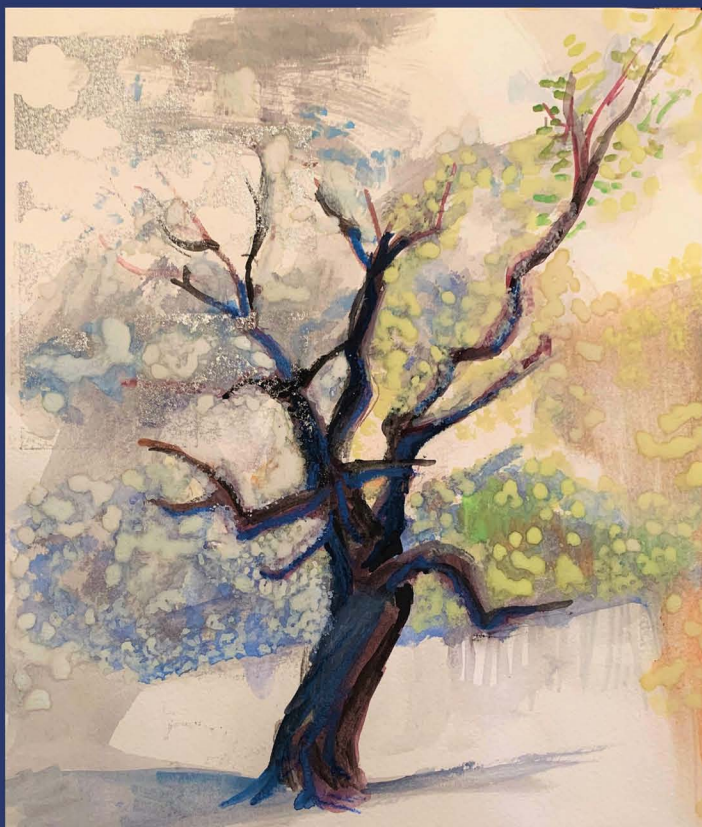


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Loss, Grief and Transformation

The Therapist's Personal Experience in Psychotherapy and Psychoanalysis



Edited by Shoshana Ringel

'Loss, Grief and Transformation is a gripping collection of essays. Ringel has carefully assembled contributors whose personal, vitally alive and clinically attuned work demonstrates the power of deeply intersubjective treatment. These writers, whose backgrounds are international and whose lives have been marked by immigration, exile, loss, and grief join their patients in their pain, sorrow and ultimately transformations of their losses and themselves. Often we learn of parallel, deeply symmetrical experiences that uncannily exist for patient and therapist and how careful self-disclosures have enhanced the work. The impact of COVID and the multiple aspects of loss it has brought about – isolation, long separations and at times death, is an additional thread in many of these chapters adding to the gravity we all have experienced. This is an important book for clinicians to read, savor and learn from.'

—**Jill Salberg, Ph.D.**, *Faculty and Supervisor NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. Editor of Good Enough Endings: Breaks, Interruptions and Terminations from Contemporary Relational Perspectives and of Psychoanalytic Credos: Personal and Professional Journeys of Psychoanalysts*

'This is a timely and deeply moving addition to our psychoanalytic literature. Written by an international group of authors, these thoughtful and emotionally compelling essays are organized around themes of loss and grief. Moving between the personal and the professional, the multiple arenas in which loss appears are unpacked and described. Some chapters are deeply personal, others include an exploration of the collective and the political, including the impact of the pandemic. Together they provide the reader with a timely, thought provoking and enormously satisfying read.'

—**Joyce Slochower, Ph.D.**, ABPP, *Professor Emerita of Psychology at Hunter College & the Graduate Center, CUNY; faculty, NYU Postdoctoral Program, Steven Mitchell Center, National Training Program of NIP, Philadelphia Center for Relational Studies; PINC in San Francisco*

‘This groundbreaking, useful volume speaks to the unspeakable topic of loss and grief, augmenting psychoanalytic thinking by including diverse theoretical and cultural perspectives. In this collection of essays, Ringel has widened the scope of loss to include environmental, societal and interpersonal factors. Most unique is the emphasis on the use of the clinician’s personal experience with loss as a point of connection and as part of the therapeutic action. A variety of skills and tools are described enabling readers to conceptualize coaxing transformation from the darkness of grief. The COVID-19 pandemic is woven throughout giving the book hefty relevance.’

—**Hillary Grill**, LCSW, *Faculty and Supervisor, National Institute for the Psychotherapies, Stephen Mitchell Relational Study Center and Institute for Expressive Analysis; Executive Editor, Psychoanalytic Perspectives*

‘This diverse collection of papers, revolving around a broad conception of loss and grief, vividly illustrates the profound impact of these varied sources of psychic pain in the lives of both therapists and their patients. The clinical narratives in this volume bring sharp focus to the complex intersubjectivity that can emerge when these losses are awakened and interact in the life of the treatment, granting the reader a close perch from which to view the therapeutic processes that unfold and the healing potential within them.’

