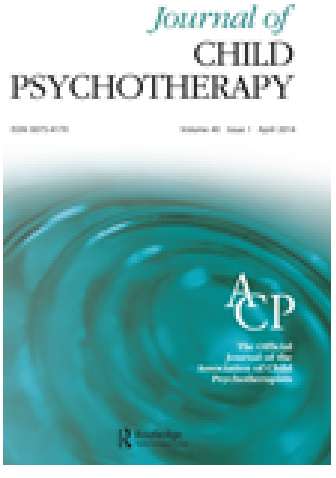

Journal of Child Psychotherapy
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/rjcp20

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Published online: 13 Feb 2014.

To cite this article: Amanda Keenan (2014) Parental loss in early adolescence and its subsequent impact on adolescent development, Journal of Child Psychotherapy, 40:1, 20-35, DOI: 10.1080/0075417X.2014.883130

To link to this article: http://dx.doi.org/10.1080/0075417X.2014.883130

Journal of Child Psychotherapy, 2014
Vol. 40, No. 1, 20–35, http://dx.doi.org/10.1080/0075417X.2014.883130

Parental loss in early adolescence and its subsequent impact on adolescent development

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This paper describes the research findings that formed part of a professional doctorate in Child Psychoanalytic Psychotherapy. It explores the impact of unresolved mourning following parental death in early adolescence on subsequent adolescent development. Via reference to a single case study, it describes emergent and overlapping themes related both to the bereavement process and adolescent development, and links the themes with psychoanalytic theoretical research in both adolescent development and bereavement. It considers how these themes changed over the course of an intensive psychotherapeutic treatment.

Keywords: Bereavement; mourning; case study; grounded theory

Background to the project

Over the last 25 years working in the field of child and adolescent mental health, I have encountered many young people whose psychological development appeared to have been compromised by earlier parental loss. The nature of the loss took different forms: parental rejection, separation from a parent, or loss through death. My impression was that what linked some of these children were issues of unresolved mourning. I was also aware that some of the children I had worked with seemed to be struggling with the legacy of loss because their own parents had been parentally bereaved many years previously. In some cases, this event seemed to have had a profound effect on the parents' confidence in their capacity to parent.

During my training as a child psychotherapist, I had the opportunity to work intensively with two adolescents who had lost their mothers in very different circumstances. I became interested in what effect parental loss in early adolescence might have on later adolescent development. My working hypothesis was that unresolved mourning would have a significant impact on development during this very sensitive period. As Meshot and Leitner have written, unresolved mourning occurs, 'when the grief process is prolonged, obstructed, intensified or delayed' (Meshot and Leitner, 1993: 295).

Parental death, one of the most stressful life events, has been widely addressed in the literature over the past 30 years. Whilst the mourning process of adults and children has been studied extensively in psychoanalytic literature (e.g. Wolfenstein, 1966; Furman, 1974), less attention has been paid to the processes in adolescents.

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However, there was significant evidence from the literature review that I undertook to suggest that losing a parent in early adolescence can affect subsequent psychological development. This has been studied in family life cycle literature, which suggests that external environmental factors (such as educational disruption and the coping style of the surviving parent) can affect the bereavement process in young people. In contrast, this paper focuses on internal factors that may lead to failed mourning in adolescence.

Focus of the study and clinical research

With reference to a single case study and using psychoanalytic and grounded theory methodologies, I argue that the experience of bereavement during early adolescence might present particular difficulties and complications within the adolescent process. My single case study is based on my process recordings of the intensive psychotherapy of a 17-year-old girl, whose mother died when she was in her early adolescence. It explores the question of themes that psychoanalytic psychotherapy with a young woman aged 17, bereaved of her mother when she was in early adolescence, reveal about the dual impact of bereavement and adolescence. I was also interested in studying the therapeutic relationship and how this might facilitate mourning and thus aid development.

In order to safeguard the anonymity of my patient, I will refrain from disclosing many details of her background history and will not refer to the session material in detail. Suffice to say that at the time of her mother's death, she appeared to be coping with the loss, at least on a superficial level. Continuing to live with her father and siblings, she had maintained her academic progress and presented to friends and family as a very mature young woman. In the years that followed, these defensive structures began to break down and my patient presented to a mental health service at the age of 17. She was treated psychoanalytically on an intensive basis, between the ages of 17 and 18, and subsequently on a less intensive basis for a further year. I have named my patient 'Chris'.

