“Espérame en el cielo”:
The Process of Grief According to Gestalt Therapy

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(Translation Revised by Susan L. Fischer, Ph.D.)

ABSTRACT

Drawing on the work of the psychiatrist Elisabeth Kübler-Ross, M.D., this paper discusses five stages in the process of accompanying, supporting, and working with grief due to the loss of a loved one through death: Denial and Isolation; Bargaining and Ritual; Rage; Sadness; Acceptance. Framed within a Gestalt perspective, case vignettes are provided for each stage; included too is a brief, supplementary commentary on the process of grief.

“Espérame en el cielo” [Wait for me in heaven] is the title of a well-known bolero song about death, composed by Francisco López Vidal. This paper is excerpted from material used at the theoretical/experiential workshop for Gestalt Therapy Training at the Centro de Terapia y Psicología in Madrid, where I am director, as well as in other Gestalt therapy institutes throughout Spain and Europe. The paper originally appeared in Spanish (Vázquez Bandín, 2003/2008b); I am grateful to Susan L. Fischer for her tenacious attention to detail in refining the English translation.

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in children. The author maintains that sensitising and training therapists and nursing assistants on accompanying and working processes of grief is an urgent, social necessity.

Dedicated to Pluma, who for 23 years made it easier for me “to live at the boundary,” thanks to her canine wisdom.

She arrived with three wounds, that of life, that of love, that of death.

– Miguel Hernández (Spanish poet, 1910-1942)

The subject of death, loss, terminal patients... has always fascinated me. Not in a morbid or eschatological way, but rather from the psychological standpoint of supporting and accompanying. Throughout my life I have found justifications and had experiences that could explain this interest rationally, but they never have been very convincing. It is something within me, something I feel. I have long stopped seeking reasons and started looking for ways to put my concerns into action. For more than twenty years, I have been doing psychological work with people going through the grieving process, from those with a terminal illness to those who have lost a loved one.

As both a clinical psychologist and a Gestalt therapist, I have adapted my psychological training in the grieving process to both of these approaches. If my orientation as a Gestalt therapist and trainer is based on our founding book, Gestalt Therapy: Excitement and Growth in the Human Personality (Perls, Hefferline, and Goodman [PHG], 1951), I owe my orientation and theoretical systematisation with respect to grieving clients to the work of psychiatrist Elisabeth Kübler-Ross, M.D. Here are three reasons why, not in any particular order:

• she is a pioneer in articulating the methodology for working with grief and loss, death and dying;
• she channeled my personal interest, turning it into a genuine professional vocation;
• her approach is phenomenological and experiential: even if she never spoke nor wrote in “field” terms, nor in respect of a dialogical relationship, she always had in mind the meaning of “here, now and next,” and “the
magical intimacy of relating to one another without obstacles” (personal communication, 1992).

Social-Historical Context of the Subject

With the advent of science, medicine has led us to believe that the health and well-being of the individual is a question of understanding and knowledge. But two world wars and the situation of death and dying in the scientifically and economically most advanced countries of the Western world make us question that ideology. The voices of priests, doctors, and psychiatrists, and even of patients themselves, have come to the fore, telling us that not everything in the world of human beings can be put in order with science; and that, in the end, one thing that unites us as humankind is the fact of being alive and of suffering loss.

Kübler-Ross’s research may be inscribed within a social-psychological-philosophical line of development, which began in the USA with the publication of The Psychiatrist and the Dying Patient (1955) by the psychiatrist and psychoanalyst Kurt R. Eissler. It continued with the publication of Kübler-Ross’s first book, On Death and Dying (1969/1973), which saw eight editions in only three years. Both of these works arose out of a medical practice increasingly effective in “repairing” human beings’ biological organisms, but useless against the impact of death on the lives of individuals and in society-at-large.

Review of Literature

Technical Literature on Grief

In the psychological and sociological and literature, there are ever more books and papers dealing with the work done with grief, palliative care, psychological attention given to the dying, and emotional work with families who have suffered a meaningful loss. Nevertheless, each author looks at the subject from an individual viewpoint and experience, both personal and professional. The interested layperson does not get a clear picture, not even of agreed-on theoretical elements, with which to channel a burning interest. We are in a period that is arguably one of “diffusing and popularising the subject.” There is a lot to be done in this field, since there is a certain urgency to compile, systematise, and join all of the information into a coherent methodology, not to suppress the deeper human part of the work with individuals in grief, but to establish some criteria of proven efficacy. I feel hopeful that everything will come with time and that this subject, far from being a mere individual inclination, will become an issue of priority that
Gestalt Literature on Grief

Although in the second volume of *Gestalt Therapy: Excitement and Growth in the Human Personality*, Goodman made some particular references to grief, there are hardly any books or papers dedicated specifically to this subject. The few that exist only mention the subject in passing, or as reports of personal experiences.