—**Martin Stephen Frommer**, Ph.D., *Faculty, Stephen Mitchell Relational Study Center, Associate Editor, Psychoanalytic Dialogues*

Loss, Grief and Transformation

This book is a timely and relevant book for psychotherapists and psychoanalysts who process loss both in their own lives and in the lives of their patients, offering perspectives from a range of theoretical backgrounds, clinical vignettes, and personal insights.

This volume addresses the scope of grief and mourning between the therapeutic dyad and carefully examines how the patient and therapist experiences intersect and imbue the analytic space and the therapeutic process. The book examines personal loss of parents and partners as well as loss generated by mass trauma through the lens of the Holocaust, the immigrant experience, the COVID-19 pandemic, and the environment. There are chapters that cover how the lost other continues to live within one's mind and within the analytic relationship, how loss impacts one's internal self system, and how loss associated with traumatic experience with the deceased continues to reverberate.

With a unique focus on the therapist's personal experience of loss, and how it shapes the clinical situation, as well as a broad range of perspectives on managing and working with loss in patients, this is an invaluable book for all practicing psychotherapists and psychoanalysts.

Shoshana Ringel, PhD, is the author of five books on attachment, trauma, and grief and loss and has published over 50 clinical papers. She is on the faculty of ICP&P and the University of Maryland, Baltimore, and is in private practice in Maryland. Dr. Ringel has presented her work in national and international psychoanalytic conferences, including IARPP and IAPSP.

Relational Perspectives Book Series

Adrienne Harris, Steven Kuchuck & Eyal Rozmarin

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The Relational Perspectives Book Series (RPBS) publishes books that grow out of or contribute to the relational tradition in contemporary psychoanalysis. The term *relational psychoanalysis* was first used by Greenberg and Mitchell¹ to bridge the traditions of interpersonal relations (as developed within interpersonal psychoanalysis) and object relations (as developed within contemporary British theory). But under the seminal work of the late Stephen A. Mitchell, the term *relational psychoanalysis* grew and began to accrue to itself many other influences and developments. Various tributaries – interpersonal psychoanalysis, object relations theory, self psychology, empirical infancy research, feminism, queer theory, sociocultural studies, and elements of contemporary Freudian and Kleinian thought – flow into this tradition, which understands relational configurations between self and others, both real and fantasized, as the primary subject of psychoanalytic investigation.

We refer to the relational tradition, rather than to a relational school, to highlight that we are identifying a trend, a tendency within contemporary psychoanalysis, not a more formally organized or coherent school or system of beliefs. Our use of the term *relational* signifies a dimension of theory and practice that has become salient across the wide spectrum of contemporary psychoanalysis. Now under the editorial supervision of Adrienne Harris, Steven Kuchuck, and Eyal Rozmarin, the Relational Perspectives Book Series originated in 1990 under the editorial eye of the

late Stephen A. Mitchell. Mitchell was the most prolific and influential of the originators of the relational tradition. Committed to dialogue among psychoanalysts, he abhorred the authoritarianism that dictated adherence to a rigid set of beliefs or technical restrictions. He championed open discussion, comparative and integrative approaches, and he promoted new voices across the generations. Mitchell was later joined by the late Lewis Aron, also a visionary and influential writer, teacher, and leading thinker in relational psychoanalysis.

Included in the Relational Perspectives Book Series are authors and works that come from within the relational tradition, those that extend and develop that tradition, and works that critique relational approaches or compare and contrast them with alternative points of view. The series includes our most distinguished senior psychoanalysts, along with younger contributors who bring fresh vision. Our aim is to enable a deepening of relational thinking while reaching across disciplinary and social boundaries in order to foster an inclusive and international literature.

A full list of titles in this series is available at www.routledge.com/Relational-Perspectives-Book-Series/book-series/LEARPBS.

Note

- 1 Greenberg, J., & Mitchell, S. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard University Press.



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In memory of my mother, Hannah, who died too young to fulfill her own dreams.

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Introduction

Shoshana Ringel

This volume includes chapters elaborating on the intersection of the patient's and therapist's experiences of loss and grief and its implications for the therapeutic relationship and for the treatment process. Each author has utilized this idea as a point of departure for creative elaboration through fairy tales, visual images, poetry, and other modes of clinical investigation. Although death and loss are inevitable human experiences, the impact of COVID-19 on families and individuals has made this topic deeply personal for many, and as many of the chapters show, both patients and therapists have been directly affected. I believe that this is a time when as clinicians we must engage in the clinical as well as personal inquiry into the meaning of loss in our lives, our internal experience, and our communal relationships. We must recognize that the therapist's own personal experience of loss is deeply embedded in the clinical investigation. The purpose of this volume is to provide a rich intersubjective narrative of how this process takes place between patient and therapist and how the therapist's own personal loss may contribute to the treatment. I believe that in this book, we offer an intimate and multilayered perspective on this dual experience of the treatment process with a range of patients – and from a variety of clinical perspectives. Quite intentionally, this book includes therapists and analysts whose cultural and theoretical backgrounds are diverse.

