RESOLUTION OF COMPLICATED MOURNINGS FROM A SYSTEMIC POINT OF VIEW

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SUMMARY

It is known that the normal work of resolution of a mourning can be complicated and/or stopped by various circumstances, causing a perceptible effect/defect on the vital path of the person who suffers it. This contribution centres on how to achieve a practical psychotherapeutic approach that allows the suffering person to overcome this obstacle and to begin again his/her personal development, temporarily interrupted. For this purpose we will clarify the concept of mourning and other related terms and we will show the basic technical resources used from a systemic and integral perspective in achieving this objective.

INTRODUCTION

Death only arrives once, but it makes itself felt in all moments of life.
Jean de LA BRUYÉRE

Manuela met her husband when they were both adolescents, they marry at the age of 22 and live together as man and wife for more than forty years. Her habit of being punctual makes her leave the house without waiting for him, critizising his lateness and telling him to hurry up. The next time she sees him is in the morgue because he has been run over while crossing the street without looking.

Pedro knows his wife since she was a girl and they have been married for nearly thirty years despite the serious health disorders she has. Both are of a happy and extroverted character. One morning while he leaves the house she critizises him jokingly from the bed: *You leave me like this...* Those were her last words, as in the hospital they did not give him the opportunity to speak to her.

After twenty years in which one of their children suffers from a schizophrenic disorder, life complicates itself for Isabel and Alfonso when the successful daughter who was going to substitute her father in the firm in his nearby retirement gets depressed and ends up committing suicide at home on Christmas Day.

Francisco and Carmen present mental health problems that prevent them from enjoying fully their two adolescent children. She has tried unsuccessfully to take away her life on different occasions. Unexpectedly, one afternoon when arriving home they find that one of their children without a previous warning has killed himself.

If we were the protagonists of these tragic stories there is no doubt that we would recognise that we need help, but being only witnesses... What can we say to Manuela, Pedro, Isabel, Alfonso, Francisco, Carmen, or any other person who goes through such an experience? How do we face someone who has lost his/her partner, a parent, a brother or sister, or another relative in such dramatic circumstances? How do

we speak to the students of a class who know that one of their classmates is not at his/her desk because yesterday afternoon instead of doing his/her homework or going out with them to have fun he/she decided to hang him/herself in his/her living room?

Our most sensitive part presents exactly the same feelings that they suffer: stupefaction, incredulity, rage, pain, a desire to scream "Why?" But with such an understandable and useless baggage we feel impotent to help them. Is there the possibility to offer something more than humanitarian support, words of compassion, or taps on the back? Is it possible to avoid that this situation prolongs itself more than the strictly necessary?

For a person who already presents a dislocated shoulder it would seem a cruelty that someone should move his/her arm, but this is what an experienced professional has to do if he/she wants to shorten the pain and save him/her from future complications. If we want to help a person to overcome such difficult moments we have to possess the clarity of ideas of a surgeon who with the scalpel in his/her hand is about to begin a surgical operation.

We understand that the work of mourning is something inherent to any type of loss, although it does not always require a therapeutic action, and the majority are solved spontaneously. This study centres exclusively in the mournings derived from the death of a loved one. It is interesting to know what things can be done and even more important those that we should never do. For this we need to clarify some concepts that often are not sufficiently differentiated in medical literature and to know some elements responsible of the useless perpetuation of pain. Finally we will outline the basic guidelines of our psycho-therapeutic approach when working with persons that are immersed in these tragic circumstances.

EXPLANATORY WORDS

Here lies all the error: in the words. Each of us has inside himself a world of objects, his world. But how will we be able to understand each other if in the words I pronounce I enclose the meaning and the value of the things as they are inside me, whilst who listens to them inevitably assumes them with the meaning and the value they have for him, that they have in his world? We think we understand each other; we never understand each other.

