

The Relationship between Mourning and Society in their Diversity of Concepts My Love to Tricky Mourning

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

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ABSTRACT

The mourning in its instances, references, connections and ties among individuals, the title of this song indicates lack of our foundations, who loves us also rejects and abandon us (Nirvana - Jesus Doesn't Want Me For Sunbeam [1], with these customs we acquire the notion of love and mourning, and it is where the mirror of illusions and reality collide, where human omnipotence, omniscience, and omnivision meet death; It's long been known that in general the brain in its psychic processes does not recognize death, with the psychic structure not to recognize death, and how to understand how these external factors affect our psyche, our psychic structure and the ways one can possibly deal with such feeling within a Freudian psychoanalytic approach, that is, in simple words, the mourning in this intense period, as initially we do not recognize it as reality and have to accept and recognize it in the face of real impotence. Through a psychoanalytic approach this work seeks to face mourning to reduce suffering and remove the patient from possible stationary states within the state of mourning. "We need to love not to get sick." Sigmund Freud.

Keywords: *Mourning; suffering; freudian psychoanalysis; obsessive neurosis.*

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1. INTRODUCTION

In this paper we will be analyzing the concepts of mourning through a psychoanalytic vision, its consequences and associations, which are very important, the environment in which individuals fight is included in the same environment that it was created and belongs to the moment of mourning [2-4]. Also important is what I'll call pre-mourning, moments and situations, putting together the factor of time and the emotional loads that may have happened, some of which were heavier than others, emotionally linked to the affective connection between mourners and their deceased loved ones, and also the place they occupy in their relationships with the deceased will all be very important factors for future developments [5-7]. The diagnosis or their evolution can be better or worse depending on the way individuals react to the sum of external emotional factors associated with the internal ones of each individual. "If you want to bear life, be prepared to accept death" [8]. At this point, if it's not already there, we clearly see the need to get to know how the relationship between the individuals and life really is, or their relationship with this gigantic mixture of inside and outside feelings and factors. In a brief and simple analogy, it is like a ship that is not yet prepared for a given load, or that is having difficulties to carry it and more cargo is added to her; it is evident that without further help the ship will sink" [8]. At this point, it becomes clear the need for immediate help in order to avoid the sinking; the problem I intend to solve is suffering. It is well-known that most people enter into a very painful process that causes them symptomatic suffering. I will be analyzing such external symptoms and some internal ones that are not exposed to close relatives for reasons such as taboos derived from religion and the society, ideas that make patients suffer and get sicken, and frequently bring on them silent death. This work is motivated by the recent loss of my father, and by the disarrangement that definitive absence causes in families and friends, and the disorganization that prevents many from understanding what is going on, how to deal with it, the rupture with what is sacred and we were taught [9-11]. Surely these factors vary in different societies and leave us questions such as: what happened? Why it happened? How can this happen to me? We used to believe all these factors will bring us a false feeling of control, but most of the time this loss of control or what we think we can control has led to impotence and the fact that we have to face what is unchangeable, frustrating, and

humiliating, and the total impotence of human beings in the face of death and what we cannot change makes us feel bad, melancholy. In complex cases, the impotence of mourning requires treatment and coping [12,13]. We will address psychoanalytic treatment by fighting exaggerated mourning.

The goal of this research is to use Freudian psychoanalysis for the treatment of such mechanism, thus reducing the suffering to take the patient to a better diagnosis of symptoms and suffering relief based on psychoanalytic treatment.

2. BIBLIOGRAPHIC REVIEW

At this point I quote Franz Kafka "Our salvation is death, but not this one". The aphorism shows our possibility of dying and being reborn in the course of the same life, and by valuing death, through psychoanalytic treatment we need to take one's own mourning to death [14-16]. Once generated this particular and directed mourning takes different forms, changes from one individual to the other, and causes the fall of the external and internal factors that in the vast majority of cases of exaggerated mourning lead to deep and painful suffering for periods of time so long that in some cases they provoke the mourners early death. (Ferenczi, 1912/2011, p. 209). The defense of this work is based on the individualism of beings and how such individuality, depending on the links between individuals, leads to mourning and suffering. I quote Ferenczi, "men can only love themselves and no one else; loving others equals to integrating oneself into others in their own ego" (Ferenczi, 1912/2011, p. 209). If this other individual is integrated into his own ego, the reading made in mild analysis is that the one who died would be me at best, so part of me of me actually died.

The focus of this proposal will be those mechanisms for exacerbating mourning in the sense of evolution and onset of obsessive neurosis. Briefly defined, it is characterized by compulsive and repetitive thoughts; this compulsion can be exacerbated by introducing mourning into the individuals' reality [17-21]. We obviously know that mourning is relative in the reality of individuals and that they are different, so we will stick to those who because of this factor tend to get into a worsened compulsive picture.

