

WHEN PARENTS DIE A CASE OF UNFINISHED BUSINESS

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Introduction

Attachment theory covers the course of life of the individual from the cradle to the grave. Most often part of this trajectory is the sad experience of one's parents dying. However due to many factors, last not least scarcity of resources, attachment research has not yet touched upon the fate of attachment representations in this context. If we consider it a pretty normal experience, most likely we would not think of it as impacting those pretty robust building blocks of psychic life. However study the aftermath of seemingly successful clinical work may shed a light on this topic. I shall report on another study pertaining to a specimen. We called it a specimen case as it was completely tape-recorded and large parts of the materials have been transcribed. Clinical accounts of the case were included in the second volume of our textbook on psychoanalytic therapy (Thomä & Kächele 1992). It has been the object of a multitude of empirical studies that we have recently summarized in a paper which appeared in the International Journal of Psychoanalysis (Kächele et al. 2006); detailed reports of these studies are bound to appear within the next month (Kächele et al. 2008).

I like to familiarize with a patient called Amalia X¹. She was 35 years old at the onset of her psychoanalytic treatment in the early seventies with a highly experienced analyst, Dr Thomä, and was a teacher living on her own. However, she felt obliged to keep a quite close contact to her parents, especially to her mother. She came for treatment because of increasing depressive complaints and corresponding low self-esteem. She suffered from religious scruples with occasional compulsive thoughts and impulses, although she had turned away from the church after a phase of strict religiosity in her twenties. In the order of siblings, Amalia came between two brothers, one two years older and the other four years younger, to whom she felt and still feels inferior. Her father was absent for her entire childhood; initially due to World War II and later for occupational reasons. As a private person he had great difficulties in communicating emotionally. His rigid and compulsive state of mind prevented any intense contact with all his children. Amalia describes her mother differently: she was impulsive, had many cultural interests and suffered from the emotional coolness of her husband. Concerning her early years Amalia describes herself as a sensitive child yet much devoted to childhood games. While the father was away during the five years of wartime, Amalia X took on the role of father and tried to be a replacement to her mother for her missing partner. At the age of three years Amalia contracted a mild form of tuberculosis and was bedridden for six months. Then, because of her mother's more severe case of tuberculosis at the time that Amalia was five years old, she was sent

¹The patient has given her written consent to tape-recording and its later use for empirical studies, which at the time of her treatment, had not been specified. In 2003 when the patient, after more than 25 years, returned for a short clinical intervention she was invited to read through all that had been done with her recordings. We thus followed Stoller's (1988) recommendation to familiarize patients with the materials. Her comment to the exposure: "I am surprised at what you had done with all of this; to me this is the past." She consented to take an AAI, which we shall present later in this volume.

away being the first of the siblings to go and live with her aunt. There she remained for about ten years. The two brothers had to follow her and at the end of the war joined her to live with their grandma and aunt, since their mother was in and out of hospital repeatedly.

She was dominated by the religious strictness and puritanical upbringing to which she was subjected to by her aunt and grandmother. As a schoolchild, Amalia always was one of the best pupils and shared in the interests of the boys in class and at home. During puberty, the relationship to her father deteriorated and she withdrew from him even more. At the time she was in her late teen she had a friendly affectionate relationship with a boy of her age; this was abruptly ended due to strict parental prohibitions. Since puberty Amalia suffered from an idiopathic hirsutism, which is an abnormal growth of hair due to unknown biological causes.

The patient's entire development and social position, especially her early ideas to become a nun, were affected by the stigma of this virile syndrome that could not be corrected and which she tried in vain to come to terms with. Among its effects came a disturbed sense of self-worth, deficient female identification and social insecurity. This made personal relationships difficult and rendered it impossible for Amalia to enter into any close sexual relationships. Her feeling of being stigmatized and her neurotic symptoms, which had already been manifest before puberty, strengthened each other in a vicious circle; neurotic compulsion scruples and multiple symptoms of anxiety neurosis, impeded her personal relationships and most importantly kept her from forming closer heterosexual friendships.