Luigi Pirandello

It is nearly a century ago that the innovative Sicilian writer warned us of the difficulties of communication. Can we help someone with words when we are not sure of sharing their meaning? In the matter we have in hands the confusion means that faced with the death of a person we talk of stress, trauma, affliction, grief, normal or pathological mourning, a mourning that is not solved or is complicated, altered, acute, anticipated, deferred, exaggerated, inhibited, masked, frozen, chronic, absent... Although it is with the briefness imposed on us by the objective of this work we must previously untangle this imposing Babel of terms.

Following *Benyakar*[3] we understand as **stress** the defensive reaction of our organism faced with the detection of a menace, while **trauma** would be the posterior psychological reaction to the lack of detection of said menace. Thus the illness of a relative can produce us a sustained stress while we wait for the fatal event, and a sudden death by accident, without previous suffering, is likely to be lived in a traumatic way. In the matter of death stress usually refers to the *previous* or immediately near wait for it,

whilst trauma is always *posterior* and with a greater risk of generating sequels. *Crocq*[9] also reminds us that the first concept belongs to the biophysiological field, it is a reaction that escapes the will of the subject, while the second belongs more to the psychological field, it is an experience that presents an evident difficulty to be able to be assimilated.

English speaking authors distinguish between the concepts of mourning, grief, and bereavement, all of them translated on some occasion as mourning. In the 1960's *Bowlby* pointed out that the first concept referred to all the psychological process produced after the loss, and the second concept referred to the subjective manifestations of sadness and pain that accompanied it. In the same decade *Averill* considered that mourning involved the habitual conduct conditioned by social factors and rites, while grief involved the reactions of biological etiology. More recently *Weisman*[29] points out that the first one is more acute and with vegetative signs, while the second is more chronic and intense. However, for authors like *Carr*[8] grief has to do with the subjective affections produced by death, and mourning is the process of resolution of it. Maybe because of this lack of agreement, in other languages like Spanish this nuance is lost and both concepts (together with **acute mourning**) are applied as synonyms of the most immediate commotion inherent to the feeling of loss that is characterised by feelings of sadness, uneasiness, anxiety... But what then do we understand by mourning itself?

We all know the suffering experimented after the frustration for not achieving a desired goal, the internal breaking when a sentimental relation finishes, or the pain for the disappearance of a loved one. The feelings of incredulity, stupefaction, sadness, grief, disconsolation, impotence, futility, internal emptiness, anxiety, desperation, indignation, emotional breaking... occur and invade us making it impossible to believe that we once were or that we will ever be happy again. It is an emotional kaleidoscope that distorts our being and only with the passing of time, when the suffering and pain become tolerable, is it possible to overcome them. We know that a period is necessary to put in order our affective life, to accept the reality of what has happened, and to keep advancing with new illusion after having accepted the blow we have received. *This stage that is posterior to the loss, and the personal reorganisation that it implies* is what is known as **mourning**.

Authors who have faced this problem in different epochs have defined the concept from diverse orientations (**table I**). We would like to name those of professor *Marc Burgeois*[7] and the philosopher *Thomas Attig*[30] that underline the positive aspects obtained when resolving this crisis, the increase of creativity and of personal growth. In fact, some masterpieces of universal art are the result of this overcoming such as the coral *What God does is well done* of the famous Hungarian pianist *Franz Liszt* written after the death of his daughter in 1862, the mausoleum *Taj Mahal* that the Indian emperor *Shah Hahan* (XVII century) ordered to be built in memory of his favourite wife, or *Las coplas a la muerte de su padre* of the heroic Castilian poet *Jorge Manrique*, that although they were written in the XV century continue to transmit hope that after the pain we achieve "the full consolation of his memory".

But if the normal mourning is something habitual and even healthy, that enhances growth, why then should it be treated? The truth is that this event is what is expected and desired for any situation of loss, however it not always is so. The goal of unifying the distinctive features of the so called **complicated, altered,** or **pathological mourning** is still to be achieved.

Authors such as *Lindemann, Bowlby, Parkes, Faschingbauer, Zisook...* have underlined the *quantitative* differences of these mournings with respect to the normal ones, either by more intensity of the symptoms (**exaggerated mournings**) or by their

excessive duration (**chronic mournings**). They consider that the resolution of the work of mourning is in function of time.

