

Bereavement, Grief, and Mourning A Gestalt Perspective

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Loss and bereavement are inevitable parts of life. Grief and mourning are the ways we have of expressing and assimilating these experiences. Many aspects of Gestalt therapy are well suited to working through the mourning process. In this paper the tasks of mourning are defined, and the Gestalt approach is compared with traditional bereavement counseling to see where and how they can be integrated and in what ways they may be different. Illustrative examples are drawn from current and past historical periods, cross-cultural customs and rituals, and the author's experience as a social worker working with people with HIV/AIDS, the elderly, hospice patients, and their families.

Real creativeness, in my experience, is inextricably linked with the awareness of mortality. The sharper this awareness, the greater the urge to bring forth something new, to participate in the infinitely continuing creativeness in nature. This is what makes out of sex, love; out of the herd, society; out of corn and fruit, bread and wine; and out of sound, music. This is what makes life livable and—incidentally—therapy possible [Laura Perls, 1992, p. 122].

LOSS IS AN INEVITABLE PART OF LIFE, whether it be the death of a beloved person, estrangement from living family or friends, illness, disability, unemployment, retirement, divorce, adoption, emigration, or any separation from a person, place, thing, or activity to which we have become attached and with which we find an important part of our identity and sense of self. In the author's experience, the Gestalt

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approach has been extremely beneficial in helping people make their way through this painful aspect of the human condition.

In this paper there will first be a review of past Gestalt writings on bereavement, grief, and mourning. Then the terms *bereavement*, *grief*, and *mourning* will be defined as they are generally understood and used in the bereavement literature. The main section of the article will focus on five tasks of mourning and will attempt to integrate Gestalt concepts and practice with current theory on working with bereavement and mourning. In conclusion, discussion will focus on the areas of congruence and possible conflict between Gestalt theory and practice and the general theory and practice of bereavement counseling.

Gestalt Literature on Bereavement, Grief, and Mourning

There is a limited amount of writing focusing directly on bereavement, grief, and mourning in the Gestalt literature. Two books, *The Courage to Grieve* (Tatelbaum, 1980) and *About Mourning: Support and Guidance for the Bereaved* (Weizman and Kamm, 1985), are the most extensive. There are also articles by Clark (1982) and Corbell (1983). Other material is scattered throughout the more general Gestalt writings. The earliest mention is in Perls's "peeling the onion" metaphor, where he connects the implosion layer with death or the fear of death, and expression of grief with the explosion layer (Perls, 1969; McLoed, 1993). Material applicable to working with the bereaved is found in Kepner's *Body Process* (1993), which highlights interruptions to disengaging from contact, and in his *Healing Tasks* (1995), where relevant self-functions and mourning the losses due to being abused as a child are discussed. Melnick and Nevis (1997) describe stages of the demobilization phase, "turning away, assimilation, encountering the void and acknowledgement" p. 103), and Van Dusen (1975) contrasts the "fertile void" with "emptiness." Polster (1995), in *A Population of Selves*, discusses the loss of a sense of self or a part of oneself after a death. Greenberg, Rice and Elliot (1993), in *Facilitating Emotional Change*, explain the use of the empty chair for unfinished business, as well as two-chair experiments for self-interruptive splits and internal dialogues. Woldt and Stein (1997) describe the losses that come with aging and countertransference issues for therapists facing clients' decline and death. Zinker (1994) views support for grief in the form of presence, witnessing, and rituals. Finally, Oaklander (1988) presents methods applicable to children who have experienced a loss (*Windows to Our Children*).

Definitions

General definitions of *bereavement*, *grief*, and *mourning* will be presented here and then related to Gestalt theory in the following section.

Bereavement: The root of the word means “to be robbed.” It is the losing of someone to whom one has been closely attached. The primary awareness is of absence. Both the other and the part of oneself that especially related to that other are experienced as missing. Feelings that arise are loneliness, emptiness, frustration, deprivation, yearning and longing, and often abandonment and rejection.

