

The Myth of Closure

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ABSTRACT

Since the traumatic events of September 11, 2001, the concept of closure in dealing with grief and loss has received increased attention. In this article, we challenge the popular belief that a lack of completion forms the core of neurosis resulting in a decreased ability to live a lively present-centered life. We begin by reviewing prevalent, traditional, linear models and approaches to human suffering and grief. We then provide reasons for doubting the utility of linear models that are related to constructs of closure, describe emerging non-linear paradigms for grief and loss, and emphasize the evolving Gestalt perspective. Finally, we discuss benefits of non-closure and end with a vignette illustrating our belief that closure does not occur for significant loss and that there are advantages of non-closure during a lifetime.



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Be patient toward all that is unsolved in your heart and try to love the questions themselves like locked rooms and like books that are written in a very foreign tongue. Do not now seek the answers which cannot be given you because you would not be able to live them. And the point is to live everything. Live the questions now. Perhaps you will then gradually, without noticing it, live along some distant day into the answer.

- Rainer Maria Rilke [1934, pp. 33-34]

Introduction

The concept of closure has received increased attention since the traumatic events of September 11, 2001. On that day, viewers were flooded with the televised images of terrified, grief-stricken relatives, friends, and loved ones incapable of comprehending that those whom they had kissed good-bye only moments before had vaporized, vanishing forever. These compelling images catapulted many into a sudden, unexpected process of grief without an articulated path to experience relief. The suddenness and immensity of the loss left them and vicariously others without a sense of order and safety. For many people, the structure, the fabric of their lives, had been ripped apart. The impact of this event and its aftermath was so great that the future of individuals directly involved as well as that of countless others may have been altered forever.

How to grieve, how to move toward peace in times of loss and sorrow, is the focus of this article. How to cope, including how to complete and move on from loss and traumatic experiences, is also a primary focus of all depth psychotherapies and specifically, the Gestalt approach. Our aim is to debunk or at least to deconstruct the notion that endings involving complex phenomena in fact do occur. We believe that closure, as currently conceptualized, is a wish-fulfilling myth in need of being replaced with a more field-oriented, postmodern viewpoint.

We will start by presenting the traditional equilibrium-based view of endings. Unfortunately, this perspective is not yet a relic of the past; it continues to be extremely popular today. It is often fueled by managed care organizations that foster an over-reliance on cognitive, short-term approaches and measurable behavioral outcomes (Mitchell, 1998). We will then trace the Gestalt approach to endings, beginning with Gestalt psychology and the first wave of Gestalt therapy. We will end by presenting a more contemporary Gestalt perspective.

Classic Linear, Equilibrium-Based Model

From the earliest accounts of healing and amelioration of human suffering to the present, rationales for the etiology of distress and for correcting, resolving, or treating the distress have reflected the assumptions of linear models of understanding and attribution. These models are represented in medical practice (body), classical psychoanalysis and most forms of psychotherapy (mind), and in spiritual healing (soul). A “magical covenant” often has been central to the connection between the healer (*e.g.*, physician, therapist, priest) and the patient, client, or seeker (Lee & Martin, 1991). The

covenant mandates that the person with the need share the healer's belief system. Once this occurs, a sequence of events predicated on cause-and-effect linearity takes place; that is, a cause of distress is articulated, and strategies for intervention are prescribed.

Linear models of healing continue to influence therapist and client expectations regarding the framework, conduct, and outcome of therapy. The one in need is expected to carry out certain rituals, accept the healer's interpretations and prescriptions, and have the requisite faith that healing will occur. If a lifting of symptoms is not achieved in a timely manner, cause of the failure is often projected onto the one who suffers. She "is too well defended," "lacks faith," "has not atoned sufficiently," "is ambivalently cathected to the source of her problems," "lacks maturity," "has not worked hard enough," "is resistant and poorly motivated," "has scant propensity for insight," "is stuck due to secondary gains," and so on.

With its emphasis on practitioner accountability, managed care has fostered an increased emphasis on equilibrium-based linear models of healing. Protocols, treatment plans, estimated number of sessions, and anticipated discharge dates are direct examples of straight-line reasoning by case managers and therapists. Evaluations are characterized by assessing the patients' complaints, needs, emotional conflicts, goals, current sources of stress, and customary coping styles. Within a therapeutic alliance, formal (and informal) treatment plans are devised that establish a working agreement between the therapist and client regarding the means and ends of therapy. The implied goal is not growth and development, but a return to pre-trauma or pre-symptomatic levels of functioning.