Stephanie Sabar (2000) provides a good review of literature on the subject, and adding my own search for material, here is what I found to be available (at the time of writing this essay): two books (Tatlebaum [1980]; Weizman and Kann [1985]); five papers in addition to Sabar’s article (Clark [1982]; Corbeil [1983]; Evans (2000); Chávez de Sanchez [2002]; Hatzilakou [2002]); and one Letter to the Editor (Bate, 1994).

Other material is dispersed in more general writings about Gestalt therapy. When Perls (1973) mentions the metaphor of “peeling the onion,” he is referring to the implosive layer connected to death and the fear of death, and to the expression of sadness with the explosive layer (see also McLeod, 1993). Kepner (1995) speaks of it being healthy to cry for a loss. E. Polster (1995) analyses the loss of sense of self and life after a death. Woldt and Stein (1997) describe the grief that occurs with age and the transferential business of therapists faced with the decline and death of their clients. Zinker (1994) sees support in the mourning process as a kind of presence, testimony, and ritual. Oaklander (1988) provides a method for children who have suffered a loss.

Context and Definition of the Process of Grief

For everything there is a season, and a time for every matter under heaven:

a time to be born, and a time to die; [...] 
a time to weep, and a time to laugh; 
a time to mourn, and a time to dance; [...] 
a time to embrace, and a time to refrain from embracing; 
a time to seek, and a time to lose; 
a time to keep, and a time to cast away.

– *Ecclesiastes*, 3, 1-2, 4-6

If, in Antoine de Saint-Exupéry’s story, *le petit prince* cries on bidding farewell to *le renard*, a fox it had taken time to get to know, to become his
friend, and to enjoy their relationship, he comes to realize that, “On risque de pleurer un peu si l’on s’est laissé apprivoiser…” [“One runs the risk of crying a bit if one allows oneself to be tamed”] or, put another way, “When you love someone, you also risk crying a little” (1946, p. 83). Wise words that Saint-Exupéry put in the fox’s mouth! Because, as we know from Gestalt therapy theory, everything has a beginning and an ending, an opening and a closing, contact and withdrawal. But as Gestalt therapy theory also states, “when all the ground has been completed” […] “so that no appetite remains in the body-awareness” (PHG, II, 13, 1, par. 5) the closing – the withdrawal of the organism-environment field – happens in a natural, organismic, necessary way. There is a complete loss of interest; only when there is an unhealthy confluence is the relationship with the object maintained.

We can see this process of contact-making and the withdrawal of contact in the organism-environment field, for example, in eating. When we are hungry and see food in front of us, it gives us pleasure; it produces excitation, desire. And we delight in eating. But we know we have arrived at the state of being full, of shutting down, when we lose interest, feel satisfied, and push away the dish. In the case of bulimia, by way of contrast, individuals are not able to close and feel the moment of withdrawal in an organismic way, so that the anxiety of “separation” makes them swallow even more quickly.

In the process of grief, however, this “no appetite in the body-awareness” does not exist; “all the grounds” have not been “emptied,” and there is no natural organismic withdrawal. On the contrary, the environment disappears: it is snatched from us, it makes us feel “a situation of frustration, of starvation,” which makes “the boundary” become “intolerably tense because of proprioceptive demands that cannot be equilibrated from the environment” (PHG II, 3, 6, par. 5). The process we go through to solve this “intolerably tense” boundary due to frustration is that of grief. More precisely put: “A loved one dies. […] The grief, confusion, and suffering are prolonged, for there is much to be destroyed and annihilated and much to be assimilated” (PHG II, 9, 4, par. 5).