For Chris, the effect of experiencing parental bereavement was that she experienced what I have termed a 'double dose' effect. That is, Chris had to contend with ordinary adolescent challenges, which were then compounded by some similar features of the mourning process. This led to a failure to mourn, or to use Freud's terminology, to a state of 'melancholia'. The melancholic state was evidenced in a variety of ways. Prior to treatment, Chris had been self-harming on a very regular basis. These attacks on her body were accompanied by suicidal and depressive thoughts. Chris was also very overweight, often snacking excessively on junk food, which she later described to me as "punishment eating". Once an able scholar, Chris's schoolwork had significantly deteriorated. Chris's relationships with her family and friends were problematic in nature. In particular, she retreated from intimate contact, preferring as she said to "keep people at arm's length". The following excerpt is from an assessment session with Chris.

> *When I came to collect Chris from the waiting room she was wearing her usual black clothes and multiple spikey looking cuffs on her wrists. When I said, "Hello", Chris did not look up or respond. I walked towards her and realised that she had her ear plugs in and seemed absorbed in what I presumed was her music. It was not until I was very near to Chris that she acknowledged my presence with a slight nod of her head. As we walked to the consulting room, Chris said something quietly that I didn't catch. Once inside the room Chris sat on the floor, declining my offer of a cushion. I asked Chris to repeat what*

she had said; she replied that she had forgotten and it didn't matter anyway. I felt excluded and rather unnecessary.

(Assessment Session)

By placing herself in a 'Cinderella' position on the floor, Chris made speaking to her directly difficult. I found I had to bend my head or lower my gaze, perhaps as I would with a much younger child. She declined my offer of something softer (the cushion) and withheld what I had initially failed to hear. Chris's appearance and general demeanour made me feel as if I was also to be kept at "arm's length".

Although, at the point of referral, Chris had disputed that her mother's death might be a contributing factor in her presentation, she requested a female therapist, which may have suggested that she felt something maternal was missing. At the point of referral to the clinic, it was difficult to imagine how, without treatment, this adolescent could have successfully made the transition into adulthood.

In his concept of 'working through' in the process of mourning, Freud (1917) highlights the painful struggle involved in beginning to accept the loss of a loved one. The treatment process, with the repetition of separations within the transference relationship, appeared to provide the opportunity for managing loss in a different way and thus facilitated the mourning process. The on-going presence of the therapist seemed to increase Chris's confidence in a robust maternal object that could survive separation and psychic attack. Chris's experiences of merged and narcissistic identifications and relationships, exclusion and abandonment were brought into her therapy at an unconscious level. Thus, an opportunity arose to explore these processes in new ways. It was not until these processes began to be reworked that Chris was able to begin consciously to remember and speak about her mother. The mourning process led to an increase in sadness being experienced by Chris and an increased sense of 'ownership' (Laufer, 1968) of her body. Chris's adolescent development had been set in motion and this was evidenced externally in different ways, for example by the cessation of self-harm, the development of more lively relationships, increased scholastic achievement and eventually Chris's leaving home to become an undergraduate.

After the completion of the clinical work and with a completed data set (process notes) I embarked on my research. I decided to use grounded theory as the main methodology, which I will refer to later. As part of my research, I undertook a literature review of both adolescence and mourning from a psychoanalytic, social and psychiatric perspective. For the purposes of this paper, I have selected some of the psychoanalytic literature on mourning that particularly informed my research, which I will briefly summarise before returning to Chris's material. I have grouped the findings into particular themes and categories that emerged both when reviewing the literature and when analysing the material.

Abandonment and loss

Although Abraham had published a major work on mourning in 1911, it was Freud's seminal work of 1917 'Mourning and melancholia' that was to be fundamental in shaping psychoanalytic thinking in the area of bereavement. However, it is clear that Freud's thoughts on mourning predate this work. For example, in Freud's work 'Studies on hysteria' (Freud and Breuer, 1893), he discusses the case of Elizabeth Von R. who had lost four significant people in her life. Here, Freud first mentions what he termed 'the work of recollection'.

Freud drew attention to the slow and painful work of mourning, suggesting that grief work is the process by which libido (or energy) is gradually withdrawn from a loved object, so that energy is available for investment in other relationships. With this process comes a 'gradual reinstatement of reality.' However, since 'people never willingly abandon a libido position', this leads to an internal struggle and the object may be clung to 'through the medium of hallucinatory wish psychosis'. He described the loss of interest in the outside world and loss of capacity to adopt any new love object. According to Freud, grief work entails the internal struggle between opposing impulses, one towards accepting the loss and the other towards attempting to deny it.

In her 1940 paper 'Mourning and its relation to manic depressive states', Klein, developing her ideas about the inner world, postulated that the pain of mourning had its roots in childhood. Klein discussed the way a baby experiences depressive feelings on relinquishing the breast. If development proceeds well, Klein stated that the baby has feelings of concern for the loved objects, which she described as 'pining' for the loved object. Alongside this, there is a sense of concern for the lost object and a wish to repair damage that is believed to have been done to the lost object. What is not discussed is what may happen if reparation appears impossible in external reality. What happens if, like Chris, an adolescent has to face the death of her mother, who did not survive, raising fears that her death was a consequence of psychic attack?

