning.

We speak then of a relative weakness of the adult ego induced through experiences, as compared with the child's ego which is weak by virtue of the stage of its development. We assume,

therefore, that a particular constellation within the ego is responsible for the absence of a grief reaction; on the one hand the relative inadequacy of the free and unoccupied portion of the ego, and on the other hand a protective mechanism proceeding from the narcissistic cathexis of the ego.

But all considerations of the nature of the forces which prevent affect are hypothetical and lead into the dark realms of speculation. The questions—whether the psychic apparatus can really remain permanently free from expressions of suffering, and what is the further fate of the omitted grief—may be better answered by direct clinical methods.

Among my patients there have been several who had previously experienced a great loss and who exhibited this default of affect. I should like to present their stories briefly.

Case 1 The first case is that of a young man of 19. Until the death of his mother, when he was five years old, this patient had been a very much petted youngster with an affectionate and undisturbed attachment to his mother, and with no special neurotic difficulties. When she died, he showed no grief whatsoever. Within the family this apparently "heartless" behavior was never forgotten. After his mother's death he went to live with his grandmother where he continued to be a thriving, healthy child.

His analysis revealed no special conflicts in his early childhood which could explain his affective behavior. He could remember from his early years having been angry with his mother for leaving him, but this anger did not exceed the normal ambivalent reaction common to children under similar circumstances. The young man brought no other material which could throw light on the unemotional behavior of his childhood. His later life, however, revealed certain features which indicated the fate of the rejected affect. Two characteristics of his behavior were particularly striking: he complained of depression which had first appeared without apparent cause during puberty and which had recurred with no comprehensible motivation, and he was struck by the fact that he could break off friendships, and love-relationships, with amazing ease, without feeling any regret or pain. He was, moreover, aware

of no emotional disturbance so long as the relationships lasted.

These facts rendered comprehensible the fate of the repressed affect in childhood which interested us. Lack of emotion repeatedly recurred in analogous situations, and the rejected affect was held in reserve for subsequent appearance as "unmotivated depressions". The service performed by the postulated defence mechanism was purely in the interest of the helpless, little ego and contented itself with a displacement in time, and a dynamic distribution of the mourning.

Case 2 A thirty-year-old man came into analysis for the treatment of severe neurotic organic symptoms[1] of purely hysterical character and, in addition, a compulsive weeping which occurred from time to time without adequate provocation. He was already grown up when his very dearly loved mother died. When the news of her death reached him, in a distant university city, he departed at once for the funeral but found himself incapable of any emotion whatsoever, either on the journey or at the funeral. He was possessed by a tormenting indifference despite all his efforts to bring forth some feeling. He forced himself to recall the most treasured memories of his mother, of her goodness and devotion, but was quite unable to provoke the suffering which he wanted to feel. Subsequently he could not free himself from the tormenting self-reproach of not having mourned, and often he reviewed the memory of his beloved mother in the hope that he might weep.

The mother's death came at a time in the patient's life when he was suffering from severe neurotic difficulties: inadequate potency, difficulties in studying, and insufficient activity in all situations. The analysis revealed that he was having severe inner conflicts in relation to his mother. His strong infantile attachment to her had led to an identification with her which had provided the motive for his passive attitude in life. The remarkable reaction to his mother's death was conditioned by several factors. In his childhood there had been a period of

[1] This case has been previously described as an example of conversion hysteria. See, Deutsch, Helene: *Psycho-analysis of the Neuroses*, Part I. London: The Hogarth Press, 1932.

intense hate for the mother which was revived in puberty. His conscious excessive affection for his mother, his dependence upon her and his identification with her in a feminine attitude, were the neurotic outcome of this relationship.

In this case, it was particularly clear that the real death had mobilized the most infantile reaction, "she has left me", with all its accompanying anger. The hate impulses which had arisen in a similar situation of disappointment in his childhood were revived and, instead of an inner awareness of grief, there resulted a feeling of coldness and indifference due to the interference of the aggressive impulse.