If now, in a more colloquial way, we define grief as the psychological process with which to work a person’s loss of an emotionally significant “object,” we realise immediately how wide-ranging the issue is, and the many different nuances that can exist in the state of grief. Although it is true that we may experience grief if we lose a job or a house, a friend gets angry with us, a child becomes independent, and so on, we generally speak of a process of grief when this loss is “forever,” due to a separation or a divorce, and more specifically, when a loved one dies. Therefore, I shall speak here of the process of grief and its therapeutic approach in the face of the “definitive” loss of someone meaningful in the life of another person. I am going to talk about
grief in terms of a loved one dying; the loss of somebody with whom one has had an emotional bond.

**Stages of Grief**

If we begin by saying that, according to Gestalt therapy theory, “every human function is an interacting in an organism/environment field, sociocultural, animal, and physical” (PHG II, 1, 3, par. 1), then the death of a loved one is an imbalance in the self-regulation in the organism/environment field, and the process of grief is to restore that balance. The process itself can be divided into five different stages:\(^2\)

- 1st Stage: Denial and Isolation
- 2nd Stage: Bargaining and Ritual
- 3rd Stage: Rage
- 4th Stage: Sadness
- 5th Stage: Acceptance.

**First Stage: Denial and Isolation**

El arturdimiento y la desorientación son grandes por lo que no es conveniente apresurarse.

[Numbness and disorientation are so great that it is inappropriate to hurry.]

– Hugo Dopaso, M.D. (Psychiatrist, Argentina, 1935-)

After a sudden death, as well as after a long-term illness, a family is left feeling disconcerted, startled, and generally not able to face the cruel reality. The first days are filled with making arrangements and attending to relatives and friends. The family begins to feel the emptiness after the funeral when the relatives and friends have gone, and the routine of daily life begins again.

As one part of the process, the people ask themselves, “Why me? Why did it have to happen to this person?” and without any answers denial generally sets in (“Surely it is a nightmare”; “I will wake up, and it will only have been a bad dream... ”). Many people are preoccupied with memories and absorbed in their daydreams, sometimes speaking with the dead person as if he/she

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\(^2\)As indicated above, the phases or stages of grief defended in this paper evolve from my own professional experience, based on the orientations presented by Kübler-Ross. Other authors have other criteria. Kavanaugh (1972) divides it into seven stages: 1) shock and denial; 2) disorganisation; 3) violent emotions; 4) guilt; 5) loss and loneliness; 6) relief; and 7) reestablishment. Davidson (1979), divides it into four phases: 1) shock and numbness; 2) searching and yearning; 3) disorientation; and 4) reorganisation. Horowitz (1976) also describes it as composed of four phases: 1) protest, denial; 2) intrusion; 3) obtaining; and 4) conclusion.
were still alive. Not only do they isolate themselves from other living persons, but they also make it hard for themselves to face the reality of the loved one’s death. This situation, this loss (i.e., bereavement) can be defined as a state of deep sadness and loneliness. As Saint-Exupéry (1943/1999) states in Lettre à un otage [Letter to a Hostage]:

The dead must be thought of as dead. Then they acquire in their role of dead another kind of presence. But those families hindered their return. They made them absent forever, late guests for eternity. They swapped their mourning for a vain hope. (p. 15)

From a Gestalt perspective, the grieving person sees the process of contact radically interrupted at this stage. Initially, the usual reaction is one of temporary subnormal function; denial is followed by another temporary function that is supernormal: a dream, a lively imagination, a pseudo-hallucination. The first is a kind of protection; the second works “exhausting the energy of the tension of proprioceptive excess” (PHG, II, 3, 6, par. 6).

With the sudden disappearance of the loved one, the process of contacting is affected in that a good post-contact phase is not possible. Isolation, egotism is unavoidable. Here is Raquel’s story.

A friend has encouraged Raquel to come to therapy. She is 38 years old and has just been widowed. Her husband had suffered a sudden heart attack.

When I see Raquel, my first impression is that of a doll supported by strings moved by a hand above. She tries to keep herself straight and seem strong. I feel a sensation of lightness, as if the floor had stopped supporting me, and I feel awfully fragile.

She sits down slowly, keeps herself straight in the seat without leaning back, and stares at me. I have the sensation that she is not really looking at me. It is as if she were looking at an indefinite point in some distant place.

