

## Adolescent mourning: A paradigmatic case report

Garber, Benjamin

The mourning process in the adult and the child has been studied extensively, but that in the adolescent has been neglected. This paradigmatic case report illustrates the many ways in which an adolescent girl mourned the loss of her father. She dealt with the loss by escaping, trying to appear overly normal, overinvesting in siblings and peers, acting hypermature, acting out, identifying with the dead parent's ambitions, hopes, and aspirations, and searching restlessly. Mourning in adolescence is unpredictable and does not conform to any consistent clinical pattern.

Although the mourning process in the adult has been studied extensively, and the episodic mourning work in the child has been delineated, the mourning process in the adolescent has been relatively neglected (Furman, 1974). This has been a puzzling omission in the psychiatric and psychoanalytic literature. As the parents of adolescents are at least middle-aged, adolescents experience parent loss (Ewalt and Perkins, 1979). Whether one sees adolescence as a period of turmoil (A. Freud, 1958; Blos, 1962) or as a developmental period of normative dimensions (Offer, 1969), the adolescent's reactions to losing a parent have been alluded to but not thoroughly explored. Ever since Anna Freud (1958) described a type of mourning process as part and parcel of normal adolescent development, psychoanalytic researchers have felt that the study of mourning in adolescence as a result of parent loss would be a complex and daunting task. The clinician would be compelled to examine two intertwined mourning experiences—one an aspect of normal development, the other a product of a traumatic event. To separate the two might prove exceptionally difficult.

The purpose of this chapter is to explore and demonstrate the various facets of a delayed mourning process in an adolescent girl who was in analysis for four years. Although the adolescent's mourning may contain elements of latency and adulthood, there are manifestations unique to adolescent development.

### Review of Pertinent Literature

Root (1957) spoke of the work of mourning as an important psychological task of adolescence. This accounts in part for the seemingly larger number of depressive states occurring during this developmental period. Adolescents have a normal and healthy need to remove themselves from both parents to stop being dependent and to become more self-sufficient as they proceed on the pathway to mature adulthood. This "object removal" continues ambivalently into adulthood and ushers in a mourning process described by Sugar (1968) and is modeled along the sequential phases of mourning delineated by Bowlby (1960). Blos (1962) indicated that the object loss that adolescents experience in relation to the parent of their childhood, a loss in relation to the parent image, contains prominent features of mourning and that this adolescent loss is more final and irrevocable than the one that occurs at the end of the oedipal phase. Jacobson (1964) felt that, in the process of decathecting the infantile image of the parents, the adolescent experiences an intensity of grief unknown in previous developmental phases.

Laufer (1966) thought that parent loss in adolescence could become a prominent obstacle to normal development. Although the parental death itself is not necessarily pathogenic, object loss can become the nucleus around which earlier conflicts and latent pathogenic elements are organized. Laufer concluded, "The extent to which the work of mourning will interfere with normal adolescent tasks is determined by the kind of defenses that are available to deal with the oedipal ambivalence and by the quality of the relationship to the object" (p. 269). Wolfenstein (1966, 1969) arrived at a series of far-reaching conclusions about adolescent mourning based on her work with 42 cases of parent loss. She felt that, in those instances in which depressed moods emerged in adolescence, they were isolated from thoughts of the parent's death, thoughts to which reality testing has not yet been applied. She felt that the representation of the lost object was not decathected, that indeed it had become invested with an intensified cathexis. The adolescent idealizes the dead parent, and the rage is diverted toward the surviving parent. In time, reproachful feelings toward the abandoning parent emerge, and this ambivalence may represent the initial step in reality testing.

Nagera (1970) suggested that adolescents shy away from the type of mourning that one sees in adults. Their overt behavior and

response to the loss are significantly different from that of the adult. Yet, they are greatly affected by the loss and react in strong and specific ways of their own.