Grief means “heavy.” It weighs you down. It is the subjective experience of the loss (Lindemann, 1944; Worden, 1982). Gestalt’s holistic perspective helps us see how grief can affect us on all levels of experience. In the *body* it is experienced as tears, crying, tightness in the throat, heaviness in the chest, emptiness or churning in the stomach, fatigue, weakness, restlessness, insomnia, or physical pain. *Emotionally*, grief can bring sadness, anger, fear, anxiety, mood swings, shame or guilt, and often relief. On the *cognitive* level there is first disbelief, an inability to assimilate the reality of the loss. Preoccupation with thoughts about the deceased is common. Mental functioning can be disrupted, a kind of temporary attention deficit disorder, with difficulty concentrating or focusing; being easily distracted, forgetful, or disorganized; having trouble finishing things begun; and hyperactivity. *Socially* there tends to be dissociation, withdrawal, and isolation, in spite of, paradoxically, a great underlying need for companionship and support. *Spiritually* there is a challenge to one’s assumptions about the safety and security, fairness and justice of the universe. On the *religious* level there can be a questioning of the goodness, mercy, power, or existence of God.

Mourning is an Old English word meaning “remembering with care and sorrow.” Grief is the internal subjective side of mourning, but mourning also involves the field around us. At best, it is a public process involving recognition by others of the loss, family and community presence and support, and social, cultural, and religious customs and rituals. All of these can facilitate the bereaved person’s working through the tasks of mourning described below.

Gestalt Therapy and the Tasks of Mourning

First, some central concepts of Gestalt theory will be discussed in terms of their compatibility with bereavement counseling. Then, more specifically, the tasks of mourning, as presented in the general bereavement literature, will be connected with Gestalt therapy theory and practice. Those five tasks, as defined by Worden (1982) and Klass,

Silverman, and Nickman (1996) are: (1) To accept the reality of the loss, (2) To experience the pain of grief, (3) To adjust to the environment in which the deceased is missing, (4) To withdraw (some) emotional energy and reinvest it in another relationship, and (5) To find a place for and maintain a continuing bond with what we lose.¹

Gestalt therapy is in many ways congruent with the counseling needs of the bereaved. The dialogic relationship between client and therapist, with its emphasis on a loving authentic presence and communication that allows expression of each other's personhood (Hycner and Jacobs, 1995), can be very supportive to the bereaved. Weizman and Kamm write "The therapist . . . dealing with (the) bereaved must preserve (her) own human and sensitive reactions . . . must be perceived as a feeling person" (1985, p. 110).

The phenomenological method of bracketing off assumptions, preconceptions, and expectations, focusing on the client's subjective experience with openness to its uniqueness and helping to bring that experience to awareness and expression (Spinelli, 1992), is particularly valuable in the first two tasks of accepting the reality of the loss and experiencing the pain of grief.

The "paradoxical theory of change," stating that "change occurs when one becomes what he is, not when he tries to become what he is not" (Beisser, 1970, p. 77), is extremely suitable for allowing grieving people to stay with their feelings as long as they need to, with the understanding that "awareness of 'what is' leads to spontaneous change" (Yontef, 1993, p. 162).

Relevant to all the the tasks of mourning are the Gestalt processes of organismic self-regulation and creative adjustment. Perls defines organismic self-regulation: "The organism is striving for the maintenance of a balance which is continuously disturbed by its needs, and regained through their gratification or elimination" (Perls, F. 1992, p. xvii). Creative adjustment is "a relationship between person and environment in which the person (1) responsibly contacts, acknowledges and copes with his life space, and, (2) takes responsibility for creating conditions conducive to his own well being" (Yontef, 1993, p. 195). The death of a loved one is a huge disruption of one's personal equilibrium and adjustment in the world. The tasks of mourning (especially the last three) help one find a new balance by creative adjustments in all aspects of one's life.

¹ Questions have been raised as to whether the linear aspect of the tasks of mourning is compatible with Gestalt's focus on the here and now and the paradoxical theory of change. This and other possible differences from Gestalt therapy will be discussed in the conclusion of this article.

The nature of these adjustments is clarified by Kepner's (1995) discussion of the self-functions as the means by which the self organizes and modulates the process of contact. His discussion of "reality-perception functions" is pertinent to accepting the reality of the loss. The "bodily and interpersonal boundary functions" relate to the connection to and separation from the lost other during mourning. The "feeling and experiencing functions" relate to being able to experience the feelings of grief and to determine the pace and intensity of that experience. The "self-support functions," being able to take care of, soothe, and stand up for oneself, are also essential in overcoming a loss, as well as the ability to find and accept external support. The latter is especially important in the early period after a loss.