The use of linear models as a basis of psychotherapy has important implications for both client and therapist. It is not unusual for a client to enter therapy with an expectation, even an insistence, that the therapist, alone or in collaboration, remove an unwanted behavior, a painful emotion, or even a memory of some traumatic, life-altering event. The expectation is similar to one in which an infection is treated with an antibiotic and, presto, the patient is cured. The client may say, for example, "Can't you do something to take away these horrible, intrusive images of my brother's suicide? They interfere with everything I do." Or, "I want you to help me work through the stages of grief so I can get on with my life." Or, "I need to get over my son's death once and for all so that I no longer have to experience such devastating pain."

Myriad examples demonstrate clients' expectations for the "promised land" of resolution and closure. Less clear are tacit as well as verbalized expectations that the very hard work of therapy will result in a happier, more meaningful engagement in life owing to "taking care of" or permanently "leaving in the past" those issues that have seriously hampered functioning. Since most therapists are highly invested in their clients' well being, since they may wish to instill hope in their clients, and since they, themselves, may believe in the powers of therapy to heal all wounds, they may sometimes embrace and convey unrealistic outcome possibilities.

Linearity, Equilibrium, and Grief

During most of the 20th century, the guiding paradigm for ameliorating grief has

been Freud's linear, two-phase model from *Mourning and Melancholia* of 1917 and 1949 (Freud, 1957). In this "grief work" model, the mourner initially strives to maintain ties to the deceased. Unwilling to abandon the lost object, she attempts to maintain the one who has died in her ongoing life structure. Her efforts can be obsessive. As they repeatedly fail, she begins to realize that a continued relationship with the deceased is impossible. This realization leads to the withdrawal of libidinal energy from the lost object (a process of decathexis) and the eventual reinvestment of energy in other things and other relationships; that is, the return of equilibrium.

The implication of this model is that people have access to a limited amount of energy; only by freeing the energy bound up in the deceased will it be possible to engage in new relationships and activities. An inability to emotionally detach—that is, a continuing "internalization" (a more inclusive term for the process of identification and introjection) of the person who has died—is viewed as a failure to complete the mourning process and as pathological (a hypercathexis). For most of the last one hundred years, this paradigm has been our "normal science" in the field of thanatology.

Why a Nonlinear, Growth-Oriented Model is Needed

Our challenging the sanctity of reaching closure in psychotherapy is consistent with developments in other fields, including such "hard core" sciences as physics. Often considered the most rigorous and objective of all sciences, physics has undergone dramatic upheavals during the past century. Traditional assumptions regarding cause and effect, beginnings and endings, and objectivity of measurement are no longer supported by scientific evidence.

Newtonian physics, long considered the "backbone" of science, was first undermined early in the twentieth century when Albert Einstein developed his theory of special relativity in 1905, which demonstrated that space and time are not independent and absolute, but rather enmeshed and relative. His theory of general relativity further demonstrated in 1915 that by curving and warping, space and time participate in cosmic evolution, thereby shattering basic scientific assumptions that had previously governed the field.

By the 1930s, quantum mechanics further overturned basic assumptions of the physical sciences. For example, research at the atomic and subatomic levels showed that it is impossible to determine both the location and the speed of a particle; the best that can be done is to predict the *probability* of how things are now and how they might be in the future. Things become definite only when an observation forces them to relinquish quantum possibilities and settle on specific outcomes. To quote the physicist and mathematician Brian Greene (2004, p. 11): "This, plainly speaking, is weird. We are unused to a reality that remains ambiguous until perceived." Furthermore, researchers demonstrated as long ago as 1935 that something done to a particle in one location which has been entangled with a particle that may be far away will influence that particle *instantaneously* (an example of non-locality), thereby shattering the long-held belief that spatial separation implies physical independence.

Such developments at the subatomic level have impacted theories of the very nature

of the universe. Many physicists and astronomers have begun to challenge the traditional concepts of cosmology that apply linear thinking to the birth and evolution of the universe, and a number of cyclic cosmological models have been proposed. More recently, the application of string/M theory has generated a more sophisticated cyclic model which suggests that our universe evolves through stages that ultimately lead to colliding every few trillion years with another nearby universe, resulting in a “bang” that initiates a new cosmological cycle.

In the guise of a variety of rubrics, the emergence of catastrophe, chaos, and complexity theories, their derived models, and their application to human behavior and social sciences are beginning to impact fields such as: rehabilitation, special education, developmental disabilities, contemporary psychoanalysis, and psychiatric understandings of mental illness (Guess & Sailor, 1993; Parker, Schaller, & Hansmann, 2003; Quinodoz, 1997). However, the model of an individual’s adjustment to severe disability or to the loss of a loved one as that which proceeds linearly through well-defined stages has somehow persisted despite empirical findings to the contrary (Trieschmann, 1988; Wortman & Silver, 1989; 1991). Thus, recognition of stereotypes and specious beliefs, which many in the helping professions may unknowingly employ in their sincere efforts to ameliorate the lives of those in their care, is gaining in importance.