Most psychoanalytic researchers conceptualize adolescence as a period of significant turmoil, and so they see bereavement as an interference with normal development. However, nonclinical descriptive studies of adolescents (Offer and Sabshin, 1984) conclude that, by and large, good coping and smooth transition into adulthood are much more typical than the opposite. In a parallel manner, there is an extensive descriptive literature that concludes that coping with bereavement during adolescence leads to greater maturity. Rather than producing insurmountable obstacles to development, the trauma of bereavement more often promotes growth (Hogan and Greenfield, 1991; Oltjenbruns, 1991). Although bereaved children and adolescents are expected to grow up more quickly, these discrepancies in the literature stem from observations from differing vantage points.

The clinical material of an adolescent girl who lost her father illustrates the complex ways in which an adolescent mourns.

### Clinical Material

Stacy was brought by her mother when she was 10 years old to help her deal with the death of her father. She was a somewhat chunky, angry, sullen youngster who glared at me through her hair-covered eyes. I was the third therapist hired by her social-worker mother to make Stacy talk about her father's death the previous year. Her seven-year-old brother talked about his father all the time, so why wouldn't she?

Two previous therapists, male and female, could not engage her, as she refused to go or had temper tantrums before and after sessions. In the office, her demeanor was one of cold rage and smoldering resentment at her mother and/or the current stand-in. She did not act differently with me, as she refused to talk and was singularly unimpressed by my reputation as a healer of bereaved children. After some superficial sparring, I told her that, even though her mother expected her to talk about her loss, she was not ready to do so, but perhaps some day she would be. At this point, I told her that she was free to go, and she charged out of my office before I finished the sentence. Although Stacy was relieved, her mother was disappointed with my therapeutic stance. She assured me that she would continue to pursue her goal to find the therapist who would be the right fit for her daughter.

Four years passed, and once again I was contacted by Ms. R, who indicated that Stacy requested to see a therapist, specifically me. Although I was not the mother's first choice, Stacy was an adolescent, and she should have a say over her choice of therapist. Being properly forewarned, I agreed to see her, but I had some anxiety and trepidation.

My first shock came when before me stood a tall, willowy, blonde young lady who smiled shyly and appeared extremely nervous. She looked like a typical teenager who said that she wanted to talk about problems getting along with her mother. Mother favors the brother, who gets away with murder, while she is punished for the slightest transgression. Mother acts bizarre, at times saying things that do not make sense. Mother, a pillar in the community, is overly concerned about outward appearances. She works hard, is a good provider, and tries to prove that she is a competent single parent. The only thing that Stacy remembered from our first meeting was the relief at not having to see me, but now she wants to talk about what bothers her. She denied other problems, as she does not think about her father even though she misses him.

The mother reported that Stacy had been having a difficult time the previous seven years. The father had developed a malignant melanoma when she was in the first grade, and he was sick on and off for the next three years. Stacy had been very close to him; when he died, she closed up. She was having difficulties in school from the first grade on. She had trouble with math, and a learning disability was considered but not demonstrated. In junior high school, she began to act out by smoking pot and at the end of the eighth grade was suspended for coming drunk to school. She had numerous friends and was active in sports—she enjoyed soccer and track. She was the only girl on a boys soccer team and was considered a tomboy. She also played the piano and had artistic talents, yet she was failing her art classes. Twice she ran away from home and stayed at friends' houses. Stacy hated her brother, who was a "goody-two-shoes" and "a mama's boy." The only interest in her father was a wish to wear his shirts and sweaters.

Previous attempts at therapy were not successful, and mother was shocked and surprised when Stacy asked to see someone, as she did not know why, now.

Stacy told me that mother had always badgered her to talk about father, and their wonderful marriage. Mother wanted Stacy to go to the cemetery, but, when mother and brother went, Stacy stayed behind. Stacy has a boyfriend but has not had intercourse. She likes to drink and smoke. Doing wild things makes her feel good, but then she feels guilty. She never cries and sometimes wishes she were a boy. She started menstruating six months ago but has just told her mother. Mother does not date, because she loved her husband so much that she has not been able to find a suitable replacement.

The treatment began toward the end of Stacy's freshman year and ended when she graduated high school and prepared for college. Her mother felt that we should go easy at the beginning, and so we started once a week. However, it became evident that this was not enough. We increased to three times a week depending on economic conditions and the progress of the treatment.

Stacy had an innate appreciation of the process and what was required of her in order to progress.