But the fate of the omitted grief is the question of chief interest for us in the analytic history of this patient. His feeling of guilt towards his mother, which betrayed itself even in conscious self-reproaches, found abundant gratification in severe organic symptoms through which the patient in his identification with his mother repeated her illness year after year.[1] The compulsive weeping was the subsequent expression of the affect which had been isolated from the concept—"the death of mother". Freud in From the History of an Infantile Neurosis,[2] describes a similar fate for an inhibited expression of grief. In this history the patient relates that he felt no suffering on hearing the news of his sister's death. The omitted suffering, however, found its substitute in another emotional expression which was quite incomprehensible, even to the patient himself. Several months after his sister's death he made a trip to the region where she had died. There he sought out the grave of a well-known poet whom he greatly admired, and shed bitter tears upon it. This was a reaction quite foreign to him. He understood, when he remembered that his father used to compare his sister's poems to those of this poet.

The situation in which the affect of Freud's patient broke through to expression had direct bonds of association with the

1 Fenichel speaks of a "repression" in intense grief "wherein perhaps the mechanism of identification with the lost (dead) object plays a role". Fenichel, Otto: *Hysterie und Zwangsneurose.* Vienna: Int. Ztschr. f. Psa., 1931.

2 Freud: Coll. Papers, Vol. III.

factors which had originally been repressed. In my patient the compulsive affect had been completely isolated from the original situation.

The identification with the mother which was such a preponderant factor in the libidinal economy of our patient was perhaps the most important motive for the refusal of the ego to grieve, because the process of mourning was in great danger of passing over into a state of melancholia which might effect a completion of the identity with the dead mother through suicide. When the analysis succeeded in bringing the patient into the situation of omitted affect, the danger of suicide became very actual. So we see, that in this neurotic individual there developed in addition to the existing pathological emotional conflict, a process of defense serving as protection to the severely threatened ego.

Case 3 A man in his early thirties without apparent neurotic difficulties came into analysis for non-therapeutic reasons. He showed complete blocking of affect without the slightest insight. In his limitless narcissism he viewed his lack of emotion as "extraordinary control". He had no love-relationships, no friendships, no real interests of any sort. To all kinds of experiences he showed the same dull and apathetic reaction. There was no endeavor and no disappointment. For the fact that he had so little success in life he always found well-functioning mechanisms of comfort from which, paradoxically enough, he always derived narcissistic satisfaction. There were no reactions of grief at the loss of individuals near to him, no unfriendly feelings, and no aggressive impulses.

This patient's mother had died when he was five years old. He reacted to her death without any feeling. In his later life, he had repressed not only the memory of his mother but also of everything else preceding her death.

From the meager childhood material brought out in the slow, difficult analytic work, one could discover only negative and aggressive attitudes towards his mother, especially during the forgotten period, which were obviously related to the birth of

a younger brother. The only reaction of longing for his dead mother betrayed itself in a fantasy, which persisted through several years of his childhood. In the fantasy he left his bedroom door open in the hope that a large dog would come to him, be very kind to him, and fulfil all his wishes. Associated with this fantasy was a vivid childhood memory of a bitch which had left her puppies alone and helpless, because she had died shortly after their birth.

Apart from this one revealing fantasy there was no trace of longing or mourning for his mother. The ego's efforts of rejection had succeeded too well and had involved the entire emotional life. The economic advantage of the defense had had a disadvantageous effect. With the tendency to block out unendurable emotions, the baby was, so to speak, thrown out with the bath water, for positive happy experiences as well, were sacrificed in the complete paralysis. The condition for the permanent suppression of *one* group of affects was the death of the *entire* emotional life.

Case 4 This was a middle-aged woman without symptoms but with a curious disturbance in her emotional life. She was capable of the most affectionate friendships and love-relationships, but only in situations where they could not be realized. She had the potentiality for positive and negative feelings but only under conditions which subjected her and her love-objects to disappointment. In order not to complicate the presentation I shall confine myself to describing the phenomena pertinent to our problem. For no apparent reason the patient wept bitterly at the beginning of every analytic hour. The weeping, not obsessional in character, was quite without content. In actual situations which should produce sadness she showed strikingly "controlled", emotionless behavior. Under analytic observation the mechanism of her emotional reactions gradually became clear. A direct emotional reaction was impossible. Everything was experienced in a complicated way by means of displacements, identifications, and projections in the manner of the "primary processes", described by Freud in The Interpretation of Dreams. For example: the patient was highly

educated and had a definite psychological gift. She was very much interested in the psychic life of others, made a study of it, and used to bring detailed reports of her observations. On investigation one discovered that what she had observed in the experience of another individual did not really pertain to him but represented a projection of her own unconscious fantasies and reactions. The true connection was not recognized for want of a conscious emotional reaction.