The habitual necessary time to end it is about a year, although we admit that some symptoms can last longer. The time varies from the six months of *Prigerson*[24] till the two years of *Carr*[8] or even the three years of *Rando*[26]. If we accept the chronological factor as determining, the mourning of a person during this period (less than two years) could only be classified as **not solved**.

On the contrary, for researchers such as *Freud, Grinberg, Prigerson, Jacobs, Marwit, Horowitz...* the differences are *qualitative* and coincide in the need of establishing a diagnostic category with its own characteristics: special types of guilt, differentiated depressive symptoms, particular cognitive facing of the loss...

In the mournings included in the complicated are the so called **deferred** or also **delayed**, **inhibited**, **suppressed**, or **postponed** ones. They are detected when after a first loss there is a light emotional reaction, but when suffering a posterior breaking a second mourning of immoderate intensity appears. By **masked** or **repressed** mourning we understand the situation in which the person does not allow him/herself to present affective symptoms but behaviour disorders or physical symptoms, even similar to those suffered by the deceased.

Finally there is a category of increasing importance and to which we must pay the attention it deserves: the **frozen** or **not terminated** mournings. The soldiers who never came back from the battlefield, the sailors who still rest at sea, the disappeared in accidents, political purges, terrorist attacks like the sadly remembered 11th September... All of them present the added difficulty that the dead person is still present. *Pauline Boss*[5] has worked admirably with these aspects applying the concept of *ambiguous loss* to such everyday situations as emigration or progressive diseases such as Alzheimer. In relation with these appear in the literature the **anticipated** mournings of *Lindemann*, also called **pre-mortem**, meaning that they are done while the person (normally chronically ill) is still alive, and when the moment of the decease arrives they manifest as the known **absent**[11] mournings.

We then see that if the most common is that the mournings are solved in a satisfactory way, there exist possibilities that this process is altered. The British psychiatrist *Colin Parkes*[20] carried out in the 1960s an excellent approach to the agents that intervene in the complication of the mourning, dividing them in preceding, concurrent, and consequent to the decease. Each researcher underlines the aspects he/she considers more determining, to name some: *Gamo Medina*[13] insists on the unexpectedness of the loss, the accumulation of several of them at the same time, and the degree of living together with the deceased; *Prigerson*[24] underlines the simultaneous presence of a disease; *Villanueva Suárez*[28] underlines the importance of the previous history of the parents to face the death of a child; *Pazos Pezzi*[21] exploring in literary sources points out the importance of the type of bond; *Pérez Sales*[23] centres on the role of culture for the social construction of the mourning; *Weisman*[29] speaks of *the untimely deaths* lived as something absurd or unjust in an unexpected moment of the life cycle...

The difficulty of embracing all the factors susceptible of intervening in the complication of the mourning is evident, but with a didactical intention they are summarised in the following table (see **table II**).

THERAPEUTIC INTERVENTIONS

Primum non nocere
Hippocrates

In our work as therapists we have to meet people who not only have suffered the above but who remain blocked on discouragement feeling incapable of continuing their personal development with normality. We are going to refer to them and to how we can intervene therapeutically in unresolved or already complicated mournings so that they can overcome such unhappy and unfortunate situations. To achieve this goal we need to know what can be done to alleviate as well as, following the old aphorism attributed to the doctor *Hippocrates*, to avoid creating more pain than is strictly necessary.

The social rites that up till recently formed a part of our culture fulfilled an invaluable work in this sense. The funeral wake, the burial, the funeral, the mourning... allowed the suffering persons and relatives to know exactly what they had to do in moments in which nobody keeps intact their clarity of thought. Life in modern cities has favoured that the deaths occur in an environment as inhospitable as are hospitals, using this word play, which together with the attitudes and behaviours of some hospital staff has favoured an unhumanised environment incapable of alleviating the anxiety inherent to such a crucial moment.