Reason to doubt the utility of a linear model of closure can be found in clinical experience, empirical research, and ordinary life. Examples include: recidivism and relapse in addictions; re-emergence of habits and mannerisms thought to be under control; resurgence of grief responses to a loss occurring many years ago, such as “anniversary reaction” (Rando, 1993, p. 68); loss spirals (Roos, 2002); sudden reactivation of long-dormant symptoms of post-traumatic stress disorder (PTSD); kindling phenomena related to the contextual nature of memory (Pliszka, 2003); recycling of similar, early-onset core issues in adult developmental transitions and crises; and even recurring dreams. It is also not uncommon that behaviors originating as a response or solution to a need will continue indefinitely after the need has disappeared (functional autonomy).

It is well known that problematic mannerisms, long under control and even forgotten, have an annoying propensity for re-emerging. These include: fidgeting, nail-biting, twisting the hair, counting certain items in a room, chewing on the sides of the tongue, tapping, rocking, and so on. After months of concentration on removal of a mannerism and even replacing it with an antagonistic, alternative behavior, one is not guaranteed that the “fix” is permanent. Insidiously, the mannerism may reappear. Skinner (1938) believed that this recurrence of long-extinguished habits is a general characteristic of learning, which he called spontaneous recovery.

Emerging Models of Grief

It has often been assumed that scientific progress occurs along a linear, continuous path toward clearer and more comprehensive models of the world, which then define the status quo for a field of inquiry. However, as Thomas Kuhn (1973) described in his authoritative and highly influential book, *The Structure of Scientific Revolutions*,

progress occurs not in a smooth, continuously incremental path to knowledge, but as a series of recursive and discontinuous steps. All world views or paradigms are problematic in one way or another. Discrepancies usually are dealt with by ignoring them when possible, noting them as exceptions, or elaborating or expanding the model. When the model itself begins to be challenged, when it begins to lose its usefulness, a new model is found to replace it. This type of paradigm shift is now occurring in grief theory. The linear “grief work” model that has been our guide for most of the past century has been called into question, and new ways of understanding grief are emerging.

In the late 1980s and early 1990s, reviews of grief and bereavement literature, as well as clinical observations, began to reveal an impressive lack of empirical validation for the “grief work” model. Most questioned was the assumption that resolution of grief was a necessary and expected endpoint of the grief process for all bereaved persons (Bonanno, 2000; Bonanno & Kaltman, 1999; Stroebe & Stroebe, 1987; Wortman & Silver, 1989). In part owing to overgeneralization of application, but also because clinical experience differed from expectations proposed by the model, sequential epigenetic stage theory (*e.g.*, Kübler-Ross, 1969) had already fallen into disfavor.

Emerging models of grief have much in common with the contemporary Gestalt perspective that we will present later. They are more interpersonal, less intrapsychic, and recognize the role of beneficial or adaptive continuing bonds with the deceased loved one (Klass, Silverman, & Nickman, 1996; Shuchter & Zisook, 1988; 1993). There is also an expanding emphasis on narrative and meaning (re)construction (Davis, Nolen-Hoeksema, & Larson, 1998; Davis & Nolen-Hoeksema, 2001; Neimeyer, 1998; 2001). The construction of meaning is thought to include at least two components: making sense of the loss itself through understanding its causes and antecedents, and incorporating the loss into one’s life in a meaningful way. Understanding the nature and causes of the loss (*e.g.*, “His heart gave out,” “Cancer did it,” “There was massive brain damage, and she didn’t have a chance,” etc.) is obviously more empowering than contending with a loss that is cloaked in ambiguity. Moreover, owing to shock, disbelief, protest, and the like, reality testing can be undermined in the immediate aftermath of loss (Bruce & Schultz, 2001). When the circumstances are murky and the cause is equivocal or ill-defined, a major barrier to the process of grieving is erected, compromising adaptive functioning especially in the early weeks and months when information is most helpful. The ability to construct a causal account of the loss is critical to the development of a logical context associated with cognitive mastery, predictability, and control (Rando, 1993). Constructing and understanding the meaning of the loss in one’s life usually requires more time and may be a recursive focus of concern over many years, even a lifetime. The process also has broader implications; for example, finding benefit in the experience of coping with the loss has been associated with longer-term adjustment (Davis & Nolen-Hoeksema, 2001).

