

Working Through Loss: The Crux of Psychotherapy

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Emotionally pained individuals can be approached from many, many different angles, some of them eloquently simple. Recently I was struck by the absolute centrality of loss in the struggles of all the patients in my practice. Randomly choosing four patients I see one of the mornings of my week, I find this among them: My first patient seeks to recover after his romantic partner suddenly left him; my second deals with the experience of nearly dying six months ago from a rare, paralyzing neurological condition; my third, a couple, fear that conflicts between their blended children will destroy their marriage; and my fourth, a professor, seeks my help for severe post-traumatic symptoms after being assaulted by a student. These patients have all lost something: respectively, love, health, marital stability, and safety.

Viewing patients in this way allows us to see them as real human persons. Patients are no longer either anxious or depressed. They are no longer neurotic, borderline, or psychotic. They are human beings struggling with losses, not just walking poster-boards for the DSM-IV-TR.

Of course this line of reasoning does not simplify our work, but it does allow a unifying way to think about patients in psychotherapy. The brain/mind functions as a sort of processing system, allowing us to cope with any number of changes, exigencies and endings. Individuals typically seek help because their capacity for motion has become paralyzed as a result of loss.

Jacques Lacan once said that we are in love with our symptoms, implying just such a paralytic process. Loss seems to create symptoms we love the most. Consider the infinite lyric permutations of *Oh, baby baby, I miss you so*. Loss follows the contour of life itself, from the lost paradise of the womb to the final loss of our existence. Perhaps this is what makes our relationship to loss so primal, falling somewhere between a romance and a phobia.

Some patients avoid facing loss altogether by holding on to their pain. The pain becomes a substitute for the lost object, be it a person, an experience, or a bodily function. They obsess over whatever they have lost, and this becomes the focus of their experience.

A number of other patients simply cannot mourn. It's too painful for them. They unconsciously prefer to believe, omnipotently, that the mourning process can be avoided. They seek refuge in what Klein called the manic triad: triumph, contempt and control. Losing is beneath them, mourning is a weakness of some sort, the forces of life and loss can be resisted.

Others prefer to remain in a state of denial, thinking they can keep moving forward without integrating their losses. They progress through life with holes in their history, all in an effort to avoid facing whatever is now absent. One patient of mine was stricken with anxiety when the woman he'd been with romantically for two years left him to marry another man, even though my patient had refused to marry her. He still knows in his heart that marrying her was and is out of the question.

But now he can only focus on their times of closeness, her abandonment having become a screen for the death of his mother when he was two. Remarkably, he does not deny his denial, readily affirming the immaturity, financial chaos, extreme family dysfunction and substance abuse the woman dragged into the relationship, making a marital commitment to her impossible. This vaguely psychotic dissociation allows him to indulge fantasy sentiments and avoid the finality of loss.

Interestingly, we psychotherapists must ourselves confront loss, mourning the absence of a neat system for characterizing the complexity of the human psyche. We don't have the certitude of our scientific colleagues, who always have one or more constant variable on which to build a system that offers specificity and predictability. We will never have such constancy, except perhaps that life constantly brings changes, separations, and losses.

Virtually all of the psychodynamic models offer vehicles for such a process. In the early Freudian days, abreaction released the emotions associated with loss. In the more modern, relational models, loss is dealt with by careful explication and exploration in the context of an intimate psychotherapeutic encounter between two subjectivities.

We must continually hone our skills in assisting persons to mourn. Mature character is built through such a process of letting go of losses, integrating absences into the personality, and then moving forward more prepared for the next loss or change – a fundamental dynamic of the human condition.