Klein proceeds to delineate the methods of defence that can be deployed against the pain of pining. Processes of denial, omnipotence and idealisation are examined in depth. These processes to do with splitting and projection are not depressive in nature but are characteristic of what Klein termed the paranoid schizoid position. That which Freud had previously described as pathological mourning had much in common with Klein's paranoid schizoid methods of defence.

Klein drew a distinction between her conceptual understanding of the role of triumph in mourning and Freud's. Freud's view was that triumph was 'a common constituent of the end phase of mourning' (Frankiel, 1994: 94). In contrast, Klein believed that the feeling of triumph over the deceased was indicative of pathological mourning. Harwant (1987) postulated that a particular type of Oedipal triumph might be elicited by the death of the same sex parent and that this might hinder later development. Indeed this was in evidence in my early work with Chris. I also think Chris's development was in part impeded by her feeling that, rather than attack the surviving parent, she felt compelled to protect her father.

Although loss is not usually considered a central feature of adolescence, some writers have drawn attention to the link between these two processes. Within a psychoanalytic framework, there is general agreement that one of the central tasks of adolescence is the move away from dependence on parents towards independence. Linked with the move to independence, a sense of loss for their childhood self and past relationships with parents (although often devalued) may be activated. The adolescent's prior identifications with parents therefore need to be given up and reworked. This process entails painful feelings of loss, akin to mourning.

Identity

Finding a new way of living and with that, a new identity, is also one of the tasks of mourning. Freud described how, following bereavement, the first reaction is identification with the object and denial of the loss. It is only later that reality can be faced and the object relinquished. Although Freud drew attention to the similarities

between mourning and melancholia, for example loss of interest in the outside world and inhibition in activity, there were also significant differences. Freud detailed how the melancholic refuses to give up the 'love object'. The ego 'devours' the object in phantasy, in order to become one with it, rather than being separated from it. Object loss becomes ego loss and the ego is changed by this intense identification. Freud wrote that, 'By taking flight into the ego, love escapes extinction' (Freud, 1917: 257).

In turn, this leads to a narcissistic withdrawal into the self. The melancholic is very preoccupied with himself, as well as being full of self-reproaches. However, Freud noticed that the self-accusations with what he termed 'insignificant modifications' do in fact 'fit someone else'; that is, the person lost. Freud emphasised that the self-reproaches of the melancholic arise from 'sadism and hate'. Freud described the tormenting nature of the self-reproaches evident in melancholia. The melancholic might endeavour to take revenge on the original object by becoming ill rather than expressing his feelings in more open ways.

Freud's position at this time was that identification with the lost object was defensive and pathological. Sussilo (2005) draws attention to the shift in Freud's thinking, following his own experiences in mourning. In particular, she highlights Freud's acknowledgement that the bereaved person requires some sense of continuity with the lost figure. I would suggest that the need for a sense of continuity might have a very different quality from the patient becoming stuck in narcissistic identification, which is the area that this paper considers.

The narcissistic identifications described in pathological mourning appear somewhat similar to the narcissism seen in adolescence, although adolescent narcissism is characterised by fluidity (see for example Waddell, 2006). I wondered what it would mean to get stuck in narcissistic identification during the struggles of adolescence.

Of course, the search for identity is also a central feature of adolescence. With the bodily changes of puberty, unresolved conflicts of childhood require working through once again. The adolescent must find his or her own identity, including sexual identity, which is different from that of his or her childhood self. Achieving an identity of one's own involves the task of separation from parental objects. Loewald (1978) emphasised the very active role adolescents have in this process, describing the way in which adolescents must forge their own identity and independence by effectively ridding themselves of their parents. Of particular relevance to this study is the question of how Oedipal conflicts can be resolved when in reality one of the parents has died? What exactly did it mean for my patient to face adolescence without the survival of her mother? Again we can see the immense challenge of this for parentally bereaved adolescents.

Relationships

As both Freud and Klein describe, the loss of a loved person necessitates a change in the mourner's external relationships. As mentioned, Freud discussed the way in which time is needed for the mourner to draw libido away from the lost loved object and invest in other relationships. Klein contributed to the understanding of relationships during mourning with her conceptualisation of the depressive position. In 1940, Klein wrote that the depressive position is, 'the deepest source of painful conflicts … in the child's relations to people in general' (Klein, 1940: 345).