The analyst conceptualized the dynamics in the following way: The hirsutism probably had a double significance to the patient: on the one hand it impeded her feminine identification, which was problematic in any

event because of her constant unconscious desires to be a man. For her, femininity was not positively considered but rather associated with illness; that is her mother's. Moreover, she felt that her brothers received preferential treatment. Her increased hair growth occurred in puberty, a period when sexual identity is labile. The appearance of masculinity provided by her body hair strengthened the developmental revival of oedipal penis envy. Of course, the latter must have already been at the focus of unresolved conflicts, because it would otherwise not have attained this significance. Signs of this can be seen in the patient's relationship to her two brothers, whom she admired and envied, although she often felt discriminated against. All cognitive processes connected with feminine self-representations became a source of conflict for the patient, causing distress and eliciting defense reactions. On the other hand, her hirsutism also acquired somewhat the quality of a presenting symptom, providing her with an excuse for generally avoiding sexually enticing situations. However, she was not consciously aware of this function of her physical disturbance.

Her psychoanalytic treatment, taking the analysts word, was conducted in a "relational style", although the term itself in the seventies had not caught on. However an attachment perspective was then, in the seventies, not on the analyst's mind. The treatment was quite successful with respect to the patient's overcoming her conflicts with sexuality and personal independence; however as I now will describe less so with her attachment conflicts.

The Adult Attachment Interview with Amalia X.

To clarify some current personal problem the now 65 years old lady contacted our department where her former analyst had been the head of the department. Referring her to a colleague in private practice to work through her current problem, she was willing to take part in an investigation with the AAI. We did not have an AAI from the time when her analysis started 30 years ago, nor had we an AAI from the time of termination 25 years ago.

In the counter-transference the interviewer (AB) felt overwhelmed by the speed of Amalia's way to remember many details of her childhood memories. She was clearly dominating and the interviewer had a hard job to structure the AAI. There was no AAI question, where Amalia hesitated or made a pause in order to think about what she wanted to say. Sometimes she gave consistent summaries of her childhood experiences with an amazing metacognitive knowledge, then she skipped into a somewhat "crazy" voice with an exaggerated, partly irrational quality, which was frightening. In the end of the AAI the interviewer could join Amalia's self-description as being a kind of „witch“. She came as a sophisticated old lady, and went away somewhat like a ghost. This counter-transference was influenced strongly by the last part of the interview, where Amalia was talking about the losses of her mother and her father. This part had definitely a spooky quality.

In this interview the descriptions of her parents were quite contradictory. Amazingly she described her mother as "very, very caring", and a "beautiful women", who was much more interesting and attractive for her than her father. She remembers having "adored" and "courted" her mother. As a child Amalia always wanted to *please* her and

she became extremely sensitive what her mother needed (“I was there for her, she could use me”)

Her father was described by her as “weak”, saying “of course I was his darling”; he was “caring”, but “not interesting at all for me”, “he couldn’t be sufficient for us”, and “there was cotton wool between us”. The grandmother was described as “stern” and “strict”, but much more supporting, encouraging and not as intrusive as her mother.

Analyzing the transcript with respect to discourse quality and coherence criteria, there is considerable evidence for a contradictory picture of her childhood experiences, which indicates a preoccupied state of mind. Amalia is oscillating between an extraordinary positive evaluation of her mother’s caring qualities, and at other parts of the interview she is talking about abandonment, cruel separations, and long lasting tormenting fantasies about being in hell as a child. Sometimes Amalia values the integrity of her father (“he always supported me when I had troubles at school”), then she skips into a devaluating, derogating speech (“I didn’t like his lovely care when I was ill, and his way of asking me “How is my little patient today, I hated that”). Amalia seemed to be unable to move beyond a sense of the self as entangled in the early relationship with her mother. She presents a passive speech with run-on-sentences, interruptions, and the inability to complete sentences. In consequence there is a notable lack of a sense of personal identity in the first half of the interview, and an inability to focus fruitfully, objectively during the interview. Sometimes Amalia seems caught up in memories of youth and childhood and unable to move beyond these episodes to an objective overview at the semantic or abstract level. Her overview is characterized by oscillatory tendencies (see above). She sometimes has a hallowed view of her childhood, and negative evaluations may disappear in contradictions. On the other hand she sometimes impresses

the interviewer with transgenerational knowledge, when being asked about the influence of childhood experiences on her personality development or about why she believes that her parents behaved like they did. Though she has obvious capacities, like “mind reading” regarding her mother, the overall evaluation leads to a “preoccupied” state of mind with respect to attachment. In the end of the interview her lifelong struggle for autonomy leads to unusual attempts to become an autonomous adult person, starting an inner dialogue with her dead parents in the present tense.