“I do not know why I have come,” are her first words; “what has happened to me happens to a lot of people... and they survive. Nobody can do anything for me.” Her voice sounds to me both hard and distant. I feel lost, without “being connected.” And I tell her how I feel: an experiment to see if she will come out of her autism and realise that I am in the same room with her. At that moment, I feel she sees me for the first time; tears begin to trickle down her face, and she starts to talk to me about her emptiness, her loneliness, and how lost she feels.
At this stage, one must understand these needs even when trying to draw the person gradually out of isolation. Usually, the grieving individual has a need to find someone with whom to talk about the loved one. To relate anecdotes, to share some good moments of their life together, how they met, their tastes, their projects now thwarted, as well as the bad moments and the "obstinacy" of the person who is gone. Above all, the experts recommend that the grieving person recount, in the greatest detail possible, the circumstances of the death of the loved one (Horowitz, Siegel, Holen, Bonanno, Milbrath, & Stinson [1997]).

I have never encountered anyone, in my thirty years of working with people in grief, who did not speak spontaneously about the person they had lost after I had asked them a question based on the above; who did not speak with glassy eyes not only because of the pain they were feeling, but also because of the excitement of sharing memories. And that has happened with those who had come to me voluntarily, as well as with those encouraged to do so by some close relative, friend or, in the case of recent widows or widowers, their offspring. I have shared stories, letters, pictures, anecdotes, always suggested by the grieving person.

At this stage, I recommend the following two activities for outside of our sessions:

• Write a kind of “diary” of letters for the deceased in a nice notebook chosen only for this purpose and with a special general title (e.g., “Letters for a Love Dressed in Eternity”; “From the Heart”).
• Compile songs “meaningful” of the relationship, using cassettes, CDs, or another method of recording.

These suggestions are meant to activate the process of “sacar fuera” [“bringing out”], in order to effect the process of destroying (de-structuring) and annihilating in a gradual way, so that assimilation and growth become possible.

By telling me memories that initially they told themselves over and over in a kind of huis clos or "no-exit" retroflection leading only to egotism, I support the interruption by again creating a field through our relationship. At the same time, I am facilitating the passage from feelings to emotions, since “an emotion is the integrative awareness of a relation between the organism and the environment” (PHG II, 12, 6, par. 2).

Second Stage: Bargaining and Ritual

When my voice has been silenced by Death, my heart will still speak to you.

– Rabindranath Tagore (Writer, India, 1861-1941)
Those familiar with the subject of death and dying are often surprised to hear me speak of this stage when grief is due to a death. It is a meaningful step for both the ill person and the family when grief is the result of a catastrophic or terminal illness. But this phase exists, too, in cases of grief due to a loss by death, though not in such an obvious form. If I acknowledge that it derives from the previous stage – where denial in accepting the reality allows for "bargaining" – I also consider it a stage in and of itself, in its own right.

At this stage the living person, still immersed in the shock of the news, of the reality, tries, uselessly, to make "agreements," to negotiate – with God, with Life, with the dead person, with some supreme being – a kind of exchange, a promise in exchange for something; in a word, the person bargains. This negotiation is a way to delay the news, to postpone the intensity of the emotional charge it bears and, at the same time, to facilitate the next stage: to allow, without feeling guilty, the stage of rage, anger, outrage, for not being heard by the "invisible" interlocutor.

The end of this stage is characterised by two elements. The first marks the beginning of the following phase: rage. But the second is the result of my own verification – something I have been observing and attesting to for more than fifteen years by now – which I have never seen described nor suggested in any text about the subject, nor heard any professional speak of. I call it "ritual," defined as an offering; it is a renouncement presented to the dead person, generally in an unaware manner, as if to perpetuate memory.

For example, I remember a nurse in a workshop for health professionals (doctors, nurses, nursing assistants) who commented on and worked her not lived process of grief for father, who had died four years earlier. In a specific moment, when she was crying and crying and talking about how much she missed him, I asked her what they had shared, what she had lost upon losing him. She did not hesitate before answering me; she raised her eyes, looked straight at me, with bright eyes and without a tear, and in a clear sentence said all at once: "Ah, he was crazy about natillas [custard] but, since the day he died I have never again made natillas for anybody, never again!" And in her tone I could feel a mixture of challenge and pride. Then she continued crying, although now it was less strong.