The withdrawal phase of the Gestalt experience cycle parallels withdrawal from contact with the deceased in the withdrawing emotional energy part of the fourth task. Melnick and Nevis's (1997) discussion of demobilization, in terms of turning away, assimilation, encountering the void, and acknowledgement, and Kepner's (1993) concept of withdrawal, in terms of going inward, assimilating, disengaging the self, reforming the self-boundary, and seeing closure as bringing both relief and loss, are very relevant to working with the bereaved.

Gestalt experiments can also facilitate the mourning process. Two-chair dialogues for internal conflicts and self-evaluative splits and the empty chair for unfinished business can be particularly useful (Greenberg et al., 1993).

The Tasks of Mourning

The tasks of mourning will now be examined to see how they can be integrated with Gestalt theory and practice. Illustrative examples will be drawn from different historical periods and cultures and the author's own experience as a social worker working with the dying and the bereaved.

To Accept the Reality of the Loss

In other cultures and earlier periods of history, death is and was a more familiar and accepted part of life because of shorter lifespans, more infant and maternal mortality, and deaths from infectious diseases, poor sanitation, and less advanced medical care (Gorer, 1967; Aries, 1974; Coffin, 1976; Rosenblatt, Walsh & Jackson, 1976). However, today we have less frequent personal experience with death, especially in American society. When death occurs, it is often hidden in hospitals and nursing homes or only read about or seen in the news. When faced with

death directly, we turn away from it, fearing contamination or not knowing how to relate to it, often avoiding people who are dying or bereaved, as well as resisting expression of our own loss and grief.

According to Bowlby (1980) there is also an instinctive expectation of the return of a loved one from whom one is separated, expressed in separation anxiety and attachment behavior: shock, protest, crying, and searching. Only when the loved one is repeatedly not found do the feelings change to despair and mourning.

For both these reasons the first reaction to the news of a death is usually shock and disbelief: "This can't be true." "It must be a mistake." Some might call this denial or resistance to accepting the truth. However, a Gestalt approach is ideally suited for dealing with this denial, as we support the individual wherever he or she is. We also respect and honor resistance, seeing it as a creative adjustment to the disequilibrium caused by a death, a protection against something that is too painful and devastating to take in all at once, which allows for a gradual assimilation of the fact and significance of the loss. This is what Bowlby (1980) calls "defensive exclusion" (p. 89).

Gestalt's paradoxical theory of change (Beisser, 1970) rests on the heightening of awareness. Only when one is aware of and accepts "what is" can one make necessary changes and go on with one's life. Therefore, to progress through the mourning process, the bereaved person must eventually become aware and accept that the person is gone, is not coming back, and that his or her life will never again be the same.

Moving from disbelief to awareness and acceptance is not easy. There is often cognitive dissonance, an affirmation and denial of the death at the same time (Kauffman, 1993). A woman whose son was killed in a car accident knew he was gone, yet could not say the sentence "Greg is dead," for 10 years. This internal split in her ability to assimilate her loss might be worked with in Gestalt therapy with the two-chair dialogue (Greenberg et al., 1993), with her cognitive self saying, "I know you're dead" and her emotional side saying, "I can't accept that you are dead."

Signs of the difficulty of assimilating the loss vary from the slight (e.g., expecting the person to return home from work and setting two places for dinner) to the extreme of mummification (e.g., retaining a child's room exactly as it was on the day of death for years). Queen Victoria is reported to have had her servants lay out Prince Albert's clothes and shaving gear every day for years after he died.

There are two main ways of assimilating the reality of the loss. Both take time. However, as Melnick and Nevis (1997) point out, our "Western society . . . supports a cultural bias against demobilisation by underestimating the amount of time needed to understand and integrate

experiences" (p. 102). One way is by repetitive reality checks, compatible with the common Gestalt recommendation to "check it out." A widow expects her husband to come home at five and he doesn't. The widower reaches over in bed to put his arm around his loved one, and she isn't there. The second way is by repetitive talking about the deceased's life and death and what is missed about him or her. Gestalt has a bias against "talking about," assuming it is just on the cognitive level. However, this "talking about" parallels Perls's chewing metaphor and is actually most like bovine rumination, where something is chewed and swallowed and then brought up again and chewed and swallowed innumerable times. It is a means of assimilating something new that is very hard to digest, yet people are expected to "get over it" in a short period of time.