Her first dream was a Cinderella dream. She was swimming with her mother to China. Soon she lost her mother, and, when she came up on a beach, she realized that she lost one of her shoes, which later washed ashore. She became aware that the dream was related to an expectation of change. She became acutely anxious and took flight in a preoccupation with her current boyfriend, with whom she did not get along. There was another dream in which she was searching for but unable to find an old boyfriend. Her dreams about looking and searching were commonplace.

She began to talk about worries and concerns that her dog, which has been in the family for years, will get hurt. She watched him constantly.

Most of the early material focused on mother's instability, irrational behavior, and mood fluctuations. Although mother was not psychotic or borderline, there was something profoundly disturbing about how she related to her children. In her professional life, she was exceptionally competent and respected. Stacy was bitter about mother's preference for the brother, who was allowed to do as he pleased. Although such assessments of the mother and brother were exaggerated, there was a basis for these accusations.

Stacy was verbal, aware, and curious about the nature of the process. There were questions about what we do and why we do it. Toward the end of the summer, she was getting ready to leave for camp for two weeks and was surprised by her reaction to our separation. She told me that she would miss coming and for the first time mentioned her father. She was looking forward to going to camp and remembered that she felt the same when her father was sick-she hated being at home because the house was like a hospital.

When she returned from camp, it became apparent that we had entered the middle phase of the treatment-the honeymoon was over. Stacy became quiet and reflective, as there was nothing to talk about. For the first time, there were regrets about being in treatment. She wanted to quit piano and the sessions. She complained that mother made her come even when she was late, only because she had to pay.

At Halloween, she told me that she felt that their house was haunted. She was afraid to sleep and would go to mother's bed at night. In the morning, she was ashamed of her regressive longings. She would counteract these with bravado and provocative behavior such as staying out all night or wandering in dangerous neighborhoods. She cut classes and spent time with friends whom mother did not approve.

After our first year together, she told me why she came to see me when she did. A month before our first meeting, she and two friends went to the cemetery on a dare. While there, she saw her father's grave and began to sob uncontrollably. Upon coming home, she was very upset and the following day asked mother to call me. The anniversary of our first year elicited the precipitant for coming to treatment. After that, we paid close attention to anniversaries.

After this sequence, there was a spurt of improved functioning in school and better relations at home. She admitted to mother that she liked her brother. The mother was so thrilled by these events that she called to reassure me that I had passed the test and that she would allow her daughter to see me for the duration. However, her excitement was short-lived, as once again Stacy began to act out, and fights with mother escalated.

I was going away for the holidays, and Stacy asked me how I think about my problems, as she would like to do likewise. For the first

time, she indicated an identification with my functioning and tried to be like me in other ways, which she did not reveal until later.

Upon my return, she became introspective and began to examine her situation with friends, mother, and brother. She realized that she acted differently with two different groups of friends and wondered about being a fake. She decided to withdraw from both groups, and she spent much time at home. In part, her anger at mother was based on the competition with mother for brother's affection. She told me a dream in which mother and brother were sleeping together, and she became disgusted by such thoughts. She withdrew from her family and in doing so alarmed her mother, who felt that treatment was making Stacy worse.

Stacy realized that at home she created a facade of incompetence and ineptness, whereas at school she presented herself as capable. Mother, in her anger at her, does not recognize the real person, but her friends and I do. She remembered that I told her in the beginning that she was more capable than she appeared.

On the anniversary of father's death, Stacy became involved in a school play and had to miss a number of sessions. One night, she called in a panic that she was having chest pains and considered going to the emergency room. She became terrified that she would die and that this was a punishment for using alcohol and pot. When her panic subsided, the conflicts with mother escalated. There was anger at mother for not protecting her from bad things. She knew that mother was too depressed about father's death. She decided to visit the cemetery alone, and this time she was not afraid. She went to father's grave and told him everything that happened since his death. She felt relieved and cleansed, and she resolved to do better in school to make him proud.

After this incident, there was a reawakening of interest in boys as boyfriends instead of friend boys. As boys were always interested in her, she wondered if mother was jealous. She tried to look more feminine, but that scared her, and she remembered how she used to play soccer with boys as a way to please father. She wondered what it would feel like if she were a boy. She broke up with her current boyfriend, as she experienced him as passive and compliant.