As expected, the personal nature of this topic, as well as the painful context of the global pandemic, had a significant impact on the process of writing and developing this book. Several potential contributors were unable to continue as planned due to their own health concerns, some found it too personally painful to finish their chapters, and others experienced stressors in their families and communities that interfered with the writing process. I believe, however, that the authenticity, depth, and poignant personal

experiences shared by many of the contributors included in this book will shine through and will communicate to the reader their deep passion and authentic engagement in this project, each in their own unique way.

I would like to briefly introduce the work of John Bowlby, a pioneer in the area of grief and mourning and to follow with my own analysis of over 100 Adult Attachment Interviews (AAI). Bowlby's theory of grief and mourning is based on his initial observations of children who were separated from their parents due to hospitalization, abandonment, or loss during World War II. Bowlby noted that these children's response to separation from their parents, especially their mothers, included three sequential stages: the first consisted of anger, searching, and denial, which Bowlby called protest; the second was sadness and hopelessness, which Bowlby called despair; and the third was gradual renewal and re-engagement, which he called detachment (Bowlby, 1980). Based on these early observations, Bowlby developed his theory of normal vs pathological mourning in adults, who seemed to show patterns of grief response similar to those of children who grieved the separation from their parents. According to Bowlby, there are four stages in a normal grief response: numbing; yearning and searching for the deceased; disorganization and disorientation; and finally integration and reorganization (Bowlby, 1960, 1963, 1980). Bowlby asserted that the bereaved whose grief was unresolved may (1) remain at the stage of yearning for the lost other, which he called a prolonged grief response, (2) may remain in the stage of numbing, when grief is dissociated and the mourning process does not take place, which Bowlby called failed mourning, or (3) remain in the stage of disorganization/disorientation. Bowlby's stage of disorganization/disorientation shows a pattern of grief that seems to be associated with a traumatic grief response, which I found to be quite common in many of the AAI interviews I had analyzed. In these three patterns of prolonged, failed, and disorganized grief response, the mourning process remains unresolved and the mourner does not achieve the stage of reorganization and the ability to integrate their loss into their everyday lives. Attachment researchers continue to investigate how early attachment experiences shape one's experience of loss (Field and Sundin, 2001; Fraeley and Bonanno, 2004), and some findings indicate that the response to loss correlates with early attachment patterns such as those from the early emotional environment of the child (Ainsworth et al., 1978; Ainsworth and Bell, 1970; Field and

Sundin, 2001; Hazan and Shaver, 1992; Shaver and Tancredy, 2001; Wayment and Vierthaler, 2002).

My five-year research project revealed that participants' unresolved/disoriented loss was associated with early attachment disruptions and ongoing conflicts with the lost other. The study highlights the link between adverse childhood experiences of loss and unresolved grief later in life. The childhood experiences appear to have compromised one's resilience and capacity to process and resolve later experiences of separation and loss (Ringel, 2019). Unresolved grief seems to be correlated with traumatic factors in a person's history, such as abusive relationships with caregivers, parental divorce, parental mental illness and PTSD, lack of safety and love during essential developmental periods, and a devastating and traumatic manner of death of a loved one from accidents, suicide, or other unexpected causes. These factors contribute to prolonged and complicated grief as well as to dissociative states and may lead to an ongoing vulnerability during subsequent losses and relational difficulties. As described in several chapters in this volume, clinical studies of mourning and bereavement suggest that finding new meaning following the loss, often through a relationship with a trusted other, greatly contributes to gradual integration and to finding hope and meaning in one's loss of significant others and the relational world in general (Kominsky and Jordan, 2016; Hasson-Ohayon et al., 2017; Malkinson et al., 2006). My research, done with participants from the general population, also suggests that many people continue to suffer in the aftermath of loss and bereavement and that society as a whole may not yet provide a safe and reliable realm in which to grieve, either alone or with others.

The loss as defined throughout this volume is wide-ranging and reaches beyond human mortality. Chapters include the loss inherent in silence and disconnection from self and others and the inability to articulate one's affective experience (O'Toole); loss inherent in the destruction of nature and the environment (Wright); loss of country and cultural identity (Husseini); and the loss inherent in a unique mother/daughter bond (Hershberg). Other chapters address the therapist's reaching out to patients beyond the traditional analytic frame during a time of COVID-19 hopelessness and isolation (Cornell, Ringel); mutual sharing of pain and loss between patient and therapist through poignant visual images and masks (Loumeau-May); and transmuting the patient's suicidal longings, a metaphor for a life of

isolation and lack of meaning, into mutual hope and recognition (Agostini, Shubin).