Margaret Stroebe and Henk Schut (1999) have proposed a dual process model of coping with bereavement that emphasizes loss- and restoration-oriented stressors, and a dynamic, regulatory coping process of oscillation. Loss-orientation refers to confronting and processing aspects of the loss experience itself, especially with respect to the deceased person. It includes yearning, memories, and fantasies that evoke a range

of affective responses. Restoration-orientation focuses on secondary sources of stress; that is, the substantial changes in one's life and identity that are consequences of the loss and that comprise the reality of a changed world. Attending to the task of restoring coherence, internal and external, in one's day-to-day life is a necessary component of adaptation following significant loss. In this dual-process model, the griever at times confronts and at other times avoids the loss and its attending circumstances and demands. The need for periodic respite from dealing with either of these stressors is seen as an integral part of adaptive coping, and can be seen as necessary for synthesis and integration.

More recently, Boerner and Heckhausen (2003) have advocated a model that integrates the traditional, linear model of adaptive bereavement that insists on the necessity of disengagement, and the recently evolved model that postulates the need for a continuing connection. They propose moving beyond the dichotomy of these paradigms toward a process of transformation involving both disengagement and connection. Based on theoretical frameworks of adaptation and control, this perspective of grief and loss includes a process of transforming the relationship with the deceased into representations of the person that carry substitute value. This integrative model is one in which the bereaved person manages to achieve or maintain a beneficial attachment, while also "letting go."

The Gestalt Approach

The Gestalt approach, like most depth psychotherapies, has placed a great emphasis on completing past experiences, since the incomplete past is viewed as having a negative impact on the psychological health of the individual.

Until closure is brought about, if these unfinished circumstances are powerful enough, no matter how successful he is in deflected directions, the individual can never be free of tension and at peace. Closure must come either through a return to the old business or by relating to parallel circumstances in the present [Polster & Polster, 1973, p. 36].

The importance of attending to "unfinished business," as Fritz Perls called it, rests on two primary pillars: one drawn from Gestalt psychology and the other from Gestalt therapy theory.

Gestalt Psychology

Early Gestalt psychologists were primarily concerned with mapping out laws of perception. These principles or laws, as they were then called, were generalized and applied to learning. According to Hilgard & Bower (1975), Koffka developed a number of them. One of the most important is the Law of Closure, which states that closed areas are more stable than unclosed ones. In a problematic situation, the whole is seen as incomplete and a tension is set up toward completion (p. 235). This principle was supported, in part, by what has been termed the Zeigarnik effect (Smith, 1976), which

refers to a phenomenon found in short-term memory for finished and unfinished tasks. Zeigarnik found that unfinished cognitive tasks are remembered better than completed ones because of the remaining tension. Tension is released by completion, but when activity toward completion is interrupted, the tension persists and keeps the memory alive.

The leap from simple perception to human living is immense, although it seems easy to generalize that incomplete tasks siphon off energy and prevent individuals from living in the present. This perspective was also in line with Freudian theory, the dominant theory of personality of the time. The Freudian or psychoanalytic perspective predicted that unless the past was worked through (*i.e.*, completed), the individual would be imprisoned by it. He or she would be doomed to projecting (or transferring) the past onto the present situation. As a result, a life would be created in which the individual was continuously and unsuccessfully striving to complete (or resolve) the past, a process seen as “neurotic.”

Gestalt Therapy

“The primary source of discomfort for most people is what Gestalt therapists call unfinished business” (Korb, Gorrell, & Van DeRiet, 1989, p. 63). In terms of Gestalt therapy, our views regarding the importance of closure have been understood in reference to the Contact Cycle (Perls, Hefferline, & Goodman, 1953) or the Cycle of Experience (Zinker, 1977). According to this paradigm, an individual experiences sensations (butterflies in the stomach) that lead to an awareness (hunger), to action (quest for food), contact (eating the food), and assimilation (the meaning making of the experience). The last stage of this cycle, assimilation, is especially important to this discussion. Gestalt therapy places great importance on the chewing up or integration of experience. It is assumed that once an experience is assimilated, it recedes into the background, freeing up energy for a new figure to emerge. Once closure has been reached and can be fully experienced in the present, the preoccupation with the old incompleteness is resolved and one can move on to current and future possibilities.

This belief was reinforced in the 1960s by such techniques as the empty chair. Patients were told to imagine someone with whom they had unfinished business (*e.g.*, a deceased parent or a long lost lover) in a chair across from them, and to engage in an imaginary dialogue with the person. When the dialogue was completed, the individual would then say goodbye. Needless to say, patients often did feel better for a number of very legitimate reasons. For example, for many there was clearly a release of built-up tension and energy. Most important, it was assumed that the individual had completed a Gestalt; that is, had reached closure.