We cite some typical statement from the transcript the kind of which lead to this “preoccupied” classification:

I: How would you describe the relationship with your mother, when you were a child?

A: I have adored her, this feeling lasted long after her death, I have adored her, I wanted to do all the best for her ... I always tried to find out, what she wants. ... She needed me, she has loved me very very warmly, as a child I always felt everything is ok, what she is doing ... She was there for us in an extraordinary way, she was the untouchable ... I loved to learn at school, and wanted to show her how I learned to write an “A”, and I wanted to be praised by her, ... and she reacted kind of angry and told me that such a daughter doesn’t fit to her, I was hurt by that, and at the same time provoked to try to get some praise from her.

I: you said your mother was extremely caring, could you remember a specific event from your childhood?

A: I can’t describe, nobody will believe me. My mother always asked me (when she was an adult) “May I cook for you”, and when

I had back problems, she took the next train and brought me sacks of potatoes, though we had potatoes, and she said “No”.

I: Are there some memories from earlier stages of your childhood, where your mother was very very caring?

A: Yes for us all. She has collected fir cones for us in the forest.

She had a lady bicycle, and she drove into the forest with my brother and came back with a very big bag, we had two fire places at home, and she collected these fir cones, and now there was the question how to handle it? And I still see her coming with this bag, we were standing at the window, and then she has cooked for her children, such things, she always was full of fantasy, and has cared for us extremely well.

This characteristic passage about the relationship with her mother shows her ambivalence. On the one hand Amalia gives examples where her mother was caring, though with a functional quality (cooking, potatoes, collecting of fir cones) and intrusive elements; on the other hand, she had to struggle as a child to be recognized and accepted by her. Amalia's speech is exaggerated (“very, very”) and does not seem objective. She is not really able to integrate positive and negative feelings in a convincing manner, due to the defensive cognitive disconnection, i.e., the splitting of good and bad. There are positive wrap-ups, and subtle negativity at the same time without direct expressions of anger.

According to Main & Goldwyn's (1996) criteria, an individual should be classified as “unresolved”, when during discussions of loss (or abuse), he or she shows striking lapses in the monitoring of reasoning or discourse:

The category “Unresolved” in the AAI is given when the following coding criteria are fulfilled:

Loss:

- *Indication of disbelief that the person is dead*
- Indication of confusion between self and dead person
- Disorientation with respect to time and space
- *psychologically confused statements*
- extreme behavioral reaction to a loss

Amalia shows two parts of these aspects in the AAI, which are an indicator of her unresolved state of mind: She shows many indications of disbelief that her parents are dead, and at the same time there are psychologically confused statements in the discourse spoken with a spooky voice. The crucial passages are underlined.

A: "hm, very strange was, my father was dying in 1996, and then he was flying with me one night long to his Italian favorite places, and I had a terrible night full of guilt feelings. And then he was away. Then my mother was living a while and was not talking about him at all. And I tried to pamper her a bit and go on journey with her, and so. And when she was dead, I suffered a lot, and I had to sell the house, everything was very bad.

I: *How old were you?*

A: I was in the end of my fifties, and she was dying before I became 60 years old. In any case she died in 1998 in spring time, and I was fighting with her and had struggles with her over nearly 4 years, that was so cruel, and when I was beginning to fight with her, then he came wonderfully and he protected me and gave me advice, that was like a dialogue and I have seen him, now he is

away again. And then I said this year to my mother: Now I am fed up, finally, it has to have an end with this competition.

I: And you have talked with her internally?

A: ... since this year I am able to be myself and since that time there is peace ... I have fought with my mother when I was an adult, but I never believed that it will be as cruel after her death. ... I am talking with my parents wherever I am, and graves don't mean anything to me. ... Now I am peaceful. And sometimes she smiles at me, and after her death she suddenly told me: "Let me alone" and she was driving fast somewhere in the sky; my father was traveling with me one night long, but at the same time these guilt feelings, but it was just one night long. And then, she was living, and the father was away. And this came after her death. That was And now in 2002 she begins to talk with me in a friendly manner, and now I don't need it so much any more.