The bereaved's field, in terms of social, cultural, and religious customs and rituals, can also be an important force in facilitating assimilation of the reality of the loss. Ritual behaviors can be thought of as a variant of Gestalt experiments, a safe way of trying on and acting out thoughts or actions that are unfamiliar or uncomfortable, that don't quite fit yet.

Funeral and burial customs and rituals are intended to help people accept the reality of the loss. In some cultures the body is kept at home until the burial, so all can see the person is no longer alive. An open casket can provide a similar experience. One family in a hospice program included a 1 1/2-year-old boy whose 7-year-old brother died of a brain tumor. At the funeral his aunt held him up to see his brother's body in the coffin, and he kept touching him, trying to evoke a response, but after a while realized he would not get one and stopped trying. A Jewish custom that emphasizes the reality of the death is having mourners shovel dirt into the grave (Kolatch, 1993). In Japan there are home altars where both a photo and the ashes of the deceased are kept together to remind them of both the person's life and his death (Klass, 1996; Klass et al., 1996).

A factor contributing to difficulty in accepting the reality of a sudden, untimely, or traumatic death is that our previous assumptions and beliefs about life are suddenly shattered (Janoff-Bulman, 1992). Prior to experiencing a trauma, most people assume that the world is a safe place; that children bury their parents, but parents don't bury their children; that God will protect us if we are good; that bad things don't happen to good people (Kushner, 1981); that we can control what happens in our lives; or that things must happen for a reason, not randomly. People search for reasons, either blaming themselves and feeling guilty or blaming someone else. This can be seen as a defense against the feeling of helplessness and loss of control that comes with shat-

tered assumptions. When a bereaved person can allow feelings of helplessness or lack of control into awareness, this can ease feelings of anger or guilt and facilitate acceptance of the reality of the loss.

To Experience the Pain of Grief

Experiencing the pain of grief involves allowing oneself to feel the full range of feelings and thoughts that accompany a loss, including sadness, anger, fear, anxiety, shame, guilt, and even relief. Gestalt's phenomenological method of focusing on the person's subjective experience is well suited to bringing these emotions to awareness and expression. All are equally a part of grief, and contradictory ones can be felt simultaneously.

Gestalt's holistic approach embraces complexity and paradox, accepting the simultaneity of opposing thoughts and emotions. This is compatible with common grief experiences of being sad and angry or relieved, yet yearning for the person at the same time. A religious person can be glad that her child is in heaven, yet still be grief-stricken on earth. As in Spinelli's (1992) equalization rule, there is no hierarchy of feelings. Anger or acceptance can be equally appropriate, depending on the mourner and the situation.

With awareness being a goal of Gestalt therapy, it is helpful for the bereaved to become aware that their symptoms are normal signs of grief, so that they do not think they are physically ill, dying, demented, or crazy.² If the person's focus is on physical symptoms, a meaning can usually be found behind it; for example, a widower's stomach pains were found to mean that he felt empty and wanted to be nourished. If the emotions are not in awareness, attention can be brought to body language that conveys emotions, using description and checking out if the observation is the same as the client's experience; for example, "You sound all choked up; are you holding something back?" Once there is awareness of feelings, connection of the feelings to the loss often occurs spontaneously. A father whose son died of AIDS was angry all the time at work, yelling at his employees. Once he realized he was angry that his son had died and expressed it in his support group, the displaced anger disappeared at work.

Social, cultural, and religious customs and rituals at funerals and memorial services also aid in the evocation and expression of grief. There are special prayers for the dead, such as the Jewish Kaddish or

² An educational handout for clients on "Normal Feelings During Grief" has been prepared by the author. Readers who would like a copy can contact the author and provide their e-mail address or fax number.

the Roman Catholic requiem mass. Music can be evocative of grief, such as taps at a military funeral or the contemporary example of Elton John singing "Candle in the Wind" at Princess Diana's service. The recitation of names that accompanies the displays of the AIDS quilts and the listing of names on the Vietnam Memorial are also powerful in this way.

The Dagara people of West Africa create a sacred ritual grieving space (Somé, 1993). They seat the deceased on a chair with a woman elder on each side. There is continuous drumming, and a large circle is marked on the ground in front of them. Within that circle chaos and turbulence are allowed. Mourners can weep, shout, be angry, run around, roll on the ground, sing, or dance their emotions. However, this expression of emotions is, at the same time, carefully limited and contained. Villagers surround the circle and make sure that mourners do not go beyond that space or harm or kill themselves. This is an interesting parallel to Perls's "safe emergency," the safe environment of the therapy setting, where strong behaviors and emotions are allowed to be tried out and expressed and at the same time are safely contained (Yontef, 1993, p. 56).