Furthermore, if we want to penetrate the intimacy of the person and to contact with his/her suffering the ritual formulas are insufficient. The well known words of condolence are pertinent in the context of the social rite of which they form part, but they are inadequate for a more personal relation. The empty expressions of mere courtesy such as “You know where you can find me”, “What can we do?”, “I know what you are going through”... only manifest our wish to be correct and to keep the distances without wanting a real implication in the other’s pain. The banal and untimely phrases or a feeble optimism also do not help at all: “It is the best that could have happened”, “Now he is happy!”, “Life goes on”, “God wanted it that way”, “The worst is over”...Our attitudes of evasion towards everything relating to the deceased or the passivity with the suffering person prevent the unloading of feelings and are never advisable. Finally, still worse is the excess of well intentioned but fatal intervention: “How well you are dealing with it”, “What you have to do is...”, “Compared with what you went through with... (another loss)”, “This is more bearable than what happened to... (another person)”... This type of attitudes contributes to increase the confusion, if it is possible, of someone whose world has just crumbled down. But then, which could be the really useful approach?

From the professional field it is impossible to summarise so many and so valuable contributions to the therapeutic work of mourning, given the wideness it has been studied with. To name some of the most representative in the **psychoanalytic** point of view *Freud*, following *Abraham*, speaks of separating the libido from the lost object and performing the so called countercatechisation. *Klein, Pollock, Lagache, Winnicott...* point out the importance of the work of adaptation to the new reality. *Bowlby* insisted in the incapacity to establish new relations after a traumatic loss. The excellent work of *León Grinberg*[15] on the different types of guilt, the loss of a part of the self with every death, the recovery of the feeling of identity... possesses full force today.

The **brief psychotherapies** derived from Psychoanalysis, as that of *Sifneos*, accept working with the focus centred on the losses and separations, and also recognise, for example that of *Bellak*, the importance of accepting the mourning as a gradual process allowing the persons to decide how much reality they can accept in each moment. The **cognitive** vision, be it the emotional rational therapy of *Ellis* or the

cognitive of *Beck*, underlines the importance of identifying the erroneous ideas and of comparing them with reality, thus achieving a better management of emotions, which is fundamental in these circumstances. From the **Guestalt**, *Perls* with his *here and now* evidenced that the past is only past and never should be used to justify the way in which we behave in the present. The method of talking to the empty chair of the absent and expressing him/her the hidden feelings allows to mobilise the resources and capacities of the suffering person and to continue his/her vital development in new directions yet unexplored.

In the **systemic** orientation we remember how *Bowen*[6] points out that faced with any significant loss the family equilibrium is altered appearing *an emotional shock-wave*, a manifestation of the interrelation between the roles and dependencies of the family system.

Boszormenyi-Nagi establishes the metaphor of the family accounting book, which applied to the relation with the deceased explains how it cannot be closed satisfactorily if the balance between the debit and credit is not balanced.

The intervention techniques when working with families during the mourning are very varied: changes in the limits or hierarchy of the family structure that allow a new adjustment, the use of paradoxes or innovations in the rules that prevent the self-perpetuation of the mourning, rituals to break this vicious circle, the use of narratives or the creation of a new past to offer a new perspective of the present experience...

This enormous variety of resources as for technique is accompanied by a tacit recognition: the importance that the figure of the therapist has for the satisfactory ending of the process. The experience of being declared past recovery because of a poliomyelitis as occurred in the childhood of *Milton Erickson*, the ease of communication of intimate experiences of *Carl Whitaker*, the capacity of using one's own story of personal mourning of *Luigi Boscolo*, the recognition of singularities and *resonances* by *Mony Elkaim*... are an example that the life experiences of the therapists are transcendental if we wish to give help.

OUR CONTRIBUTION

Who has a why to live will nearly always find a how.
Friedrich Nietzsche

So much and so well has been said! Which then can be our contribution? If you will permit us, we will answer with the question that one of us, as a child, had in mind: "If there are only seven musical notes how is it possible to continue creating new melodies?"