I know that some people stop going to a particular beach, or listening to specific music. And I, too, have suffered grief. I know that with regard to my husband, I smashed "his/our" guitar to pieces against the wall and never touched/played it again. The important thing of the ritual is, not so much to recover the activity one has ceased doing, but to gain awareness of the situation.
Third Stage: Rage

Será que a la más profunda alegría,
me ha seguido la rabia ese día:
la rabia bomba – la rabia de muerte.
[It is likely that upon the deepest joy,
rage has followed on me that day:
the explosive rage – the rage of death.]
– Silvio Rodríguez (Musician, Cuba, 1946-)

Experience has taught me that, though the grieving person is crying and feels sadness in the first stage, it is as if tears and sadness were “only for oneself.” Rage and anger are in fact the initial emotions that come into the field, as Kübler-Ross (1969/1973) observes: “When the first stage of denial cannot be maintained any longer, it is replaced by feelings of anger, rage, envy, and resentment” (p. 44). As Gestaltists, we know that emotions can exist without awareness.

At this stage, grieving persons ask me the questions they had asked themselves during the first few days: “Why me? Why did it happen to me? What did I do to deserve this?” At times there appears some intention of guilt for some past action in relation to the dead person, or to their own past stories. But it is always a moment in which they feel doubt about God, Life, what is important in life, and so on. They do not have answers to their own questions, but neither do I. I do not try to give them any. Simply there are none. I do not try to inculcate any religious idea, whether they have one themselves or not; I simply accept their statements and beliefs. It goes without saying that I consider it cruel and inadequate to talk to them about God’s Love and His Will.

Their rage moves from these abstractions (God, Life...) to particular persons more or less close to them (doctors, priests, nurses, a neighbour, relatives...), including the very person who has died, and even I become an object of that rage. Why do I not give answers that could be useful for something? Why do I not indicate how to conclude quickly with the sorrow? For me, this transition is adequate and expected. It is a signal that I have given good enough support, and that they consider me a stable and close enough person so as to be able to work with me on their rage.

According to Gestalt therapy theory, we are in a phase of destruction in which the aggression, the rage, is necessary. The grieving individual needs to destroy, to de-structure, the intolerable situation and the loss of the love-object in order for the process to continue developing satisfactorily. As Perls et al. (1951) state: “Destroying (de-structuring) is the demolition of a whole
into fragments in order to assimilate them as parts in a new whole" (PHG II, 8, 5, par. 2); and “By tantrum and the labor of mourning the need for the impossible is annihilated” (PHG II, 9, 6, par. 2).

At the end of this stage, the grieving persons speaks about the fear of forgetting the loved one, the necessity of remembering every detail, every gesture; sometimes they tell me they have difficulty in remembering facial features. Or they feel guilty. Destructuring has begun, and therefore fear and anxiety emerge, giving place to the next phase. Here is Pilar’s story.

Pilar is a plain woman, 48 years old. Always dressed in black. She has lost her 18-year-old daughter in a car crash. Another daughter encouraged her to begin working with me. We have been working for some months now. We have a good relationship.

Pilar comes to this session with reddened eyes, her face tense, and her breathing shallow. I feel as if my shoulders have hunched and my chest hurts. I feel distressed. She collapses into the chair and does not give me time to say anything to her. Straight out, she tells me, with a high-pitched and hasty tone of voice: “I cannot remember her face! I look at the photo, but not even then can I remember her face! My poor little girl!” The pain in my chest becomes a knot in my throat. I reach out my hands, and she grasps them and weeps inconsolably, almost unable to breathe. “And now, what will become of me? I will never see her grow, nor marry! Life is rotten! What is the meaning of all this suffering?” And meanwhile, we continue with our hands tightly clasped, her tone of voice getting more strength and energy. I notice that I am breathing more deeply, and that the chest pain and the knot in my throat have disappeared. Pilar begins to rant about everything that comes to her mind, while she shakes our arms in the air.

In Gestalt terms, we could say that it is the inner struggle between annihilating and destroying: “Annihilating is making into nothing, […] and blotting it from existence. […] And is, primarily, a defensive response to pain” (PHG II, 8, 5, par. 2). Meanwhile, as we have seen, the purpose in destroying is to be able to assimilate, since this is the only thing that can facilitate “a new spontaneous functioning” (PHG II, 8, 5 par. 4). At this stage of grief, there must be as much destroying as annihilating. Some memories, some experiences must be de-structured, others annihilated. This phase of rage is significant because “anger contains the three aggressive components, destroying and annihilating and initiative” (PHG II, 8, 6, par. 5). And initiative leads to action.
Fourth Stage: Sadness