The frustration of loss can lead to anger and aggression, which need to be safely expressed and controlled, so that harm does not occur to others or oneself. In many cultures people turn it inward and beat their chests, tear their hair or clothes, cut their skin. Others turn the anger outward, blaming outsiders or spiritual forces, such as the "evil eye" (Rosenblatt et al., 1976). In contemporary America our anger often takes the form of malpractice and civil lawsuits.

Stroebe (1992), after examining cross-cultural examples, challenges the idea that "grief work" (i.e., the expression of grief's emotions) is always necessary for a successful resolution of grief. Tibetan Buddhists (Goss and Klass, 1997) are against overt expression of grief. It is seen as a sign of attachment that will confuse and pain the deceased and retard the soul's progression to rebirth in the next life. Samoans (Ablon, 1971) have no protracted grieving because of values of taking hardship without complaint and a fatalism that accepts death and tragedy as God's will. Stroebe reviews studies that suggest that there are different personality and cultural styles of coping with bereavement and that there is little evidence that attention to or avoidance of grief is inherently superior in reducing the pain of loss. Other studies she quotes suggest that survivors of massive atrocities do better when feelings and memories of the events are sealed off (Klass et al., 1996).

As a final comment on the pain of grief, there is the question of the use of anti-anxiety or anti-depressant medications. This needs to be evaluated individually. Grief is not a pathological state, and medications could interfere with the normal and needed bringing to awareness and expression of emotion. However, if the bereaved are totally

overwhelmed emotionally or not sleeping or functioning, psychotropic medications can be helpful until they become more stable.

To Adjust to the Environment in Which the Deceased Is Missing

Adjusting involves compensating for the relationship, roles, and abilities provided by the deceased and can include anything from cook, housekeeper, caregiver, handyman, gardener, or accountant to confidante, parent, child, lover, or best friend. Gestalt concepts relevant to this task are “creative adjustment” and external and self-support.

Creative adjustment during mourning means adapting to “what is,” changing oneself and reorganizing one’s environment to fit the new reality of the deceased person no longer being physically present in your life. The creativity comes in developing new aspects of oneself, as well as finding new external help to fill in what is missing (Yontef, 1993, p. 195).

External support is most needed immediately after a death. The bereaved feel overwhelmed, disorganized, emotionally drained, tired, and weak and need others to provide both practical help and emotional support. The Jewish tradition of sitting “shiva” fosters this. Mourners must stay at home and not do anything for 7 days while family and friends bring food, provide companionship, and pray with them (Kolatch, 1993). Unfortunately, in this country this type of external support usually does not last long. After the funeral and perhaps a condolence call, most are left alone with their grief. The 3-day bereavement leave is standard in work settings, and then one is expected to go on as if nothing happened. Those who need continuing support generally have to turn to bereavement support groups, therapy, or pastoral counseling.

Self-support occurs on many levels. On the practical level, a widow might need to learn new skills to be able to provide financial support for her family. A widower might need to learn to shop, cook, or do childcare.

On a deeper level the sense of self changes and needs to be redefined in order to provide self-support. Kepner’s (1995) self-functions are useful here. One’s self-boundaries in terms of identity and roles change as one adjusts to the loss of the part of oneself connected to the deceased (e.g., as child, parent, caregiver, lover) and as one incorporates new growth of oneself to fill in the empty spaces of the new reality. One’s physical sense of self is often disrupted by feelings of fragmentation or dissociation from one’s body. Exercises that support and center the body are helpful, as well as maintenance of an awareness of bodily needs, such as food, rest, or being held, and finding ways to satisfy them.

After a loss, one also needs to self-regulate the pace and intensity of one's experience, keeping the grief at a tolerable level with a comfortable rhythm of confrontation and avoidance of the pain, so that one is neither flooded nor numb. This self-regulation also applies to evaluating readiness for making changes, such as moving or starting a new relationship after a loss. Regulation of alternating needs for social contact or withdrawal is also important. While external support is critical for those in mourning, there is a parallel need to withdraw from contact and move inward to rest and recuperate, to reduce the level of arousal, and to digest and assimilate the loss. In Gestalt terms this would be the slowing down and turning inward of the withdrawal phase of the Gestalt experience cycle (Kepner, 1993). A cross-cultural example of this is the Omaha Indian custom of the mourner sitting motionless on the floor, with a blanket over his head, refusing to eat or speak, and deaf to words of comfort (Rosenblatt et al., 1976).