In another place we have studied the role that some types of mournings have for the personal development and the evolution of a family. We said that the general mourning of adolescence and the satellite mournings that accompany it are translated into a series of short term losses for the family system (including the adolescent) while the resulting earnings only begin to be enjoyed at the middle term and most of all at the long term. The final success[10] will depend on the capacity to tolerate this tension on behalf of the system and its components, especially the adolescent.

On this occasion we want to centre on the mourning *par excellence*, the one that is produced when death arrives in a family. The same as then, we take hold of the dictionary of the Royal Academy of the Spanish Language[27] and when reviewing the

several meanings of the word mourning (*duelo* in Spanish) we find that they come from two different etymological sources. The first (*duelo* derived from the Latin term **dolos**, for pain *–dolor* in Spanish-) can be understood as pain, pity, affliction, fatigue, work, or the *demonstrations we make to manifest the feeling we have for the death of someone*; and the second (*duelo* derived from the Latin term **duellum**, war, combat) with the meaning of *a combat or fight between two as a consequence of a challenge or defiance.*

We start off from a **systemic and integral perspective** wishing to signify in this way that we use resources of the different orientations of family therapy and that it is completed by recovering the intrapsychic vision of the individual. In the words of one of us, we intend that the nature of things does not prevent the development of the things of nature[19].

To explain this approach we can use a historical example. The initiator of the so called English empiricism, *John Locke*, declared that *Nihil est in intelectu quod non fuerit in sensu*; and it was the rationalist *Godofredo G. Leibniz*, inventor of the infinitesimal calculus, who knew how to give him the appropriate answer*: ...excipe: nisi ipse intellectus*.

In the matter we are occupied with it is clear that systems influence decisively the life of the subject and that nobody can escape them. But let us not forget that it is the individual who participates in these games, understood in the sense of the group of Milan, who decides or not to change its rules, and who finally forming a part of them makes possible their existence. The dialectic individual-system will always be present and needs to be constantly attended to in its whole.

We find that the **nature of the problem** we are faced with is based on that the system has still not found a new level of functioning and tends to the fact that the absent remains present. Furthermore, part of the identity of the suffering person(s) is based on the reciprocal roles and dependencies of the relation that is now broken. The desire to recreate his/her identity is slowed down by the ambivalence of feelings and the guilt of leaving behind someone to whom we owe loyalty. A situation is generated of emotional deadlock with an enormous waste for those who suffer it.

Our **objective** is to free the subject from the blockage in which he/she is immersed, favouring an adjustment of the system based on his/her new identity and, like in any other psychotherapy, to transmit a vision of hope that facilitates him/her to continue with his/her personal path. It is worthwhile to reflect on the phrase of the immortal German philosopher quoted at the beginning of this section and that *Viktor Frankl*, the creator of the logotherapy, so much liked to repeat.

As for the **technical resources** we can indistinctly use family therapy (understood as a summons for all the family group), couple, group, or individual therapy, always depending on the needs of the suffering person(s). We totally agree with *Weakland* when he says that we can do *family therapy without the family* and with *Madanes*, who warns that family therapy does not necessarily imply that all the members attend the sessions, but that it is a sign that we are using a systemic vision in the development of the process of the therapy.

As for the type of approach to the problem we would say that the predominant one is the **strategic approach** (in the sense of the abovementioned author[16]) with a double viewpoint: the attention to the problem of *dolos* but without forgetting to solve the conflict of *duellum*.

We consider an adequate union with the system a *sine qua non* condition, as if not it becomes impossible to achieve a therapeutic approach. *Kleinman* said for this respect (quoted by *Beyebach*[5]) that "*To be an empathic witness is a moral act, not a technical procedure*. The empathic application of technique is fundamental, fleeing

from impersonal, mechanical, or inhuman behaviours and allowing the personal encounter.

We begin our intervention on the **"*dolos*",** so it is useful to know the stages of affliction that mourning implies. *Lindemann* was the pioneer in describing phases. *Bowlby* and *Parkes* increased them, but it was those of *Kübler-Ross*, at first thought for agonising patients, that have reached the greatest distribution (**table II**).