Yet, as we have found in other complex situations, the “closure” was often short-lived. Moreover, some individuals were subjected to highly distressful therapeutic expectations that they were unable to meet, sometimes leading to a harmful intensification rather than amelioration of grief, an unfortunate iatrogenic effect. For example, when asked to “let go,” “say goodbye,” or to visualize equivalents, most mothers of infants or young children who have died experience the request or suggestion as intensely threatening, requiring an incredible act of abandonment, and as reactivating

often overwhelming affective responses to their loss (McCracken & Semel, 2000).

While conceding that, as Gestalt psychologists have shown, closure does work with simple perceptual tasks and biological situations, (e.g., eating and sexual gratification), when dealing with complex phenomena such as loss, emotional trauma, betrayal, and so on, the assumption that a final ending is feasible appears to be based on myth. This myth of closure, the belief that situations get completed, is much too simplistic and far too linear. *There is never completion from a rupture in the field.* In fact, one may argue that if it is an important life event, why wouldn't we search for the form with which to keep it alive? One might even consider that, in some cases such as perinatal loss, pain may be the only way in which the person can remain connected to the one who is loved and lost. This perspective is developed below.

Proposed Gestalt Concept of Closure

Until recently, developments in Gestalt theory have not received the recognition they deserve, due in part to a relative scarcity of written works. Promulgation of new knowledge and understanding tended to be through an oral tradition. For over a decade, however, the number of Gestalt publications has significantly increased, resulting in more widespread and uniform theory development and application. In keeping with this trend, we now present a more contemporary Gestalt view of closure that includes elements of field theory, the field being viewed as the interpersonal matrix or as a sphere of influence (Lewin, 1935; McConville & Wheeler, 2001).

We live within many spheres of influence. These spheres include those that are internal (e.g., introjects and representations) as well as external ones (e.g., groups, organizations, systems, cultures, spiritual beliefs, etc.). Life is continually in motion, and we are always adapting to our environments. Our task, as living beings, is to continuously come to terms with our changing world, to make contact, and to grow and develop. This is a process that extends into old age and death. Most small changes are easily dealt with subliminally or with minimal-to-moderate awareness. At times, however, changes are not small or predictable—they are large, shaky, and surprising.

Because large events, especially losses, often present us with situations that we cannot meet and resolve easily, our sense of order and meaning is often threatened, even shattered, and we fail to adjust, at least temporarily. As a result, these events seem to permeate our lives, becoming both figure and ground. It is as if the experience is all there is. Usually, however, even with profound loss, over time and in the context of ensuing, superimposed events, the experience of the event and our relationship to it change. Gradually, the loss begins to fade into background and becomes part of our apperceptive mass. This process is in line with the Gestalt assumption that for proper growth and development to take place, there must be an ongoing process of figure creation and destruction. This perspective is embedded in the Law of Prägnanz (Smith, 1976) which reflects the belief that the field has a tendency to create the best form possible; that is, we organize the field as best we can. Therefore, movement toward closure with respect to grief may be seen as a subset of the Law of Prägnanz in that the individual is moving toward a new adjustment to the dramatically changing envi-

ronmental field. However, sometimes this cannot happen naturally, and that is when therapy may be helpful.

Consistent with whole-making and synthesis, the Gestalt approach focuses on integration, helping clients attain a healthy process of figure formation and destruction. Gestalt therapy, at its core, deals with the awareness and management of energy. Lack of closure, by definition, is a statement about energy that involves continuing in a state of tension. Much of what we term grieving involves the “draining of energy” from the figure of loss (Melnick & Nevis, 1998). This is accomplished by a number of procedures: acknowledging the importance of the loss at sensory, emotional, and cognitive levels; the use of rituals, imagery, role playing, interpersonal dialogue, and creative experiments; and life narrative, identity, and meaning reconstruction. For seismic or significant losses, however, energy invested in remaining connected with what and whom has been lost usually never fully dissipates, regardless of transformations in the connectedness.

All loss is in some way relational, including self-loss (as in chronic sorrow) and loss of life stages (as in aging). A large loss casts one into a void since relationships, even when very painful or conflicted, allow for predictability. Virtually all of us fear letting go of the familiar. It is even more difficult when the loss is traumatic and unexpected. A Gestalt approach provides support in traversing this void by helping the individual to come into contact with the experience. It can facilitate the reduction of inflexible ideals and expectations, thereby changing the potency of the life and world that should have been. It can assist the individual in realizing that the unknown future is not so unknown after all, since the past always adheres to the present and helps to shape the future. Loss is constantly the focus of diverse and changing interpretations, being reworked, usually beneficially, in terms of temporality. To paraphrase Rilke, there is value in living everything, including the questions.