Finding meaning is another means of self-support. Frankl (1968) wrote of an elderly man despairing over the loss of his wife. Only when Frankl asked him how it would have been for his wife if he had died first, does he realize that he saved her from the suffering he was going through. His grief then had meaning and purpose and became bearable. Meaning is also found in the saying "every loss has a gain." When people die after a long and painful illness, the gain might be that their suffering is over. Other meaning can be found in the polarity that "the pain of grief is the other side of love" (Stephen Levine, personal communication, 1990). With that awareness there can be movement from grief to gratitude for having had such a special relationship.

Another form of self-support can come from completing unfinished business with the deceased. Here the Gestalt empty-chair experiment can be used for the expression of anger at a deceased parent for never giving you the love and attention you needed or to ask forgiveness when there is guilt, perhaps for accidentally causing the death of a child.

*To Withdraw (Some) Emotional Energy and
Reinvest It in Another Relationship*

This task, as Worden (1982) describes it, does not include the word *some*. However, in this author's experience, qualifying it by "some" is an important difference. One does need to withdraw emotional energy to the extent that one is not obsessively holding on to a past attachment to the detriment of ongoing relationships, such as when a child dies and the mother is so bound up in her grief that she neglects her spouse and remaining children. One also needs to avoid exclusive loyalty to the lost person and realize that there are others to love and be loved by.

Being able to love again without fearing the pain of another loss is also an important step.

However, as will be described in the final task of mourning, emotional investments are not the equivalent of financial investments where, when one investment is not paying off anymore, we just take the money out and invest in something else. If an attachment has been significant, there is always a connection that we maintain, and that is part of a healthy way of completing the mourning process.

Melnick and Nevis (1997) write of two aspects of this letting go process in Gestalt terms. "Demobilization" involves the subsiding of the energy pulling you toward the lost one, allowing you to think of the deceased without extreme pain and without always crying. There is still sadness, but without the wrenching physical manifestations. "Acknowledgement" is the owning of how the experience has changed you, how you are different, what you have learned, the wisdom you have gained. You may interact with the environment in a fresh and more profound manner and start living out the changes you have had to make in your life. According to Zinker (1994) and Kepner (1993), withdrawal involves disengaging, turning inward, reflecting, summarizing appreciation and regrets, and savoring what you had. Finally, there is the "fertile void," which is not a negative nothingness, but a space cleared for fresh experience, chaotic with possibilities, like the empty space of a vase, waiting to be filled by flowers (Van Dusen, 1975; Woldt and Stein, 1997).

You never totally detach, never finish mourning a significant loss. Grief may become less intense and more intermittent, but there will always be something to trigger it and make the figure of the lost one arise again from the ground where it may have been put to rest for a time. You can lose a newborn child and 10 years later see a 10-year-old and ask yourself what your child would be doing now if he had lived.

Cross-cultural studies show many different tie-breaking customs (Gorer, 1967; Rosenblatt et al., 1976; Bowlby, 1980). In this country we often do it by going through a person's things, deciding what to keep and what to give or throw away. In West Africa (Somé, 1993) they break down the person's room in the hut, or the whole hut, and build a new one soon after death. The Chinese (Braun and Nichols, 1997) rearrange the furniture and redecorate the house, considering it bad luck to leave it intact. There are also symbolic secular rituals, such as watching a candle burn down or releasing a helium balloon up into the sky.

Finding a Place for What We Lose: Continuing Bonds

Sigmund Freud wrote the following passage to a friend whose son had just died:

Although we know that after such a loss the acute stage of mourning will subside, we also know that we shall remain inconsolable and never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish [E. L. Freud, 1961, p. 386].