Authors such as *Worden*[30], *Rando*[26], or *Neimayer*[17] clearly disagree with the concept of phases, as they consider that they favour the belief that the person plays a passive role faced with the process. The first two prefer to speak of *tasks*, and the third of *challenges*, wanting to underline in this way the importance of the activity of the subject in his/her mourning. Our main goal to this respect is *to legitimate the feelings* that the person presents favouring their expression: crying, rage, anxiety... The classical *prescription of the symptom enlightens* its presence and transmits to the suffering person that he/she is doing the correct thing. We perform the *resetting* that at the beginning all loses produce a similar commotion, period of affliction, or acute mourning. We have to accompany the person who suffers allowing him/her to follow a rhythm that is adequate to his/her circumstances.

Once this suffering is recognised it is necessary to perform simultaneously an **intervention on the "*duellum*"**, the maximum responsible in our opinion of the danger of perpetuation of the mourning. We understand that the emotional blockage is produced by the ambivalence and that it is translated in guilty feelings for a false idealisation of the disappeared person, in detriment of the suffering person. How can I express my negative feelings towards the other if he/she is no longer here? Solution: in reality everything he/she had was good and I am the bad person. For this reason *we increase the previous resetting*. We maintain the only initial reaction but we clearly inform that afterwards we differentiate *two types of relations*: the inadequate, that only produces happiness as long as the relation existed in the external reality (during), and the adequate, whose value becomes manifest also *a posteriori* (during and after). We warn: a) We do not know what type of relation you had, b) We will find it out seeing your evolution, and c) Further on we will give you our opinion. We must be *firm* in the maintenance of this affirmation so that the presence of the disappeared person in the system is incompatible with the persistence of affliction. It is necessary that the suffering person generates a new identity that is admitted by the family system with certain positive features of the disappeared person and, at the same time, begins the slow pilgrimage to happiness.

The great epistemologist *Gregory Bateson* liked to tell that story in which they asked a computer to explain how the human brain worked, and after a long time waiting its lights went on and in its metallic voice it said: *This reminds me of a story...* According to what we want to transmit we can *tell a story or establish a simile* that facilitates communication at other levels apart from the simple conscious. We must try to achieve that the comparisons are personalised and adequate for the suffering persons, with no other limit that the creativity of the therapist that day. But this objective does not prevent us from using some comparisons that, due to their general character, are usually opportune with only small changes.

To facilitate the expression of feelings and introduce the idea of the forgotten good memories that will appear later, *simile of the submerged treasure*, we have to empty the sea of tears, a previous time is necessary, it is deep...

To begin again activities previous to the death: *simile of forgetting when changing room*, we return to the one where we were previously so that we can remember better the deceased.

To distinguish the adequate/inadequate relation and to alleviate the guilt of previous arguments: *simile of the tough/soft teacher*, after some time which has been more useful to us for getting on in life?

To overcome deaths in childhood: *simile of films, novels, songs...* do we prefer the longest and most boring or the best and shortest one?

To centre attention in something/someone different than the deceased: *simile of the stars and the telescope, simile of the smell in perfume shops...* the human being is only capable of perceiving when there exist differences: to see a star we cannot keep our eyes fixed on it for a long time.

To separate the harmful legacies from the positive transgenerationals: *simile of separating the wheat from the straw, simile of the inheritance with old stuff and antiquities in the same attic, etc.* We must do a work of selection to keep what is really valuable.

...

Thanks to these we are able to *facilitate the union*, which is fundamental so that the suffering person gives us authority and in that way to achieve the success of the intervention. By prescribing the expression of feelings and accepting temporarily the irrational beliefs of the person in moments in which he/she needs to fool him/herself we become allied with him/her before an intolerant world and we *establish the bases* that later on will allow us to overcome affliction.

When the improvement begins we can prevent the negative external interventions (typical of small communities) with the simple warning that: *Other people have not had the luck of sharing so much with him/her...* We implicitly suggest that the relation with them was not so adequate as theirs was and that the others are worthy of compassion and of being called *poor things*.