The Gestalt approach helps individuals become aware of their phenomenology. We believe that awareness, in and of itself, potentiates change. In the case of unresolved or unfinished loss, the focus is on the totality of the individual’s subjective experience. More broadly, Gestalt, as well as psychoanalytic and other forms of depth therapy, centers on the unfolding, illumination, and transformation of subjectivity.

Most experiences of “stuckness” consist of a split between a need or strong desire to hold on to a significant relationship, the status quo, specific interconnectivity, a certain sense of self, and a wish or need to let go and move on. The stuckness reflects conflict regarding these polarities; this conflict does demand energy and, when obsessive, reinforces the stuckness. A Gestalt approach emphasizes acknowledging and embracing both poles: the dialectic, and being receptive to this seemingly contradictory duality. A comforting insight can occur with the understanding that each of the poles is dependent on the other for its existence (*e.g.*, where there is shadow there must be light). Similarly, it can be comforting to understand that what occurs in relation to the connection with the person who is lost differs very little from what may occur in living relationships. Even in the most intimate of connections, there is perpetual movement toward and away from each other. When there is movement between the polarities that is integrative, a new perspective emerges, and the loss is experienced differently

or less urgently. However, integration may never be complete, since it creates a new dialectic.

From a field perspective, pressures may be exerted on the individual toward an either/or stance that precludes accommodation or integration of polarities. In some social matrices there may be great pressure for closure, while others may value attaching to, maintaining, or restoring an active, ongoing connection with the deceased. Therefore, the direction in which the individual moves (toward letting go or toward continuing bonds) is often dependent on the person's spheres of influence. When polarities are embraced and when they are viewed on a continuum rather than as a split, the location on the continuum where the integration which provides relief occurs may be largely the result of the field in which the person operates.

As stated previously, when a loss is large and significantly life-changing, "closure" defined as completion or final resolution of grief is neither valid nor desirable. Fragmentary closure and closure for many aspects of the loss may occur periodically, as a result of integrative types of therapy or as a consequence of new understandings, shifts in perspective, philosophical growth, and new life experiences and meanings. Releasing and saying good-bye to certain fantasies or beliefs related to the loss can occur, provided there is a state of readiness and a realization that these are no longer helpful, but rather serve only to trigger pain and complication (Roos, 2001).

The amelioration of impasses related to polarities is consistent with models of grief that include achieving or maintaining meaningful and beneficial attachments to the deceased and letting go (e.g., Boerner & Heckhausen, 2003). Gestalt approaches can also be useful in healing a problematic and distressing relationship with the deceased and in making new decisions based on a connection that is no longer the source of pain, but rather of support. Reconfiguring and healing a relationship with the deceased may only be possible with the passage of time, increased maturational life experience, and countless cycles of figure creation and destruction. This type of process reflects the benefit of non-closure and the usefulness of nonlinear, non-equilibrium models of grief. Conversely, the tension between holding on and letting go can help create meaning and persistence, a fortunate consequence of loss since, in most lives of some longevity and personal adversity, a lifelong task of managing varying amounts and degrees of grief is imposed.

Models of grief that include oscillation—alternating foci of coping energies and periodic respite from grief issues (e.g., Stroebe & Schut, 1999)—are also compatible with Gestalt concepts of field, figure, and ground; the importance of the client's subjective experience; and the need for relatively quiescent time intervals in which further synthesis and assimilation can take place. Models of oscillation are also compatible with non-closure related to ruptures in the field, such as those that are deeply significant and traumatic.

The pattern of oscillation between holding on and letting go may be considered as an example of the Cycle of Experience. The buildup of emotions and images associated with holding on or letting go may be partially released through various forms of emotional expression. The Cycle of Experience supports this particular manifestation of grieving, but it is *only one aspect* of the complex and profound process of grieving

for, and adjusting to, significant loss.

Benefits of Non-Closure

It is increasingly understood that breaking our attachment with the one who is lost is not necessarily the purpose of grieving. As Stroebe and Schut (1999) and others have observed, the linear, equilibrium-based “grief work” hypothesis is culture-bound and does not serve as a general explanation of functional coping. For many cultures, there is no evidence of a “working through” process or an insistence on letting go of the deceased in order to reach resolution or a state of completion with regard to grieving. There is general agreement, however, that we do need to confront the reality of loss in order to make progress in adjusting to life without the loved one. When there is a cultural imperative to “get over it,” there is a risk that grief will be seen as pathological—as a psychological or medical problem that needs to be cured or overcome. Stroebe and Schut (1999) have described the danger in the notion that “human suffering, integral to grief as we know it, will be considered bad, and that the human condition should only, ideally, encompass positive states and emotions...” (p. 203).