She found vicarious emotional expression through identification, especially with the sad experiences of others. The patient was capable of suffering a severe depression because something unpleasant happened to somebody else. She reacted with the most intensive sorrow and sympathy, particularly in cases of illness and death affecting her circle of friends. In this form of experience we could trace the displacement of her own rejected affects.

I am inclined to regard this type of emotional disturbance as schizoid and have the impression that it is a not infrequent type of reaction, which in its milder form usually passes unnoticed.

In the analysis of our patient one could discover how the displaced emotional discharges were related to early unresolved experiences. The original grievous experience was not a death but a loss in the divorce of her parents.

It gradually became clear that she had actually sought out the situations in which she had an opportunity to share the unhappiness of others, and that she even felt a certain envy because the misfortune had happened to another and not to herself. In such instances one is inclined to think only of masochistic tendencies as responsible. Certainly the gratification of masochism must play a role.

Observation of this patient, however, directed my attention in another direction. I believe that every unresolved grief is given expression in some form or other. For the present I limit the application of this *striving for realization* to mourning and am convinced that the unresolved process of mourning as

described by Freud [1] must in some way be expressed in full. This striving to live out the emotion may be so strong as to have an effect analogous to the mechanism which we see in criminal behavior from feelings of guilt,[2] where a crime is committed to satisfy unconscious guilt feelings, which preceded the crime instead of following it. Analogous is the situation in which suppressed affect following a loss seeks realization subsequently. We must assume that the urge to realization succeeds under the impetus of an unconscious source of affect-energy exactly as in the case of the criminal who is at the mercy of his guilt feelings. I suspect that many life stories which seem to be due to a masochistic attitude are simply the result of such strivings for the realization of unresolved affects. Our last-mentioned patient was a particularly clear example of this assumption.

The process of mourning as reaction to the real loss of a loved person *must be carried to completion.* As long as the early libidinal or aggressive attachments persist, the painful affect continues to flourish, and *vice versa,* the attachments are unresolved as long as the affective process of mourning has not been accomplished.

Whatever the motive for the exclusion of the affect—its unendurability because of the ego's weakness, as in children, its submission to other claims on the ego, especially through narcissistic cathexis, as in my first case, or its absence because of a previously existing conflict with the lost object; whatever the form of its expression—in clearly pathological or in disguised form, displaced, transformed, hysteriform, obsessional, or schizoid—in each instance, the quantity of the painful reaction intended for the neglected direct mourning must be mastered.

I have already postulated a regulator, the nature of which is not clear to me. I have thought that an inner awareness of inability to master emotion, that is, the awareness by the ego

1 Freud: *Trauer und Melancholie.* Gesammelte Schriften, Bd. V. (Trans. by Joan Riviere in Coll. Papers IV, 152.)

2 Freud: *Das Ich und das Es.* Gesammelte Schriften, Bd. VI. (Trans. by Joan Riviere, *The Ego and the Id.* London: The Hogarth Press, 1927.)

of its inadequacy, was the motive power for the rejection of the emotion or, as the case may be, for its displacement.

In any case the expediency of the flight from the suffering of grief is but a temporary gain, because, as we have seen, the necessity to mourn persists in the psychic apparatus. The law of the conservation of energy seems to have its parallel in psychic events. Every individual has at his disposal a certain quantity of emotional energy. The way in which emotional impulses are assimilated and discharged differs in each individual and plays its part in the formation of the personality.

Probably the inner rejection of painful experience is always active, especially in childhood. One might assume that the very general tendency to "unmotivated" depressions is the subsequent expression of emotional reactions which were once withheld and have since remained in latent readiness for discharge.

Translated by EDITH JACKSON