The *firmness of maintaining the first resetting* of the two types of relation is fundamental, because that is where the lever that moves the heavy stone of the ambivalence of feelings pivots. Now he/she can cry, but if the memory of the disappeared person does not make him/her happy further ahead it is because the relation was not adequate, satisfactory, good... Knowing that the last thing the person (or the system) wants is to question the memory of the deceased the apparition of happy memories, the heightening of spirits, the positive attitude are understandable. Everything is valid if with it we show the adequateness of their relation (if not a complicated mourning would never have appeared). In this way, gradually, we recreate an identity that allows a new homeostasis of the system and it does not need the adjustment that the now disappeared person gave.

Success depends on *being flexible* in the application of the technique, choosing the appropriate occasion and style, and always from a position of *respect* and *humanitarianism* towards all that form the mourning, either the deceased or the suffering persons.

We want to remember here a classical example of the unrepeatable *Milton Erickson*[18] when, before a patient that had been interned for nine years and who spoke a senseless jargon, he sat down for months next to him in the rest periods and learned his particular language until he was able to answer him in his own language. The patient was surprised and also answered. This continued for weeks until the communication was so sane that it made it possible to release the patient. Corollary: do we initially have to say senseless things to all patients, or rather should we take the necessary time to know the intimacy of the person, accept it, and from there work together while it is convenient?

CONCLUSION

You go my love, but you stay because you are a part of me...
Camilo Blanes

After clarifying the concept of mourning and other related terms we have pointed out some significant contributions to the matter and have shown the basic technical resources we use to help the people to overcome this difficult trance. We consider that the end of a mourning is achieved when the suffering person or system makes reality the phrase taken from a song of the 1970s of the famous singer from Alicante. The deceased comes to be a part of the identity of the subject, and this identity facilitates the new homeostasis of the system. Our objective is to achieve that the incorporation is only in those aspects considered positive: those that give happiness, resources, growth, maturation, values...

To explain why with the seven musical notes we have composed this melody amongst all the possible ones and not another we will say that it seems sensible to take into account only those parameters that we are capable of handling. The physicist *David Peat*[22] offers the following example taken from tennis: If we want to return well a ball we must pay attention to our physical state, the physical state of the opponent, the quality of the materials that are used, the atmospheric conditions of wind, rain... But from the Law of Universal Gravitation we know other factors that influence are if there are mountains nearby or not, the phase of the moon, the season of the year... and still more, even the smallest far away change due to the so called butterfly effect! It is evident that if we try to embrace all the factors that intervene or to take causality to its most absolute extreme we will loose the game.

To end we make ours also the words of the ingenious strategic therapist *Cloe Madanes* and we apply them to our therapeutic approach:

It works... but maybe for other reasons than we believe it works.