Death, partings, living losses, dissolution: These are the elements of the frame through which we grapple with issues that are eternal. Many benefits, most unforeseen, can accrue from grief that is not easily finished or fully assimilated. Some of these benefits are: (a) making the loss unavoidably figural, thereby preventing dissociation, distraction, or isolation of “the problem”; (b) allowing needed regulatory reactions, such as pain and crying, to have their day without censorship or suppression so that restoration of resilience can take place; (c) knowing and understanding intimately and fully what has been lost; (d) bearing witness, in the holding of memories, to the life that was taken; (e) healing and reconfiguring a conflicted relationship with the one who is lost; (f) integrating new understandings of self in relation to the loss; (g) channeling energy resulting from the tension of non-closure into positive pursuits; (h) developing greater compassion and empathic accuracy; and (i) finding life enriched and more deeply appreciated in the context of suffering.

During a lifespan, important losses become vibrant markers in the “history of the field.” These markers heighten our consciousness of how our continuing attachments to those we have lost shape our identities and influence existential struggles that are developmental, and how they support us as resources in reconstructing meaning in the aftermath of loss. Since our identities are largely embedded in our relationships, the capacity to develop, internalize, and maintain representations, memories, fantasies, and interactive and dialogic connection with those whom we have loved and lost allows for greater continuity of self, a significant benefit. If we were unable to make or keep these dynamic attachments, then meaningful aspects of our selves would be forever beyond reach; therefore, we would be unable to experience that thread of continuity that uniquely confirms who we are and why we are. The interaction that persists does so in a variety of manifestations, as procedural and semantic memory and, dialogically, into the future. By not completely letting go of our losses, we are afforded access to connections that are important for future life transitions and the further development

(or modification) of aspects of our selves.

The energy derived from non-closure can be directed toward positive goals and activities that, though not always apparent, are relevant to the loss. These pursuits can be experienced as compensatory and “required” to make the deceased loved one’s life matter in the larger context of time, place, and impact. Beneficial social change has notably emerged from parents, relatives, friends, and dedicated professionals who, as a direct result of losing someone owing to genetic disorders, neuromuscular conditions, various cancers, drunk driving, and suicides, have embarked on paths never before envisioned. These include: changing vocational focus, taking on leadership and advocacy roles in volunteer organizations, serving as a resource for others in similar situations, performing educational outreach, and even founding of new organizations devoted to prevention, research, and improved treatment or interventions. These life paths can become transformational in creating representations of the lost person that carry substitute value, as described by Boerner and Heckhausen (2003).

Self transcendence is rarely effortless. For nearly all, it is more of a spiral than a locked-step path. When we are unable to make permanent peace with our losses, when they drive us to action, we periodically can experience a sense of new purpose as a result of the decisions and directions we take. When the son of a murder victim places his hand on his mother’s coffin and silently vows never to rest until her murderer is apprehended, he is taking a stand in life that changes and strengthens him forever. Profound beauty can emerge from creativity that is driven by profound loss. Many artists, writers, and composers are deeply influenced by their losses. Gustav Mahler spent most of his developmental years in a house of mourning. The deaths of his siblings in childhood led him to write songs about dead children (*Kindertotenlieder*). Themes of death and funeral marches appear in most of his symphonies. After one of his daughters died, he wrote his *Ninth Symphony* on a theme of good-byes, including death itself.

The following brief vignette was written in 1998 by the mother of a child who had died more than 30 years before. Her continuing attachment and dedication to her child and her relentless and inescapable desire to make Karen’s life matter have maintained the “living” representation that has been instrumental in determining and aligning identity development, life purpose, and decisions. The mother reports occasional emotional pain related to vivid imagery of Karen’s struggles and ultimate death. Periodically her back and left arm ache just as they did when she held her child. Correspondingly, she feels satisfaction and wholeness from doing her job as a mother; that is, “keeping Karen alive” symbolically through her work, her accomplishments, and in the overall living of her life. She has not wasted what she has learned as a result of loss.

The vignette demonstrates how internal and external events continue to move the experience of loss to the forefront. It illustrates hanging on and letting go, the richness of remembrance and continuing attachment, the importance of the accuracy of a child’s name, a father’s disconnection and abandonment, and even a “white lie” of closure.

Karen's Name

"I'm sure I'm right about this," he said. He was talking about the spelling of Karen's middle name, and he was right about one thing: the customary spelling of the name. We had been divorced for more than thirty years. The last time he had seen Karen was when she was about seven months old. She was his only child. He abandoned her. She was a beautiful and profoundly impaired child with a severe seizure disorder. The seizures won out, and she died when she was three years old. She had a miserable life, and she had a miserable death. I was 20 years old when she died.