The predominant 20th century theories of grief do not emphasize this task, but rather define the resolution of grief as occurring when the griever withdraws emotional ties from the deceased. Stroebe challenges this as specific to our time and culture. Early 19th century romanticism valued bonding with the deceased. They spoke of “broken hearts” but not “broken bonds” (Klass et al., 1996). Other cultures also value attachments to the deceased. In Japan, Buddhists have home altars dedicated to their ancestors, where they have a photo of the person, as well as his or her ashes, and offerings of food and incense (Klass, 1996; Klass et al., 1996). An active connection is kept with the deceased. They visit the shrine to talk with them, report the family news, berate them for leaving, and sometimes use them to shame the children when they have misbehaved. The Japanese Obon Festival and the Mexican Day of the Dead (Carmichael, 1991) provide an annual opportunity for reconnection with and recollection of the dead. There is definitely a case for the healthy presence of the deceased in the ongoing lives of the survivors. Detachment from those we have loved is not the only way to resolve a loss.

How do we maintain a continuing bond? Two important ways are by “inner representation” and a “legacy.” We usually have an inner representation of significant people in our lives, living or dead. In Gestalt terms we might think of it as an ever-present “empty chair” with which we can dialogue internally. Interaction may take many forms—reminiscing or dreaming; a sense of the person’s presence or hallucinations of any of the senses, that is, seeing, hearing, smelling, touching them; or internal dialogues with the deceased, in which one might seek his or her guidance in decision making. My mother often thinks of my father, asking herself, “What would he do in this situation?” Keeping the person as a role model is also common, with a conscious incorporation of the characteristics, virtues, and values of the dead into oneself. Remembering the deceased’s love, caring, and interest can provide emotional support. On the negative side, remembrance of a parent’s critical or shaming ways can increase present feelings of shame and low self-worth.

For bereaved children and adolescents it is especially vital to their ongoing development to keep an image of their parent with them as a

protective and nurturing presence (Klass et al., 1996; Worden, 1996). A dying mother placed a kiss in the hand of her young child and told her that whenever she needed a kiss from her mother to just put her hand against her cheek and it would be there. Dying parents can also facilitate this by making a video of themselves, writing letters to be read on each birthday as the child grows up, or writing an ethical will to pass on their values (Reimer and Stampfer, 1991).

After mourners have assimilated a loss as well as they can, the remaining energy can be mobilized and used in a productive way as a "legacy." They may work to prevent similar deaths in others, as did the parents who founded Mothers against Drunk Drivers and Handgun Control, or raise money for AIDS or cancer research. Holocaust survivors speak out against other genocides, such as in Kosovo. The author's interest in working with people with HIV/AIDS came from knowing and losing someone with AIDS. A friend who lost his beloved golden retriever now works for the humane treatment of animals. The bereaved can also carry on their loved one's interests or work. An elderly mother, whose artist son died of AIDS, found herself with all his art supplies and decided to take an art class, which has led to a satisfying feeling of connection with her son by painting.

There can also be linking objects and rituals. The ashes of accomplished Buddhist teachers are mixed with clay and made into devotional images that link the living and the dead (Goss and Klass, 1997). In this country, we might sleep in our loved one's pajamas or wear his or her jewelry. A woman in her nineties has a drink "with" her deceased sister every day at 4 p.m. as they always did when they lived together the last few years of their lives.

Conclusion

It is the author's experience that Gestalt therapy is in most ways quite compatible with the general theory and practice of bereavement counseling. There are three areas in which there is room for discussion of differences. First is the Gestalt bias against "talking about" versus the mourner's need for extensive repetitive talking about the loss. This is really a nonissue as long as there is discrimination between purely cognitive "talking about," used to deflect feelings, and the mourner's "talking about" as a form of chewing, digestion, and assimilation, which rarely fails to bring feelings to awareness and expression.

Second is Stroebe's (1992) concern that personality or cultural factors or degree of trauma might rule against bringing grief and memories to awareness and expression. This might seem contrary to the central Gestalt goal of developing awareness. However, Gestalt therapists honor resistance and different styles of contact. This respect allows the client

to be wherever he or she is for as long as needed and could bridge that gap.

Third, the Gestalt focus on the here and now and the paradoxical theory of change might seem incompatible with bereavement counseling's more linear goal of moving the bereaved person through the tasks of mourning. There is a consensus in bereavement theory that all the tasks of mourning need to be worked through for the bereaved person to be able to go on with his or her life. However, mourners do go back and forth among the tasks, and bereavement literature acknowledges that there are no "set rules or prescriptions for where an individual ought to be in the 'normal' grieving process" (Stroebe, Stroebe, and Hansson, 1993, p. 463). In any case, movement through the mourning process can be accomplished in a Gestalt way by focusing on the client's subjective experience in the here and now and expecting that to spontaneously lead to change.

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