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Table I

Definitions of mourning	
REAL ACADEMIA ESPAÑOLA[27] (Royal Spanish Academy) (1995)	(From the Latin *dolus -dolor* in Spanish-) 1. Pain, pity, affliction or sentiment. 2. Demonstrations to manifest the feeling we have for the death of someone. 3. Meeting of relatives, friends, or guests that attend the morgue, the carrying of the corpse to the cemetery, or to the funeral. 4. Fatigue, work. (From the Latin *duellum*, war, combat) 1. Combat or fight between two as a consequence of a challenge or defiance. 2. Pride or honour task (in disuse).
S. FREUD[12] (1915)	Reaction to the loss of a loved one or of an equivalent abstraction: the nation,freedom, ideal, etc.
S. ZISOOK[31] (1983)	Self-limited disforic process in time after the loss of a significant person
L.GRINBERG[14] (1983)	A complex dynamic process that involves the total personality of the individual and that embraces, consciously or unconsciously, all the functions of the Self, its attitudes and defences and particularly the relations with the others. (It can)... be applied both to the suffering produced by the loss of the object and the parts of the Self projected on it, and also to the enormous psychical effort involved in recovering the bonds with reality and the combat fought to be freed of the persecuting aspects of the lost object and to assimilate the positive and good aspects.
H. KAPLAN y B. SADOCK[15] (1989)	A sadness appropriate to a real loss
A. D. WEISMAN [29] (1989)	A global... (and) ...continuous process consisting in: 1) Accepting the reality of the loss; 2) Experiencing the pain of the grief; 3) Adapting to a change of psychosocial environment; 4) Retiring the emotional investment on the deceased; and 5) Displaying it in other directions.
J. W.WORDEN[30] (1991)	A process of adaptation to a loss that implies (...) four basic tasks: Accepting the reality of the loss; working with the emotions and the pain of the loss; adapting to a medium in which the deceased is absent; and replacing the deceased emotionally and to continue living.
A. AGUIRRE BAZTÁN [1] (1994)	A whole of mental representations that accompany a loved object (person, state, thing) (and that implies)... a depression linked to feelings of guilt.
A. P. A.[2] (1994)	Reaction to the death of a loved one when he/she is the object of clinical attention
M. BOURGEOIS[7] (1996)	Natural and normal experience of life that causes pain and distortion of the environment but that spontaneously improves in most cases and can increase creativity and favour personal growth.
Th. ATTIG [30] (1996)	Active process of facing full of possibilities (whose fundamental task is)... to learn again how the world is.
E. GAMO MEDINA *et al.*[13] (2000)	It is the emotional reaction before the loss of a loved one
P. PÉREZ SALES *et al.* [23] (2000)	Normal human process... (consisting in)... a reaction 1) complex and multidimensional, 2) unpredictable, 3) recurring and fluctuation character and 4) of generally decreasing intensity
R. A. NEIMEYER[17] (2002)	It is a personal process (...) that we do ourselves, not that is given to us, (and whose fundamental challenge)... is the attempt to reconstruct our own world of meanings.
M. FRANCO y R ANTEQUERA[11] (2002)	A bio-psycho-social, universal, and complex answer that the individual experiences before significant losses.

Table II

Risk factors for the complicated mourning	
A) **Particularities of the event**	Sudden or unexpected
	Involvement/participation of the suffering person
	Of absurd nature or lived as unjust
	Possibility of seeing/saying goodbye to the corpse
	Accumulation of losses
	Concurrent extraordinary circumstances
B) **Particularities of the deceased and the bond**	Age
	Sex
	Type of bond: relative, role played, limits, hierarchy...
	Intensity of the bond: instigator, existence of ambivalence...
	Moment of the relation: change of contract, differentiation...
C) **Particularities of the suffering person**	Personal biography: previous losses, disorders...
	Moment of the personal and family life cycle
	Situation of simultaneous crisis: diseases...
	Social support and cultural environment
	Education, values, and religious beliefs
	Economic situation

Table III

<table>
<tr><th colspan="6">Stages of the normal mourning</th></tr>
<tr><th>Lindeman* (1944)</th><th>Kübler-Ross * (1969)</th><th>Bowlby * (1969)</th><th>Parkes[20] (1972)</th><th>Worden [29] (1991)</th><th>Neimeyer [17] (2002)</th></tr>
<tr><td rowspan="2">Commotion / Incredulity</td><td rowspan="2">Denial</td><td rowspan="2">Stupefaction / Protest</td><td>Alarm</td><td rowspan="2">Accepting the reality of the loss</td><td rowspan="2">Avoidance</td></tr>
<tr><td>Stupefaction</td></tr>
<tr><td rowspan="4">Acute pain</td><td>Rage</td><td rowspan="2">Desire / Search of the paternal figure</td><td rowspan="2">Lassitude / Search</td><td rowspan="2">Working the emotions and the pain</td><td rowspan="4">Assimilation</td></tr>
<tr><td rowspan="2">Resignation</td></tr>
<tr><td rowspan="2">Disorganisation / Desperation</td><td rowspan="2">Depression</td><td rowspan="2">Adapting to the environment without the loss</td></tr>
<tr><td>Depression</td></tr>
<tr><td>Resolution</td><td>Acceptance</td><td>Reorganisation / Separation</td><td>Recovery / Reorganisation</td><td>Situating again the deceased and continuing</td><td>Accommodation</td></tr>
</table>

* Quoted by Neimeyer [17]