Contributors and book outline

In recruiting contributors for this volume, I tried to include diverse theoretical and cultural perspectives that would be inclusive and representative of a wide range of authors. The chapters include contributors from different countries and cultures (United States, United Kingdom, Ireland, Canada, Italy, Israel, and Iran). Theoretical perspectives include relational psychoanalysis, self-psychology, art therapy, and body/mind perspectives. The book chapters were organized under the following common themes:

1. In the shadow of suicide and the struggle to exist
2. Loss, legend, and companioning through art and poetry
3. Going beyond the frame: the therapist's humanity during the COVID-19 pandemic
4. Mothers, daughters, and the therapist's subjectivity
5. Reaching out through psychic devastation and the loss of meaning
6. Global perspectives on loss, COVID-19, and the environment

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Part I

In the shadow of suicide and the struggle to exist



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Living to die, dying to live

Another look at suicidality

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“Leave the door open for the unknown, the door into the dark. That’s where the most important things come from.”

Rebecca Solnit (2006)

Early in our work, Jacob gave me two of Rebecca Solnit’s memoirs, *Hope in the Dark* (2016) and *A Field Guide to Getting Lost* (2006). He said both books captured in different ways a portraiture of his life – one that was filled with tragic love, endless uncertainty, intolerable exuberance, and a driving search for transformation. He said her essays inspired him to connect pieces of his story to hers and helped him manage the cauldrons of his despair. Ironically, I have loved and followed Solnit’s work for years and shared Jacob’s enthusiasm for how she has been able to so eloquently narrate the juxtaposition of life’s agonies with its existential counterparts. Her artistic rawness has provided us a shared language from which we’ve been able to speak and mutually unfold the hidden complexities of our minds. (Aron, 1996). Even more, Jacob saw her as an author with whom he could identify and whose intellect was equal to his own. Her writings have given him inspiration for creating his own epitaph – one that he wants stored for future use.

Jacob is preoccupied with suicide. He thinks about it when he wakes up, before he goes to bed, after having sex, or taking a walk in the park. He thinks about it when he’s feeling triumphant and when he’s lost in melancholy. I can’t let go of my worry that one day I’ll show up to our session and he won’t be there. Even during periods of lighter moods I’m aware that his suicidal hauntings shadow our work. His chronic wish to die is both terrifying and absorbing and yet offers him sanctuary from all that he can’t control. His suicidal ruminations are frequent and rambling – despair

(his and mine) headlines many of our sessions. Especially now that he's getting older, suicide feels remarkably pragmatic, and if that were not reason enough to kill himself, the calamities of our current pandemic and national distress make him doubt even more his essentialness to himself and to others. The passage of time and his inevitable mortality feels more like an ill-fated solution to his despair rather than it being an alternative to suicide (Winnicott, 1969). As his sense of potentiality diminishes, I can find his attitudes about suicide hard to argue with. While I don't often identify with the temptation to end his life, I occasionally share Jacob's sense of futility and the quandary he feels between letting go and giving up. I am aware that our intersecting traumas including my own history of loss has made me both a well-intentioned and a well-suited partner to work with. Except when I'm not.

The fears and functions of suicidality

How do we do analytic work with someone who appears to be more interested in dying than living, whose present and future seem to hinge on the possibility of suicide? How do we stay clinically thoughtful in a treatment when, at any moment, there might not be one? What do we do when we are told there is no light at the end of the tunnel and that the option of killing oneself is what enables our patient to go on being? How do we keep our eyes wide open to the pulls of contagion (Goldberg, 1985) and not get contaminated by our patient's defeat? Are there ways to understand suicidality other than through the lens of destruction and despair?

Chronic suicidal thinking and its dialectic tensions can lock an analytic couple into an impossible dynamic, especially if there is something in the analyst's history that makes her particularly susceptible to this type of retraumatization. Dread and fear can colonize (Silverman, 2015) her associative and listening capacities and confine the interpersonal field to long stretches of impasse. Anticipating that a patient might suicide is what analytic nightmares are made of, not because a patient is unlikeable or is hard to engage with but because the power of suicidality can interfere with the analyst's pledge to "do no harm." Hospitalization and medication can mitigate the intensity of patients' impulses but do not necessarily change their thought process. Overwhelming anxiety and the fear of being left by suicide (Allphin, 2018) may cause the analyst to interpret in ways that offer *her* comfort but are dysregulating to the patient. It is not uncommon