After all these years, I had made contact with Martin. For reasons I only imperfectly understand, I did this for Karen. He had done nothing for her when she was alive, and he had done nothing when she died. He does not even know where she is buried; he never asked. I had mailed him some photos, and he had seen my noting of her name on the back of one of them.

He was contending that I had gotten the spelling wrong. When we had settled on a name for her, there had been worry that other children and teachers would get the pronunciation wrong and that she would have to cope with this annoyance. So we went with a spelling that conveyed the proper pronunciation but not the derivation.

He had now done his grand gesture. He had mailed me a book titled *No Voice is Ever Wholly Lost* by Louise Kaplan. In it, he had written: "To the totally devoted and loving mother of our child, Karen Renee." This gesture—which could be considered as too little, too late—had somehow reached my heart. This was Karen's father acknowledging for the very first time her pale existence and recognizing, perhaps valuing, my love and commitment to her. Alone, I had cared for her and supported the two of us. Alone, since the night she died, I have shaped my life to make hers matter. Her life and her death have been teleological.

This talking about the spelling of her name, Renae, struck me hard. At first, I felt incredulity that a parent, even one "in name only," could forget his only child's correct name. I had felt even more bewildered several days before when he had insisted he could not remember my phone call telling him that she had died. I had gone through many hours of moral struggles prior to making that call, struggles that diverted the energy I needed for making preparations for burying her.

Ultimately, I had decided it was the right thing to do. But how could anyone not remember the first realization that one's child has died? I became self-critical. Why should I place so much importance on this matter of Karen's name? I began to float to the periphery of the conversation. I wanted to clear the tape, but I also wanted to know how it ended. But I said, "This name thing, Martin, none of it makes any difference." "That's right," he said. The subject was closed.

Later in the day, as I'm driving, I give in to a spate of hilarity. This is triggered by a fantasy of talking to a spirit-like representation of a "Kindred Soul." I am explaining this absurdity about Karen's name, and I say, "As it turns out, the spelling of her name never gave her any problems at all. Thank God!" Kindred Soul says, "What a relief! It could have been such a burden." And I say, "It would have been a cross to bear." And I laugh until the tears come.

Closing Thoughts

Some say that the heart has a will of its own, far beyond the reaches of reason, and that once it is fully given, it can never be fully retrieved. This premise certainly seems true when we are faced with profound loss. For many, the pain and suffering known as grief is so deep that it feels unfathomable. It is easy to see why we may wish to stop the torment at all costs—seeking templates and models that promise a re-ordering and quick relief. These are the models that offer the hope that if one works hard, acts in certain ways, and performs the necessary rituals, closure will occur. We believe that this orientation to complex endings is deeply flawed; we have attempted to show that closure, as it is commonly understood, is a myth.

Also a myth is the *belief* in linearity (and equilibrium) in profound human experience, and in clearly defined beginnings, middles, and endings. Furthermore, there is a belief by many in our culture and, more specifically, in the helping professions, that an inability to close is a sign of malfunction, neurosis, and psychopathology. This second belief, whether stated or implied, creates further dilemmas for grieving individuals. Not only must they deal with their loss, but also with well-meaning friends and professionals who imply that they are “not doing it right.”

Life is a continuous process of holding on and letting go. Most of the time, the process occurs gracefully, with little awareness. However, grief often triggers a premature rupture. We are forced to end a relationship long before we are ready. As a result, we are thrown out of our rhythm. We are forced to deal with constructing a new sense of order in a revised world, and find a new balance.

One of our basic tasks as humans is to adjust creatively to what life hands us. Every important experience contains the seeds of wisdom. It is our relationship to the loss that matters. If we prematurely “move on” without honoring the learning embedded in the loss, an important opportunity for growth and development has been lost. On the other hand, if we linger too long, and if the loss is constantly figural, unduly influencing and distorting the present and future, then possibilities for newness and creativity are also diminished. We are trapped in non-redemptive grief and longing, experienced as repairable only by the undoing of the loss; that is, by the physical return of the loved one. We are held hostage by a kind of hope that has no evidence to support it, a kind of hope that translates into delayed disappointment and missed opportunities.

We all yearn for a sense of completion, a hug that ends with mutuality, a relationship that terminates with mutual consent, a life that ends well. Yet the times when this happens are rare. At best, if we are very lucky, the pain and obsessive focus that accompanies large loss fades in time and becomes integrated into our own new and ever-changing self, receding largely into the background. The important relationships, in whatever form they manifest, never end. They are with us forever and become who we are and what we do.

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