When we feel ourselves invaded by sadness, a day lasts as long as three autumns.
– Lê Thánh Tông (Emperor, Vietnam, 1442-1497)

For Pilot Guillaumet, the last friend I lost, I accepted being in mourning. Well I have accepted his death. Guillaumet will change more. He will never be here again; neither will be absent. I have sacrificed his place at my table as a useless illusion, but in his death he remains my real friend. (Saint-Exupéry, 1943/1999, p. 15)

Sadness appears after anger, sometimes alternating with it. Now it is as if the grieving person is organismically aware of the loss. Now it is no longer something exclusively rational, mental. We should say that the loss is felt, that the absence is experienced. This is the most delicate stage of all, since one feels the loss as an emptiness not only of the presence of the loved person but also as a personal lack of ideas, plans, feelings, interests, projects, hopes... Here is Ramón’s story.

Ramón, 25 years old, was a corpulent man. Now after losing his wife, having been married for only a year, he is the shadow of what he was. He has lost weight, is unkempt, and when I see him, I have the impression of looking at a ghost or a zombie. He has been undergoing therapy for some time. He enters my office as if moved by inertia and slumps into the chair. Silence. I look at him. He reminds me of a rag doll. His eyes are glassy with a lost expression; he looks down at the floor as if nothing surrounding him were important. The silence continues and I notice how I am losing vitality, energy. “It is difficult,” I tell him. Without fixing his eyes on me, he answers speaking between his teeth, with a hardly audible “yyessss,” shrugging his shoulders in a movement of indifference, of helplessness. Silence again. I feel myself without words, without resources. I say to him, “Sometimes I wonder, if losing one’s partner is the same or more difficult for a man than it is for a woman.” His expression makes me think that he is weighing my words and contrasting his sensations and feelings. “Did I manage to awaken your interest?” I ask myself silently. Then Ramón raises his head, looks at me with somewhat brighter eyes and says: “You know, I would like to be dead. Sometimes I think that I will not survive this sorrow, this emptiness...I sleep only because of pure exhaustion, when I sleep...I eat badly, I have no energy to do
anything, and I have the impression that it will be like this forever....”
His breathing is deeper, his look more intense. “Now you see me, I
am not able to dress decently....” And little by little we establish a
conversation about what and how he would like to change. I think
it is possible that, for the moment, the awakening of his interest will
not be for long, but it is beginning.

This is the stage at which people let themselves go more; it is difficult
for them to eat; they sleep badly or do not sleep; they are apathetic many
hours a day; they cannot concentrate on what they are doing. People with
a depressive tendency may have ideas or attempts of suicide at this stage.
There is a retroflection of aggression and a neurotic change from destruction
(de-structuralisation) to annihilation, self-annihilation. This is the stage of
guilty feelings. Sadness and despair, as with love, happiness, etc., are more
states than emotional movements: “We can now see how terrible these are,
for there is neither Ego nor Thou, the feeling is as of an abyss” (PHG II, 13, 2,
par. 2).

The therapist’s work at this stage is to support the expression of emotions,
together with the ongoing interruptions; they are wont to be the habitual
ones that cause the process of contacting to be interrupted – essentially:
confluence, introjection, projection, retroflection, and egotism. Here, without
breaking contact between therapist and client, the use of the “hot seat”
technique may be useful, not only as a technique of awareness but also as a
way of abreaction, like a catharsis of the stored tension and control. I often
say that the loss of a loved person is like “the heart choking on a bar of soap”;
only by crying one’s eyes out (not just two tear drops), expressed with all our
being, will this piece of soap dissolve. Otherwise, the grief will remain as a
cyst in our being, but not as “encapsulated”; rather, it will force its way through
in some other way, generally in a less organismic and holistic way, expressing
itself in the body mostly as a form of cancer.3

Pain and emotional suffering, as we know from Perls et al. (1951), have a
sense and a use, as “a means of preventing the isolation of the problem, in
order that, working through the conflict, the self may grow in the field of the
existent” (PHG II, 9, 4. par. 6). If we move away from the conflict, if we deny
the loss, if we cancel and block our feelings of sadness, we stop facing sorrow
and confusion; it will stop the suffering, but the grief remains without being
resolved and will become “unfinished business” which will catch up with us,
sooner or later.