Her schoolwork improved, and she received her best grades ever. There evolved a conflict between her wish to regress and act out and her pull to do well in school and be a star. She saw the positive and negative elements balancing each other, which was not satisfying. In trying to balance the two, she felt paralyzed with inactivity, and our work was the only thing that mobilized her.

In summer school, she felt lonely, as many of her friends were away. She missed them and had a strong reaction when I went away for two weeks. Upon my return, she was glad to see me and told me that it was one of the few times that she cried for her father. She was guilt-ridden for not spending time with him when he was dying. She talked about missing sessions and forgot an appointment a week after I came back. She felt comfortable with her loneliness-as she could tolerate being alone.

She went to Canada to see a former boyfriend whom she idealized from afar. When she was with him, she was disappointed. They spent time talking about her father, and they reminisced about the things that they did when her father was alive. Upon returning, she felt better about herself and her loss and for the first time mentioned stopping treatment. In spite of flirting with leaving, she understood that she had not dealt with the loss of her father in the same way she had not dealt with feelings about me.

As she began to appreciate the possibility that I may have a life outside the office, she missed sessions and made it look as if I rejected her. There were repetitive fights with mother about changing friends and about school. She redeveloped an interest in soccer and realized that it had something to do with father. Father had been a soccer player and coach in college. She was ambivalent about getting her driver's license, because it meant increasing responsibility and a maturational step for which she did not feel ready. The quicker you grow up, the closer you are to dying. Sometimes being a child is the only protection from death.

She got her license and proudly announced that she had been driving to the sessions, after being very anxious the first time. She became obsessed with her soccer play to the exclusion of everything else. When she played, she felt that her father was watching her, and he was proud of her single-mindedness, hard work, and dedication.

As we got deeper in our work, she was observing me. She came in very excited and told me that she has figured out something important about us. She surmised that one of the main reasons that I understood her was that she and I were similar and that I also must have experienced an important loss when I was a child-otherwise how would I know about such things? When I questioned how she arrived at this, she felt hurt and angry. She came late the next two times, and, when I admitted my defensiveness about her

insight, she cried and told me that she observed me outside the office and tried to copy the way I walk. She felt embarrassed about this admission and began to demonstrate her ambivalence about seeing me. She wanted to cut down the frequency and told me that coming to see me kept her from being a regular teenager, as she feels weird and different from "normal kids."

This was a pivotal point in the treatment, because it was the first time that she admitted that inside she has been preserving a little girl who refused to grow up. After blurting this out, she became scared that I would think she is crazy and put her in the hospital.

Spring vacation was coming, and she was relieved not to see me. Her mother was terminating her own treatment, and Stacy felt that mother fooled her therapist. Mother was deceiving herself by implying that she was well.

In her competitiveness with mother, she began to talk about finishing. When I did not respond, she became silent and remembered that, when she visited father in the hospital, she would also be silent, as she could not think of anything to say. She wanted to hear him breathe, and she could not do so when talking. She threatened to leave treatment and, when she saw my expression, felt that she wounded me and I would crumble.

She recalled anger about father's death. How unfair it was that all of her friends had fathers and she was fated to be different. Why did he give in to his cancer? Why did he not fight it more? It seems like he just gave up toward the end. For the first time, she recognized her past anger at father for his shortcomings.

She remembered that, when she and brother were little, mother would trick them on Sundays after church and stop at the cemetery. But Stacy stayed in the car while mother and brother visited the grave. She was afraid that she would lose the little girl inside if she ventured too close to the grave. There was a danger of falling in and never coming back, just like father. The little girl was a connection between her and father that had to be maintained at all costs. I understood that it was essential for her to keep the little girl alive, but maybe she could change.

There began to emerge strong sexual feelings for a boy she glimpsed at a concert. Several nights later, she had a terrifying dream of being molested by a man wearing a black hood. With much distress, she wondered whether her father touched her when she was little, because her parents fought about sex. When father was ill, mother avoided sexual contact because she was scared that she might "catch" his cancer. Stacy questioned mother about the marriage, and mother maintained that they had a wonderful marriage and loved each other deeply. I pointed out that, if their marriage had been so wonderful, her mother would not be avoiding men since father's death. Stacy got a peculiar look on her face, and, when I asked her what was the matter, she told me that the room was spinning. She had the same sensation when she first told me about the little girl inside. The room was spinning, and she felt sick to her stomach.