It was Deutsch (1937) who introduced the notion that the absence of grief is indicative or predictive of pathology, affecting future relationships. Using adult clinical

material, Deutsch described the effect on psychological development, if mourning is incomplete. In particular, her work drew attention to the risks of depression, affectlessness and superficiality of object relationships. Apparent absence of grief can be a particular feature of the bereaved adolescent.

Blos (1967) also identified relationships as being 'the central concern' during adolescence, drawing attention to the psychic restructuring of the adolescent period, which, '… winds, like a scarlet thread, through the entire fabric of adolescence' (Blos, 1967: 162).

Mourning in adolescence

Although Anna Freud (1958) explicitly drew attention to the links between adolescent development and mourning, there have been very few studies that have systematically explored the effects of parental bereavement in adolescence from an analytic viewpoint.

Using Freud's model, Root spoke of the 'painful grief' experienced by the adolescent who attempts to make 'a shift in object cathexis', when in fact the parent has been lost through death (Root, 1957: 318). He argued that, for the bereaved adolescent, the normal letting go of the parent becomes equated in his or her mind with actually letting the parent die. In effect, Root began to explore the way in which the normal developmental processes of adolescence became entangled with the process of mourning.

Laufer, a pioneer in arguing that unresolved mourning may seriously interfere with the tasks of adolescence, sought to clarify confusions between reactions to parental death with the normal conflicts of adolescence. Laufer asked the question that this paper also explores, 'What happens if the adolescent loses, in reality, the object from whom he is trying to free himself?' (Laufer, 1966: 272).

Laufer (1966) also used case illustration to examine this question. He argued that the detachment from the Oedipal object, a normal task of adolescence, might be 'greatly complicated' by the actual loss of the object. Laufer described his patient's narcissistic identifications and the way in which guilt about his mother's death would, '… inexorably tie him to the very relationship from which he had to free himself' (Laufer, 1966: 286).

Furman's work on bereavement (1974) made very little reference to adolescents specifically. However, she commented on the adolescent's desire to be part of the peer group. In particular, she drew attention to the on-going feelings of shame, deprivation, anger and envy when the bereaved young person compares his situation to that of his peers.

Nagera (1970) reviewed the literature on parental death in adolescence and concluded that adolescents 'shy away' from mourning as seen in adulthood. Similarly, Raphael (1984) defined the typical adolescent response to loss as one of escape. This viewpoint concurs with later research findings. In their 2001 research focussing on adjustment to loss among adolescents, Servaty and Hayslip (2001) also highlighted adolescent sensitivity to peer reactions. They found that parentally bereaved adolescents appeared to feel higher levels of discomfort, inferiority and inadequacy with regard to their peers than those from divorced or intact homes.

In 2000, Garber described adolescent mourning as both unique and likely to interfere with normal developmental processes. Garber also contended that adolescents 'frequently suppress their emotional responses'. However, he suggests that this is not just to fit in with his peers but also because the bereaved adolescent may feel

'overwhelmed', especially by his feelings of longing for the lost parent. This appears to link with Anna Freud's (1958) formulations about a weakened ego during adolescence, which is vulnerable to feeling overwhelmed. In mourning, as in adolescence, the ego is also destabilised or weakened; in particular, the organisational functions of the ego are depleted. For this reason, one could say that, with the additional trauma of parental bereavement, the ego of an adolescent is under a double attack.

Garber also suggests that adolescents may take responsibility for the health of the surviving parent, which may be beyond their developmental capacities. He described the way in which areas of competence and achievement, or 'islands of hyper maturity' (Garber, 2000: 114) could exist alongside more infantile aspects of the personality. This particular constellation (of mature aspects of the personality co-existing with immature aspects) was found to be operating within my patient.

Somewhat in contrast to Garber's thinking, Sussillo's work emphasised the adolescent's need for a continued relationship with the dead parent. Drawing on attachment and developmental theory, as well as current bereavement research, Sussilo contended that, as well as helping with the individuation process, parents also contribute to what she terms 'refashioned relationships' (Sussillo, 2005: 503) with parental objects. Sussillo suggested that the therapist has an important role in facilitating the adolescent's continued connection with the deceased parent. I would agree that re-establishing a more lively internal connection (in Chris's case with her mother) can indicate progress in the work of mourning.

All psychoanalytic researchers in this field conclude that mourning in adolescence is especially complicated. The tasks of adolescence, such as separation from parental objects (Laufer, 1966) and establishing oneself in the adolescent group (Garber, 1985) are being negotiated alongside the demanding work of mourning.

Collection of themes from the data

The emergent themes were traced in the data by analysis, using a type of grounded theory. Clinical and additional doctoral supervision allowed triangulation and aided the process of identifying and generalising themes, as well as closely following the therapeutic relationship.