3Many American oncologists, especially Lawrence LeShan (1990), have done research on the
relationship between cancer and unlived grief. My own research has confirmed these findings.
Fifth Stage: Acceptance and Hope

Too pasa y todo queda
pero lo nuestro es pasar.
[All things come and go, and all remain
but we only come and go.]
– Antonio Machado (Poet, Spain, 1875-1939)

Acceptance is equivalent to assimilation of the loss. There is not a specific
time established beforehand for arriving at this final stage of grief. It comes
and goes between sorrow and rebirth; it is as if “Love-Death” were to
continue living organically, but since the excitement has disappeared, trying
to recapture the “good moments” will “necessarily fail, for the now possible
fair moment is quite different” (PHG II, 13, 5, par. 3).

For there to be good contacting in the process of grief – just as in any other
process of contacting – energy must be taken from the three grammatical
persons involved: “I” (the one who speaks – “his style in its present use, it is
not his biography” [PHG, 7, 2, par. 6]); “Thou” (to whom we speak), and “It”
(what we are speaking about). But as the elaboration of the work progresses,
the two last grammatical persons are going to change. The first person is
always “I.” In the first phases, even if the client speaks to the therapist, she
is taking to me, as if I am only a simple “receptor” of some “It,” of a content
dedicated to the deceased person. It is as if, without losing the notion of
reality, the client allowed her/himself to “hallucinate” since, as we know, “the
core of the real is the action in any case” (PHG II, 5, 11, par. 1); only in this way
can we manage a creative adjustment. In this last stage, “Thou” is clearly the
therapist, and “It” becomes the deceased person and the new interests to be
awakened.

Here the habit of loyalty comes into play, i.e., identification with some
characteristic of the deceased person that has satisfied necessities and
potentialities, and that “is a source of strength for further action” (PHG II, 13,
6, par. 2). We may also see this loyalty in the keeping of the habits, clothes,
and things belonging to the dead person; as well as in that, in this final stage
of assimilation, one is going to see the possibility of making some changes.
Here is Elvira’s story.

Elvira has been coming to therapy for more than a year. She lost
her husband after a long illness. I have shared her changes through
a painful process of grief. In the last few sessions, Elvira has again
encountered some part of her vitality. Today, when we see each other,
she gives me a smile, like she has done for the last few months. I feel
good with her. I also smile. At one particular moment of the session she tells me with an expression of resolve: “I have decided to give Santiago’s clothes to an NGO; I know I will cry when I take them out of the closet; it will be like losing him a little bit more, but I think there are a lot of people who could use them, and to keep them hanging there will not bring me back my husband." She looks at me directly, with a bittersweet expression. I notice how I get goose pimples all over. I think she is making a difficult decision for herself, but she has it very clear. “I keep Santiago in my heart and will always keep him with me,” she concludes with shining eyes. I tell her what I think of her: “I think you are a very brave woman.” And in the ensuing silence, our looks – in making contact – say everything.

**Grief and Children**

Ya sé cosas de dinosaurios, ahora lo que quiero saber
es por qué se ha muerto mi abuelo.
[I already know about dinosaurs, but now I want to know why my granddad has died.]
– Diego (5 years old)

Although it is not the aim of this paper, I also want to mention something about children, since they are often forgotten or not considered. It is not that nobody cares about them; generally it is the opposite. But only very few people feel at ease talking to a child about death.

Children have a different idea of death: one must consider this before speaking with them and in order to understand their reactions. Until the age of three, the only thing that worries a child is separation; after that, they worry about mutilation. As Kübler-Ross states (1969/1973): It “is at the age of three that a child begins to mobilize, to take his first trips out ‘into the world,’ the sidewalk trips by bicycle. It is in this environment that he may see the first beloved pet run over by the car or a beautiful bird torn apart by a cat” (p. 157). This is what mutilation means for children; it is the age where they worry about the integrity of their own bodies, and they feel threatened by anything that can destroy them.

For a child between three and five years old, death is not considered a permanent phase. It is something temporal like burying a bulb in the earth in autumn in order to see flower come out the following spring. After the age of five, death is more like a man, a “bogeyman” coming to pick up the person;
it is still attributed to an outside intervention. Between the ages of nine and
ten, there appears a more real concept, i.e., that of death as a permanent
biological process. Each child will react in a different way upon the death
of a father or mother: from silent withdrawal to crying and shouting to call
attention, in an attempt to replace in that way a needed and necessary object.