Stacy developed a cyst on her leg and needed surgery. It was done at the hospital where father died. She could not sleep and stayed up the night feeling his presence. This was a punishment for wishing his death so that life would return to normal. When the dawn came and she was fine, she felt that she passed an ordeal, and now a burden began to lift.

As mother and brother spent so much time together, Stacy had fantasies of their having a sexual relationship. In order to avoid the competitive feelings with mother, she created a triangle consisting of herself, her current boyfriend, and a friend. When I pointed this out, she became furious and missed the next session. When she came back, there was talk of terminating the treatment, as she felt that it made her feel worse and a "sickie." When I agreed to discuss termination, she got drunk to let me know that she was not ready to finish. She felt that I must be getting tired and that is why I wanted to get rid of her. She rationalized that maybe there is something wrong with me and that I am sick and that is why I want to stop to keep her from experiencing the pain of loss a second time.

For the first time, she began to discuss the possibility of going away to college. She fantasized that mother and I could not wait until she left so that we could have an affair. She felt that both mother and I are depressed and that we are still mourning her father whereas Stacy has gotten over him. Her feelings about being with me were similar to the feelings about her father. When she stayed with him in the hospital, she felt awful, but, when she left him, she felt guilty.

There were fights with mother about staying out late. At the same time, she had dreams of having intercourse with an old man. This

made her feel icky and disgusted and interfered with being with boys her age. As the sexual material increased in her dreams and fantasies, there were questions about the possibility that father in his stuporous state from the pain pills molested her. She was frightened by such possibilities and acted out in a way that got mother to call me in a fury and threaten to pull her out of treatment.

She and mother reached a rapprochement, as she agreed to pursue her extracurricular activities and college applications and spend less time with boys. She began to look at schools and realized that getting into a good college would be impossible with her poor grades from the first two years. She has given up boys, and she will wait until she gets away from mother and me before starting to date and will not worry about the images of intercourse with dying old men. To counteract such feelings, she started to come on to some of the boys in school, but she got scared when they responded and had dreams of being gang-raped.

When she was accepted by a college, she felt relieved that leaving is possible and that mother and I would get along without her. She felt more solid, intact, and optimistic about the future. For the first time, she told me a fantasy in which she was moving through life and father was watching her. Each time she took a wrong turn or made a bad decision, father warned her. However, in the eighth grade, father stopped doing this, as she kept making wrong turns and getting in trouble. She realized that her father was not her guardian angel anymore and that, instead of turning to him, perhaps it was time to give him up. We agreed that maybe she lost this function of his because of her emerging sexuality and the onset of menstruation. Maybe this was the time to give up the little girl.

We started to talk about finishing the summer before leaving for college. Two more schools accepted her, and that increased her confidence, as one of the schools was an excellent choice.

As our time together drew to a close, she became more interested in my personal life. She wanted to know more about me and confessed that she stayed after a session to watch whom I see. She wanted to know more about me as a means of keeping me in her memory.

There was a visit to the cemetery, as she tried to conjure up a picture of her father, but the picture was fuzzy. She saw his image, but it was far away, and she thought that he was waving good-bye. She asked mother if they could give away the rest of his clothing to the needy. They had a fight, as mother was reluctant to do so. She told me that perhaps she is giving him up whereas mother still clings to his image. Maybe, just maybe, mother needs more therapy. She jokingly offered that mother could take her place.

She developed a relationship with a boy and fantasized that she would have intercourse with him while seeing me. If something went wrong, I would help her. However, she realized the provocative nature of this—an attempt to prolong the treatment.

She wanted to be reassured that I would see her when she was in college. The last couple sessions, she was quiet, thoughtful, and tearful—there was little to say. She cried and told me that now she is not afraid to cry outside the office. She used to be afraid to do so because kids would think that she was weird. There was the conviction that the only reason mother wanted her in treatment was to make her cry, and she was not about to give into mother's wishes.