I wondered how, of all the process recordings made over two years, I could select a manageable amount of sessions for detailed analysis. It seemed important to analyse systematically a representative sample of work throughout the therapy. This would hopefully give some indication of how the work progressed over the two years. I felt that the simplest way of collecting representative data would be to keep the divisions that were already in place. Six terms of therapeutic work were offered, each divided by a planned holiday break of between two and four weeks. One would expect breaks in therapy to evoke feelings of loss and fluctuations within the therapeutic relationship are often particularly noticeable around such times.

One possible way of providing data for analysis would be to pick a session immediately before and after the holiday breaks. However, I hypothesised that the session immediately before or immediately after would not necessarily be the one containing pertinent themes. From my experience of reading all the clinical transcripts, I was aware that the work of the break might be most apparent in the weeks leading up to or following the break. For this reason, I decided to analyse one session in the fortnight before and one session in the fortnight following the break. This meant that I had a maximum of five sessions within the fortnight from which to select. As

previously mentioned, I had weekly supervision. However, the supervisions usually focussed on one or two sessions within the week. In order to ensure triangulation, I selected the session that had been subject to the most detailed supervision with detailed supervision notes recorded at the time.

Emergence of themes from the archive

Further analysis revealed four major themes, which I will discuss in terms of the progressions Chris made during her treatment. To summarise, the four themes were:

(1) Identity
- Relation to self
- Identity as child, teenager, replacement mother, sister, daughter, as well as Chris's feminine and sexual identity
- A merged identity (both internal with the dead mother and external with the therapist) was also noted.

(2) Relationship to external friends and family
- Predominantly family members. For example, father, sister, brothers and aunts, relationship to the adolescent group
- Capacity for independent thought and separation.

(3) Bodily preoccupation
- Relation to self
- Attacks on the body (linking to attacks on the object)
- Preoccupation with bodily size, appearance and food
- Location of feelings as bodily symptoms
- Sensitivity to illness in others.

(4) Abandonment and exclusion
- Identification with abandoning objects. Cutting off and withholding
- Use of immediate replacements
- Links to waste and spoiling
- Self-neglect.

Themes central to adolescence and bereavement

The emergent themes echoed common preoccupations in adolescence and theoretical concepts of adolescent development. Some of these categories might also be evident in the mourning process – in particular a preoccupation with the self, a need to establish a new identity and feelings of loss and exclusion.

I wondered whether, although the same themes might reappear throughout the work, the quality of the themes might be very different. If this were the case, it would indicate progression in the treatment and enable me to consider what factors allowed this shift to take place. I hoped that using the coding system would help me track the points of development within the therapy.

Changes over the course of treatment

In tabular form (see Table 1), it was possible to begin to identify emerging patterns within the four themes during Chris's treatment. In my research, I described how I understood the patterns; in particular the changes in the frequency of codings. The

Table 1. Relationships.

SampleSession	Abandonment	Body	Relationships Excluding	Relationships Including	Identity
1	6	4	5	0	4
2	7	0	7	0	2
3	3	0	6	1	3
4	3	6	7	0	5
5	2	2	2	2	4
6	0	1	1	4	11
7	2	3	3	5	6
8	6	3	5	1	1
9	1	1	4	5	6
10	0	1	4	5	2
11	2	0	2	2	5
12	1	1	2	5	7

quality, as well as the frequency of the themes, changed over time. This was not something that could be seen in Table 1 but which I will describe.

As the table shows, over the course of psychotherapy treatment Chris's preoccupation with her body decreased, relationships showed more evidence of inclusivity and Chris's interest in her identity as separate came to the fore. Feelings of loss and abandonment that had been such an early prominent feature also diminished.

Following the assessment and the subsequent summer break, the initial therapy sessions with Chris were suffused with feelings of abandonment. Analysis of sessions showed that the majority of paragraphs during the first term of work were coded under this category.

A sense of abandonment was unconsciously repeated and enacted within the therapeutic relationship. Initially, this was most strikingly illustrated in relation to issues of timing within the therapy. From the start of her therapy, the feeling in the transference was that Chris was being exposed to something very cruel. Characteristically, Chris would arrive between half an hour and an hour early for her appointments. The effect of this was two-fold. Not only would Chris be waiting alone for long periods, but it also exposed Chris to seeing me returning to the waiting room with other patients. Often Chris positioned herself where she would be difficult to locate within the waiting room. This meant that Chris would eventually arrive at the consulting room feeling neglected and abandoned by me. Coupled with this, Chris would often bring a dream or other significant material right at the end of a session, which meant we had no time to think about it together. The following excerpt is from a session approaching a break. Although referred to in previous sessions when I was specific about how much time we had left, Chris responded with shock.