As children still cannot tell the difference between urge and action, they
sometimes feel remorse and guilt. It is possible that they feel responsible for
having “killed” the loved one (father, mother, grandfather, brother…), and
they will be afraid of a horrible punishment. In other cases, they can take
the separation with relative calm, and make statements like “He/she will
come back in the summer holidays.” If the adults, themselves upset during
this period given the circumstances, do not understand the children, do
not explain anything to them, or shout at or rebuke them, the latter may
keep and block the pain within, giving place to emotional problems later
on. In adolescents, however, the reactions are similar to those of an adult.
Adolescence is itself a difficult time, and often the loss of one of the parents
or a sibling is an excessive weight. In any case, it is necessary to give them
enough support to let them express their feelings, whether guilt or rage or
simply pain and sadness.

Training to Accompany the Process of Grief

Qui apprendroit les hommes à mourir,
leur apprendroit à vivre.
[He who would teach men to die,
would teach them to live.]
– Michel de Montaigne (1533-1592)
(Essais, Livre I, “Que philosopher, c'est apprendre à mourir”)

“It might be helpful if more people would talk about death and dying as
an intrinsic part of life, just as they do not hesitate to mention when someone
is expecting a new baby” (Kübler-Ross, 1963-73, p. 125). The sensitising and
training of therapists and nursing assistants at workshops on accompanying
and elaborating processes of grief is an urgent, social necessity. Nobody would
be operated on by a “virtuoso” – someone who likes medicine and surgery but
is not a doctor, and therefore lacks adequate training. Nevertheless, there
is still an issue of “social reservation,” especially on the part of doctors who do
not understand the necessity of therapeutic and psychological support, neither
for ill persons nor for their relatives. Their emotional distance from human
beings, and from their pain and concern in the face of sickness, make them
see “diseases” and not people suffering. Kübler-Ross (1969/1973) observes: “It
is the first step which is the most difficult with physicians and nurses. Once they opened the door, listened to what we were actually doing (rather than speculating on what we might be doing), they were almost sure to continue" (pp. 222-23); in the majority of cases, their attitude will certainly change.

**The Gestalt Therapist and the Process of Grief**

*La soledad es más llevadera, [...] cuando se tiene a alguien a quien decírselo.*

[Solitude is more bearable, (...) when one has somebody to talk to about it.]

– Gustavo Adolfo Bécquer (Poet, Spain, 1836-1870)

Experience has taught me that Gestalt therapists have a nice task in accompanying and helping to work the grieving process. The characteristics of Gestalt therapy – the observation of what happens in “here-and-now,” the stance of noninterpretation, the support to interruptions to contact, the relationship of “I” and “Thou” that is by definition dialogical, the belief in organismic self-regulation, the holistic conception of the human being, the notion of the environmental field – are all fundamental concepts and basic elements in accompanying a person in grief. Perls et al. (1951) put it this way:

A loved one dies; there is a sad conflict between intellectual acceptance on the one hand and desires and memories on the other; the average man tries to distract himself; but the superior man obeys the signal and engages himself in the suffering, calls up the past, sees his present hopelessly frustrated; he cannot imagine what to do now that the bottom has fallen out of everything; the grief, confusion, and suffering are prolonged, for there is much to be destroyed and annihilated and much to be assimilated, and during this time he must not go about his unimportant business, deliberately suppressing the conflict. Finally the mourning-labor is complete and the person is changed, he assumes a creative disinterest; at once new interests become dominant. (PHG II, 9, 4, par. 5)

Nevertheless, we cannot forget that, however vital and deeply human it is to work with those who are grieving, Gestalt therapy is a therapeutic model based on *process and its interruptions* (Vázquez-Bandín, 2002/2008a); content, in this context as in any other, is part of the background and must
remain so. A sensitising and training workshop on the process of accompanying and working grief forms part of my training programme at the Centro de Terapia Gestalt in Madrid. As Kübler-Ross reminds us, “In the long run it is the persistent nurturing role of the therapist who has dealt with his or her own death complex sufficiently that helps the patient overcome the anxiety and fear of his impending death” (p. 69).

Closing

Despite my fascination with the processes of grief and Death, I love being alive. I love to feel my excitement and interest in people, things, and events of this world which fill me with vitality and passion, pushing me “to the boundary” where I attempt to live Life to the fullest. The poetess Sappho says it all: “If Death were a treasure, the gods would not be immortal.”

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