In the last session, we were quiet with occasional comments. She told me that she knew from the beginning that we would work together because I was patient and did not push her to talk about her father. She thought it was a trick at first but after a while realized that she would talk eventually on her own but she did not know when. I had given her the sense that, if we waited, it would happen, but she had to be ready. As we said good-bye, she told me that all good things happen to those who wait—the problem is not to get bored while waiting.

As I left my office that day, I had the strange feeling that I was being watched, and sure enough I saw Stacy in my rearview mirror. She was waving good-bye.

## Discussion

In a previous study (Garber, 1983, 1985), I suggested that adolescents do not conform to a predictable, reliable, or consistent mourning process. They mourn in ways that are similar to how the child and the adult mourn, but the fluidity of their responses results in a clinical picture that is uniquely adolescent. In a thoughtful description of mourning in adolescence, Gapes (1982) noted that the typical response of the adolescent to loss is escape. Although the usual responses of guilt, anger, depression, anxiety, and

confusion are present, adolescents frequently suppress their emotional responses. They do this because they feel that such emotions are unacceptable. They are concerned about the normal expected response to loss because they are anxious about being considered different or abnormal. Instead of risking exposure, they choose to suppress intense affects about their loss.

As the adolescent considers it essential to be part of a group and to conform, he is exceptionally conscious of anything that sets him apart. The bereaved adolescent is aware that he is looked at and treated differently from his peers. As a result, he will feel self-conscious whenever the loss is mentioned. He will avoid talking about the loss and do everything possible to diminish its significance and importance. He will go to great lengths to act and appear as normal as possible. This is a defense against being overwhelmed by overpowering affects, especially the longing for the dead parent. The regression to oedipal and preoedipal levels in such longings is frightening and unbearable.

Another method that the adolescent uses to deal with the loss of a parent is an overinvestment in siblings and peers. These displacements from incestuous objects are intensified when the parent dies. An older sibling may become a caretaker of a younger one and act as a substitute parent. Such an adaptation may be temporary and is helpful to both. For the older sibling, it allows an identification with the absent parent; for the younger one, it provides caretaking and nurture. It allows the adolescent to adopt the parental role as a transient response to the loss.

As the adolescent's personality is in a constant state of flux, he is trying out and experimenting with various identifications (Raphael, 1983). Although identification is part and parcel of any reaction to object loss, one may see a particular type of identification in response to the death of a parent. Although the adolescent may identify with the absent parent as a totality, there are partial identifications with the parent's ambitions, hopes, and aspirations. If the parent was invested in a particular achievement or goal, the bereaved adolescent may feel compelled to pursue such aims in an attempt to carry out the parent's wishes. Although such a quest may be ego-dystonic or burdensome, nevertheless the youngster will pursue it with diligence. Such identifications are encouraged and supported by the surviving parent. If such pursuits become overly conflictual, they may result in a neurotic solution.

A prominent element of the adolescent's mourning the death of a parent is acting out. The recurrent association of adolescent acting out and depression has been described by a number of investigators (Bonnard, 1961; Gapes, 1982). The adolescent's acting out may mask an underlying depression that may be expressed through temper tantrums, dropping out of school, truancy, running away, drug use, underachievement, and promiscuity. Although acting out is a way of dealing with the loss, there is evidence that in many cases the problems preceded the parent's death.

Another method that adolescents may use in dealing with the loss of a parent is to assume an inordinate responsibility for the well-being of the surviving parent. They may assume responsibilities for tasks and activities that are beyond their developmental capabilities. Such behaviors are encouraged and praised by the surviving parent and other adults, and they contribute a hypermature cast to the adolescent's personality. This short-circuits the need for the leisurely to-and-fro of an age-appropriate developmental progression. The results are islands of hypermaturity coexisting with regressive strivings. This lends an unevenness to the personality, which may manifest as an ongoing tension state. Such tensions lend a brittleness to the personality, which may decompensate during periods of stability.