> *Chris looked tearful and looked at the clock. She told me she may have to leave ten minutes early next time for a dental appointment. I said, "Next week and then the holidays". Chris looked shocked and said, "Only next week?" I nodded. Chris stood up and put on her jacket. I then felt shocked myself, as there was over five minutes of the session left. I said she seemed to want to go right now. Chris mumbled, "Sorry", and made for the door.*
>
> (Session 8)

I was the one left to bear the painful feelings of rejection, shock and abandonment. I wondered if my feelings were an indication of the unbearable feelings of shock and

abandonment that Chris had experienced but not been able to process, following the death of her mother. As the therapy progressed, there were many opportunities gradually to explore this sense of shock, which was evoked especially at the end of sessions.

In general terms, coding for abandonment diminished significantly over the course of the treatment. Interestingly, this decrease was not set in train by talking about the death of Chris's mother. A lessening of these sorts of feelings only became apparent when these feelings were experienced and interpreted within the therapeutic relationship. Towards the beginning of the second year, with many repetitions, there was a slowly developing sense that endings could evoke feelings of sadness that could be thought about and tolerated. It was not until this took place that livelier interchanges seemed possible with me as well as with friends and family.

Over the course of therapy, the nature of Chris's arrivals at the clinic also changed. In particular, towards the fifth term of work, Chris began to allow herself to arrive only 10 minutes early and announce herself to the receptionist. Only in one later session analysed in depth was the theme of abandonment highly prominent. The particular significance of this session was that it coincided with a transient and non-serious episode of illness in Chris's father. At this point Chris missed an appointment. I would surmise that her father's illness reactivated past fears of abandonment for Chris in a very frightening way. By then missing the following session, Chris further deprived herself, intensifying feelings of abandonment.

Patterns, fluctuations and changes within the coding of identity

The change in quality of Chris's identifications was strikingly apparent as the treatment progressed. Initially, a picture of merged identity with a dead object or with the therapist was in evidence, characterised by a denial of a sense of separateness. The shapeless black coat that Chris initially kept on throughout sessions I later learnt was one of her mother's, which she appeared to have 'borrowed', along with some of her mother's physical aches and pains. In relation to me, Chris often spoke in a stream of words with very little space for my reflections, leaving me feeling as if I were superfluous to requirements. This process was an unconscious one that only began to change once it was slowly explored within the therapy. As this took place, an increased sense of differentiation between self and others emerged. I began to have a sense that my reflections and views could be tolerated, even when they differed from Chris's.

Chris's finding of her own adolescent identity emerged as she began to internalise a mother and therapist that were different from her. This was linked to Chris's rediscovery of her internal childhood mother, a lively and caring presence so different from the uncaring, sick and abandoning internal mother that had initially been in evidence, particularly in Chris's dreams. Reflecting this process, the ratings for identity were more strongly in evidence towards the ending of the treatment. In the following excerpt, Chris described the way that she had become stuck in something deadly but was beginning to notice changes.

> *"It's funny," she said," because about a year ago I only listened to heavy rock – now I think I quite like some of the Spice Girls' stuff – so what?'" I commented on this new taste for lighter music. Chris said it was only since coming here she liked more of a range. She liked this other more poppy group now too but she didn't overplay them. "Not like last year," Chris continued, "when I kept playing over and over this song which I later found out was about not having a mum."*
>
> (Session towards the end of treatment)

Chris connects her ability to appreciate "more of a range" of songs and emotional states with her therapy. She makes reference to not being aware of why she overplayed a particular song. Previously, the unconscious process to do with "not having a mum" had led Chris to becoming entrenched in something so unhelpful for her development.

The highest single coding for identity in one session came during the middle of treatment. This session was following a successful outing with friends, where Chris clearly identified herself, perhaps for the very first time, as part of the adolescent group.

Patterns, fluctuations and changes within the coding of the body

As Laufer (1978) asserts, in adolescence the body is closely linked to identity. When being coded (the samples analysed in depth), the same paragraphs were coded as containing references to both identity and the body, on six occasions.

During adolescence, the body and preoccupations with it take centre stage. Ordinarily, it is a time when a girl may feel a new identification with her mother and her mother's body. Laufer's work has described the interrelated tasks of adolescence, in particular the change in relationship to Oedipal objects, change in peer relationships and the change in attitude to one's body. It is this change in attitude to the body that, for Laufer, occupied an absolutely central position in his understanding of the adolescent process. Laufer discussed what he termed ownership of the body, pointing out that in childhood the body is felt to be an extension of the mother but that in adolescence this changes. The young person now becomes the owner of his or her body. This raises very complex questions for young people whose mothers have died during this period of change. In particular, the young adolescent might feel that his/her body is still an extension of their mother's. However, the mother is no longer there to take care of their body. How does one then begin to take ownership of a body that may be perceived as having been neglected by the maternal object?

