

PREFACE

WHEN A patient of mine died suddenly a few years ago, I was stunned. Her death was unexpected and shocking. We had worked together for several years in a lively and productive treatment that had steadily deepened, and the troubles that plagued her had gradually begun to resolve. Right before she died, she had begun to feel hopeful for her future. I was not ready for the abrupt end of her life and of our relationship. I grieved for her. I attended the funeral; I exchanged condolences with members of her family and made myself available to them for support and help as they moved through their grief. But I could not reconcile my own feelings of loss and sadness about her death, and it seemed I had few avenues in which to express them. I could not grieve among those who mourned her openly. I worried, perhaps overly so, about confiding in colleagues or friends how deeply affected I was. I began to feel eerily unsettled, as if haunted by a phantom whose contours I couldn't fully make out. One day, a vivid image of her as a ghostly presence came into my mind, and I began to write, grasping to put words to the complex set of emotions I was experiencing.

In searching the literature, I discovered that there is little written about the subject of the bereaved therapist. The idea of this book emerged as I gradually realized that a therapist's mourning process follows a singular and solitary trajectory. I knew firsthand that, for therapists, experiencing loss is complicated, whether losing a patient out of the blue or grieving over a personal loss, so what could account for the relative absence of literature about this topic? This question led me to consider both the special nature of the therapist's bereavement and the particular obstacles that stand in the

way of exploring it. This book is the result of my efforts, along with those of my coeditor Kerry Malawista, to respond to the need in our field for a forum within which these questions can be addressed.

We invited a number of our colleagues to consider whether they might want to contribute to our project. We selected from a broad range of psychiatrists, psychologists, and social workers—psychoanalysts and psychotherapists alike—whose work we knew well and admired. Hoping to capture the breadth and complexity of the therapist's experience of loss, we sought out colleagues with diverse experiences in the mental health field, from those with expertise in trauma to those trained in child therapy to those who work with chronically mentally ill patients. Mostly, though, we asked each contributor to write from within his or her personal experience—we were seeking to open a dialogue that would be frank, open, and reflective.

We found the responses to be overwhelmingly positive and often very poignant. Many of our authors expressed the feeling that our invitation had tapped into a reservoir of unacknowledged and unarticulated aspects of their experience as therapists and analysts. All of them related an aspect of their professional life or practice that they had not written about before but that they found haunting and important. It was as though the invitation to contribute a chapter had opened up a wellspring of unexamined clinical insights and experiences. All of the chapters included in the book, with the exception of Judith Viorst's, were submitted as original work. Viorst's chapter, "The Analyst's Experience of Termination," was included because it provides a useful overview of the therapist's experience at the end of a treatment. All of our authors carefully considered the issue of confidentiality. Where it was appropriate, permission was secured to discuss confidential clinical material. In other cases, clinical material was disguised to preserve the confidentiality of all involved.

We begin our book with a section entitled "The Therapist's Experience of Loss: Traversing the Middle-Distance." In this section, we offer a window into how therapists' attachment to their patients and to their work, alongside their private lives and personal relationships, affects their experience of loss and grief. We introduce the notion of the "middle-distance" as a way to conceptualize the complex journey of grief and mourning.

The following sections of the book examine three major realms of the therapist's experience. The section entitled "When a Patient Dies" explores how a therapist experiences the unexpected death of a patient. Many of the authors in this section explored the feelings of isolation and loneliness that

accompany the experience of losing a patient to unexpected death, whether illness, suicide, or unforeseeable catastrophic events. This section also examines the themes of helplessness and the resultant sense of therapeutic failure.

Similarly, therapists who experience a personal loss can feel isolated and alone. These experiences are examined in the next section of the book, “At the Crossroads of the Therapist’s Personal and Professional Worlds.” In general, therapists are trained to separate their personal experience from their work, to protect their patients from the intrusion of their own lives. Yet in the face of a profound personal loss, our attention necessarily turns inward, and our empathy for a patient’s pain reverberates with our inner pain and loss. When the therapist lives and practices in a relatively small and close community, there is the additional layer of coping with the varied responses of others, who are suddenly left with what can be a frightening window into the therapist’s personal life.

In our final section, “When Disaster Strikes a Community,” we examine therapists’ experiences of surviving situations that are globally catastrophic or massively traumatic alongside our patients. Throughout many of the narratives in this book, a common thread has to do with the therapist’s sense of guilt at not having been able to control or prevent the inevitable impact of abrupt and cataclysmic events, such as Hurricane Katrina or 9/11. As therapists, we are susceptible to feeling that because we are there to help, there must have been something we overlooked—could we have done our job any better? Yet in the end, we see that each of us is ultimately enriched and made wiser by our struggles to prevail in the face of human tragedy. In some way, perhaps each of us is drawn to our profession through our personal knowledge of trauma and survival. We cannot hope to be helpful to our patients if we have not known, from the inside, the processes of loss and grief.

It is my hope that, in pulling together the work of our colleagues who have struggled with integrating their experiences of loss, a dialogue can begin that will help us understand and find the words to acknowledge the complex and often compelling facets of a therapist’s experience of bereavement and grief.

—Anne J. Adelman

THE THERAPIST IN MOURNING

INTRODUCTION

IN THE following pages, we reflect on the experience of sadness and grief at various moments throughout the life of a therapist. We specifically address some of the factors that make it difficult for therapists to acknowledge and speak about the strong emotions they encounter over the course of their professional lives. We review some of the ways previous writers have conceptualized the process of grief, and, finally, we introduce the notion of the “middle-distance” as a framework for considering the experience of grief and mourning.

What are some of the challenges that make it difficult for therapists to address directly the feelings generated by the multitude of losses we experience? In particular, feelings of attachment, loss, and sorrow can be elusive and complex. As therapists, we often encounter a paradox: although we spend our working hours largely in the company of others—that is, with our patients—we are in many ways alone with our thoughts, our feelings, and our reflections about the work. We have, of course, ample opportunity to work alongside our colleagues, consult with them, and learn from them, but in the consulting room, we are on our own. We decide when to intervene, when to wait, what to say, and how to say it. At the same time, we try to pay attention to our own shifting emotional states. Such a sense of aloneness can be particularly palpable, even unbearable, at times of extreme grief or emotional pain. As Abraham Verghese (1998, 341) writes:

Despite all our grand societies, memberships, fellowships each with its annual dues and certificates and ceremonials, we are horribly alone. The