A significant adolescent response to the death of a parent is a restlessness and drivenness in daily functioning and interpersonal relationships. There is a sense of tension and restlessness in which the youngster is searching for something he is unable to find. There is a quest for a missing piece (Garber, 1988) and an emptiness that needs to be filled. Such a search for nondisappointing objects may persist into adulthood. Although the individual may be successful academically or professionally, his interpersonal relationships are devoid of pleasure and satisfaction. As he moves from therapist to therapist, he continues a fruitless search for the missing piece.

Some adolescents deal with their loss in the manner described by Wolfenstein (1966,1969). They hypercathect the image and the memory of the parent who died. They overridealize to defend against their ambivalence, and they form a split between their conscious awareness of the loss and an unconscious fantasy of reunion. However, just as often we have observed adolescents who are competent in dealing with the loss-in the type of sequential mourning process that one postulates for the intact adult. The adolescent's ability to pursue such aims depends partly on stable environmental supports.

Unconscious mental processes dictate much of the experience of mourning. The person in mourning can seldom accurately predict when he or she might enter a particular emotional mood (Horowitz, 1990), what memories of the deceased might be recalled, or when or if strong emotions might be triggered by some reminder of the loss. For the adolescent, such unpredictability is even more disturbing. Consequently, one sees a constant running away from the possibility of such emotional upheavals.

There are certain characteristics unique to adolescent development that may either interfere with or facilitate the work of mourning. The adolescent's powerful amnesia regarding earlier life experiences is a natural developmental phenomenon and a viable deterrent from the integration of one's historical past, which is an important part of mourning (Laufer, 1966). However, as Blos (1962) conceptualized adolescence as a "second chance" for the more successful reworking of earlier conflicts, then the appearance of grief and mourning in adolescence may provide an opportunity for reworking losses from an earlier developmental period.

This clinical material demonstrates that, if a child is unable or unwilling to deal with her loss at an earlier time, she may go back and rework the original trauma during a subsequent developmental phase. Such an impression lends a sense of hopefulness and optimism to the work with bereaved children.

In spite of Stacy's conscious refusal to comply with maternal dictates, one wonders if she was developmentally ready to submit to the task of mourning (Pollock, 1977, 1978; Garber, 1981). Children who experience parent loss are often hurried through childhood because of the surviving parent's need to have an adult companion to replace the one who died. As a result, there may be a short-circuiting of developmental tasks in the service of premature emotional growth. Although many children, especially girls, prematurely assume the mantle of womanhood, Stacy rebelled against such dictates and proceeded at her own pace. It is possible that the lack of an oedipal father hindered her ability to establish a solid feminine sexual identification (Burgner, 1985).

The consciousness of Stacy's reluctance to deal with her father's death was in part motivated by her intense conflicts with her mother. The competitive feelings with mother especially around the maternal preference for the brother were a major contributor to such resistance. The need to idealize the father was another element, as mourning implies a deidealization of the one who died.

In this instance, the analysis provided Stacy with a chance to go back and to mourn her father for the first time (Fleming and Altschul, 1963). Consequently, this was not a completion but rather a significant milestone in her life. Our work together marked the relative end of mourning. It is relative, because mourning for a major loss persists throughout a lifetime and may be reactivated by various events such as anniversaries and developmental transitions. Our work together was not the end but only a beginning.

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- BENJAMIN GARBER, M.D. is the Director of Barr-Harris Children's Grief Center; and Training and Supervising Analyst, Institute for Psychoanalysis, Chicago, IL.

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â– The syntactical paradigm â€ set of parallel (more or less equivalent, interchangeable, though formally different) syntactical structures and their comparative stylistic significance. â– Paradigmatic syntax studies the paradigm of a sentence, constituted by all possible transformations. of a sentence. Two possible varieties of deviations: The absence of obligatory. elements. The excess of non-essential. elements. The article deals with the problem of self-destructive behavior in adolescence through the perspective of family dynamics. Two vignettes describe an uncompleted process of mourning after the loss of a parent in two suicidal adolescents, a girl and a boy. It shows that suicidal behavior may be only a part of a long lasting process which is not always recognized. In both cases dysfunctional family relations did not allow the adolescents to deal properly with their feelings of responsibility, guilt and accumulated inner tension. Characteristic differences are shown between the girl, who is depres