The body can be used as a receptacle for projection or it can be split off and dissociated from. It was very clear how Chris used her body in this way; often to locate very aggressive, attacking feelings that were initially very hard for her to be aware of at a conscious level. One of the many challenges Chris faced was the difficult and complex task of developing a positive identification with an adult female body. Chris was, of course, confronted by the deterioration of the mother's body at a time when her own body was rapidly changing.

A clear pattern in relation to the theme of the body did not emerge in my research, although Chris's preoccupation with her body lessened in significant ways towards the end of the therapy. It was not the pattern, but the quality of Chris's preoccupation with her body that was most striking. Initially, Chris appeared cut off from any mental pain, seeming to experience feelings as purely physical. Chris's self-harming occurred on a regular basis during the initial phase of her therapy, when she would often recount the number, length and patterns of her cutting in a rather chilling way. I quote here from a session during the first term of Chris's therapy,

> *"I cut last night for no reason", Chris said. She talked at length about how she cut, sometimes cutting old wounds. Chris detailed exactly what implements she used and the manner in which she cut. Chris said, "I don't feel remorse; it's more of an inconvenience."*
>
> (Session from term one – not analysed in depth)

Chris appeared disconnected from any feelings to do with her self-harm. The serious nature of her attacks was ignored, as were any feelings connected to what might have provoked the attack. Mental pain had been dealt with as physical pain. There were many occasions when I was left feeling simultaneously alarmed and helpless.

As therapy progressed, Chris began to develop more of a capacity to reflect on her feelings. (I would surmise that this capacity developed in part through her repeated experience of a therapist who reflected on unconscious processes). As Chris developed this capacity, she moved away from harming her body towards beginning to care for her body. Chris began to look after herself more and this was particularly evidenced in her renewed interest in her clothes. She moved away from the shapeless black garments that she used to wear (reminiscent of someone in perpetual mourning) introducing pattern and colour. It seemed as though Chris began to view herself as someone more feminine, with her own desires. For example, towards the end of her therapy, Chris was starting to explore the possibility of having a boyfriend; she had not yet experienced sexual relationships. Chris's interest in the possibility of having a boyfriend also seemed to indicate a move away from being narcissistically preoccupied with herself and towards developing relationships with others.

As I have mentioned, when Chris began her therapy she was very overweight. This did not change over the two years in which Chris was engaged in therapy. I remain curious as to why this might be the case. It is possible that, because Chris's interest in her feminine body had only started to develop, her feminine identity remained an area of difficulty for Chris. It is also possible that, prior to beginning the research project, I was not as fully aware of the significance of the body and this was an area to which more close attention could have been paid.

Patterns, fluctuations and changes in the coding of relationships

Relating to oneself – to the exclusion of others – is of course very different from relating to others in an including way. To study the patterns within this coding accurately, it seemed necessary to differentiate between these two very different forms of relating. For this reason, I subdivided this category into relationships that were excluding in nature and relationships that were including. This is set out in Table 2.

The pattern illustrated in the table is quite striking. Excluding relationships dominated the first term of work. Often there was little mention of anyone other than

Table 2. Relationships.

Sample Session	Excluding	Including
1	5	1
2	7	0
3	6	1
4	7	0
5	2	2
6	1	4
7	3	5
8	5	1
9	4	5
10	4	4
11	2	2
12	2	5

Chris herself in the first term of therapy, giving an impression of self-absorption or narcissism. I was often left to experience intense feelings of exclusion by Chris's incessant talking. There were times when I felt as if my role as therapist was being undermined and I had little to offer my patient.

The following interchange occurred during the initial phase of therapy, following a rare visit to a family friend.

> *"Her son was away," Chris said, "which was OK as I got to have his bedroom – I could do my own thing, play music and have my own space. I went to a good concert ... then it finished ... I don't like that." Chris continued, "I play music all the time. I don't like silences". I was thinking about Chris's need to fill up the gaps, but before I could speak Chris began telling me about her annoying cousin who tried but failed to make contact with her.*
>
> (Session 3)

There had been a gap in the summer between the assessment and this appointment and yet I was struck by the lack of gaps in Chris's speech. She related to me as if there had been no gap in contact and seemed to give a clear picture of how she had managed. I had the impression she had turned further away from me and decided to "do her own thing" without my annoying interference.

As the therapy progressed, the patterns in this category changed markedly. 'Including' relationships with me, as well as with Chris's family and friends, became more dominant. Here is an example from the fifth term of therapy. Chris was talking to me about a friend who was leaving school.