Evidence for the continuing unresolved/disorganized responses to loss are characterized by lapses of monitoring of reasoning, and discourse or reports of extreme behavioral reactions. Main and Hesse (1990) linked lapses in *monitoring* - and this is what Amalia has shown in the passages about loss – to the possible intrusion of dissociated or partially dissociated ideation. George & West (2001) state, that across methodological contexts, unresolved attachment has been linked to the expression of not integrated attachment trauma that is ascribed to the underlying dynamic of segregated systems (George & Solomon, 1999) or multiple models of attachment (Main, 1991; Liotti, 1999). Unresolved attachment has been consistently associated with the sudden, “unmetabolized” emergence of disorganized thought. In the AAI, individuals must demonstrate a moderate to high degree of unresolved

thinking in order to be judged unresolved; minor lapses in monitoring traumatic material do not automatically yield an unresolved designation.

Amalia describes herself as a witch, and that she had spiritual qualities since she was a child. The expression of religious beliefs in the context of loss experiences deserves special consideration. If it is presumed that the dead person is in heaven or will be met again in another life with the convincing knowledge that the person is truly dead now, this is coded as a metaphysical consideration, which is not unresolved. In Amalia's case there are no indications for the interviewer that she shows metacognitive monitoring (Main, 1991) to perceive how strange it must be for the interviewer to listen to such psychological confusing phrases without any objectivity. This kind of long and repetitive passages of "making the dead parents alive" are quite rare.

In the clinical context we would have to discuss what this could mean for this special person:

What Amalia probably wanted to say was that all the fights with her dead mother in the present time lead to a new autonomy and inner peace. Clinically we might conclude that she found her way as an older, sophisticated lady, who at least has achieved an internal independence from a dominant, intrusive mother. But the way she describes this struggle is strange; it has a somewhat psychotic or dissociative quality, and induced in the interviewer a mixed feeling of being amused and frightened at the same time. We can raise the question: How can we understand this disorganized discourse with respect to a clinician's impression of Amalia's mental development up to now?

Although unconscious and deactivated, Bowlby emphasized that segregated systems (threatening experiences like losses) are, in and of themselves, organized representational systems that can, when activated, frame and execute plans. *Upon activation*, however, behavior,

feeling and thought are likely to appear *chaotic and disorganized*. This is what probably happened with Amalia: Unconsciously she has found a way to master the traumatic experience of having lost her parents without having resolved her painful feelings of abandonment, and intrusive interactions with them when they were alive. From an attachment point of view we should examine when and how this “dissociative mastering” becomes maladaptive.

- Bowlby J (1980) Attachment and loss: Vol.3: Loss, sadness and depression. Basic Books, New York
- George, C., & West, M. (2001). The development and preliminary validation of a new measure of Adult Attachment: The Adult Attachment Projective. *Attachment and Human Development*, 3, 30-61.
- Kächele H, Albani C, Buchheim A, Hölzer M, Hohage R, Jiménez JP, Leuzinger-Bohleber M, Mergenthaler E, Neudert-Dreyer L, Pokorny D & Thomä H (2006) The German Specimen Case Amalia X: Empirical Studies. *Int J Psychoanalysis* 87: 809-826
- Kächele H, Schachter J, Thomä H (2008) From Psychoanalytic Narrative to Empirical Single Case Research. Implications for Psychoanalytic Practice. The Analytic Press, New York
- Liotti, G. (1999). Understanding the dissociative process: The contribution of attachment theory. *Psychoanalytic Inquiry*, 19, 757-83.
- Main, M. (1991). Metacognitive knowledge, metacognitive monitoring, and singular (coherent) vs. multiple models (incoherent) of attachment. In Parkes, C. M., Stevenson-Hinde, J., & Marris, P. (Eds), *Attachment across life cycle*. London, New York: Tavistock, pp. 127-59.
- Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: is frightened and/or frightening parental behavior the linking mechanism? In Greenberg, M. T., Cicchetti, D., & Cummings, E. M. (Eds), *Attachment in the preschool years*. Chicago: The University of Chicago Press, pp. 161-84.
- Solomon J, George C (1999) Attachment disorganization. Guilford, New York

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