> *She said that she would miss her. I commented that we had been talking about the possibility of keeping people alive in one's mind, even when they leave. Chris nodded; she said she had been thinking of her mum last night and told me a friend's grandmother was dying of cancer. "I do feel sad for her but I didn't stuff my face" Chris commented.*
>
> (Session 7)

Chris was clearly demonstrating her growing capacity to think about people she could no longer see. She will miss her friend. She then went on to talk about her mother, letting me know that she was beginning to develop an internal link with her, through the process of remembering. Chris acknowledged feelings of sadness, which she also seemed to link with her mother. Chris also seemed clear that her developing emotional capacities lessened the need to use her body as a vehicle for projection.

Eventually Chris was able to negotiate the ending of her therapy with both sadness and a sense of gratitude, indicating her greater capacity to face endings and to mourn.

Conclusion

By the age of 11, 3% of children in this country will have been affected by parental death. By the age of 16, this figure rises to over 5% (Elliot and Shepherd, 2006), meaning that a significant minority of adolescents will experience parental death. The current trend for mothers to experience their first pregnancy at a later age suggests that the number of adolescents experiencing parental death may rise further, although as life expectancy continues to rise this correlation is not a straightforward one.

This paper, based on the case material of an adolescent girl who experienced parental bereavement in early adolescence, explores the nature and tasks of adolescence from a psychoanalytic perspective. The tasks of adolescence, for example the negotiation of separation from parental figures, further complicate the process of

parental loss during this developmental phase. Most of the emergent themes (that were traced in the data by analysis, using a type of grounded theory), were found to be central both to the processes of adolescence and to those of mourning. The effect of experiencing parental bereavement, for the adolescent in this study, was that she experienced what I have termed a 'double dose' effect.

I have argued that the repetition of separations within the transference relationship, alongside the on-going presence of the therapist, appeared to facilitate the mourning process. As experiences of merged relationships, exclusion and abandonment were brought unconsciously by the patient into her therapy, an opportunity arose to explore these processes in new ways. It was only then that Chris began consciously to remember and speak about her mother.

Although considerable progress was made, within the clinical context of the study there was recognition that my patient may remain vulnerable. In particular, I would anticipate that in the future, when confronted by further losses (for example other bereavements or ending of university terms), Chris might be especially challenged. Even the threat of loss can reactivate very powerful feelings of abandonment. This was evidenced in the research when Chris's father became temporarily ill. However, after completing a course of psychotherapy, Chris was able to achieve good exam grades and make the successful transition to university. In choosing a university in a different city, Chris was also choosing physically to separate from her father and family home.

During the course of her therapy, Chris was able to rediscover a lively caring internal object. It was clear from her accounts (and especially her later recollections) that Chris had experienced a good connection to her mother in childhood and that her home life had generally been quite stable. I would suggest that this contributed to Chris making such substantial progress within two years of treatment. This might not be the case for those adolescents who had experienced more complex relationships with their mothers in childhood, prior to a maternal death in adolescence.

Although based on a single case study, the results of my research appear to concur with the few case studies already in the field. In reviewing the literature on adolescent bereavement, it was the case studies that had particular resonance with my own work, and offered some of the most illuminating accounts of adolescent bereavement. Of special significance was Laufer's (1966) case study that described the narcissistic identifications of 'Michael', a patient whose mother had died in adolescence. Both Laufer's research and my own were conducted using the clinical setting as a basis and so are reflective of day-to-day psychotherapy practice.

Laufer's work applied psychoanalytic insight to the specific field of adolescent mental health problems and was especially informative to this research. The substantial amount of psychoanalytic writing on the body (e.g. Laufer, Raphael-Leff (1994)) as well as the exploration of my patient's changing relationship with her body, underlined the central psychic importance of the body in adolescence. Bodily preoccupations are also inextricably linked to identity.

In conjunction with my clinical experience, this study has indicated that although a treatment period can be precisely defined this is not true of the mourning process itself. Once set in motion, it is my contention that mourning is a lifelong process. Dates of special significance such as anniversaries (Freud and Breuer, 1893: 216) and Mother's Day (Edelman, 1994) can be especially painful. Life events such as marriage, the birth of a first baby or eventually reaching the age at which a parent died can also reactivate intense feelings of grief and abandonment (Rando, 1993). However, if progress has been made in the work of mourning, they might also serve

as reminders of positive internal connections and reassurance that one's fate can be different from one's mother's.

Acknowledgements

I am indebted to Margaret Rustin for her invaluable insights and supervision from the very inception of this project and to Antje Netzer-Stein for her thoughtful and patient clinical and academic supervision. I would also like to thank my colleagues in the writing workshop for their helpful comments and encouragement.

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