The goal of this research is to use Freudian psychoanalysis for the treatment of such mechanism, thus reducing the suffering to take the patient to a better diagnosis of symptoms and suffering relief based on psychoanalytic treatment.

Before Freud, obsessive compulsion was called delirium mania as said by psychiatrist Philippe Pinel (Ribeiro, 2011).

Freud observed two things: current facts and childhood experiences in the case of mourning, and how the current fact is exacerbated by such experiences. Obviously, this would be the worst scenario; if not related to childhood experiences it would be a better scenario.

For the analysis of "mixed neuroses" I can defend the importance of a phase with mixed neurosis in front that shows a mixture of several specific ideologies specify [1].

In the study of hysteria, obsessions and phobias, which are different obsessive defense mechanisms, there is a replacement of the original idea related to painful memories of the individual's sexual life for another one associated with the affectionate state. Obsessions are different from phobias because phobias are not about replacing unbearable ideas, but a psychic conflict that evolves into a state of anxiety in which the solution found by the individual is to replace the conflict by an avoidable object. In the case of a loved one, the avoidable object, a defense mechanism, would be replacing an irreparable, permanent loss by thoughts of something more tolerable. I say tolerable because it is acceptable at first in the mourning of individuals who tend to exacerbate suffering. The word acceptable is not part of everyday life; it is to tolerate at first something more probable and palpable.

We will now see different approaches to psychoanalytic treatment, but none of them starting with the crushing one, that is, the patient receives no treatment; during the process, and for long days the patient is left with his social context, be it large or small, breaking everything that is not recommended, citing Jesus Christ not the doctor who heals himself, most patients treat and heal themselves in a pseudo-heal healing.

We will start by a medical approach based on the five phases of death and the ludo of Elisabeth Kubler-Ross. First phase: Denial. Second phase:

Anger. Third phase: Negotiation/Bargain. Fourth phase: Depression. Fifth phase: Acceptance (Kübler-Ross, 2008; Kübler-Ross and Kesler, 2005). These phases, or according to some academic stages, may last up to two years or less, depending on the medical treatment. After two years, if not evolved into acceptance, we are told there was an aggravated diagnosis of the patient's mental health; it is not uncommon from the beginning of the grieving process in patients who tend to suffer and are not able to deal well with the fact that the drug approach with tranquilizers and other medications that literally induce the patient to a loss of contact with reality, this approach in many cases are necessary, unfortunately in my view the use of medication should be the last resort.

The first Denial phase is when one gets the news and tends to say I don't believe it (The second phase points out that rage is not a logical feeling and it shoots in many different directions, so what is the rage against? God, maybe? It can be directed to itself as is not able to do anything about the situation; it can be directed to life as it is so unjust, and it can also be directed to God, to the extent that it questions itself.

Third phase, the bargain: pray to God, make promises and oaths that things will no longer be as before, everything will be different, that is, everything goes to have the loved one back at any price Fourth phase, depression: it's highlighted that it's quite important to bear in mind that depression should not be understood as a pathological state; this stage is like total absence of hope Fifth phase, acceptance: it's highlighted that this phase is characterized as acceptance of reality by mourners. He will henceforth accept that his beloved one is no longer physically with him, and things have now changed. It is important to be aware that acceptance does not mean that everything is well. Acceptance makes individuals face their new reality and give it some meaning as new relationships can be established and they can learn to live without the one that is gone.).

This path I learned as a medical student and adopted it as I found it an acceptable treatment. Evidently that within these steps phase and time distortions may vary greatly from one patient to another, but two years have passed by now, we have a worsening scenario and need to intensify drug treatment.

We will now enter variants of studies of the psychoanalytic approach based on such principles as mourning. It is a healthy emotional process and important for the maintenance of mental health that takes place due to a loss, either real or abstract, the development of pathology symptoms depend on factors that relate to one another.

Now entering the statistical approach to mediating if based on the study below.

In the last month, how often did you feel intense emotional pain, sadness/regret or episodes of anxiety related to the lost relationship? 0.747 (Psychology Theory and Practice, vol. 19, No. 1, Jan-Apr, 2017, pp. 94-106).

Mourning can be defined as a set of emotional, physical, behavioral and social reactions that appear as a response to a significant loss (Parkes, 1998).

Being this of considerable value the chances of mourning leading to other pathologies are very significant, as well as to obsessive neurosis that will be this work's main subject. In psychoanalytic treatment the approach would be the analysis, and during this process the patient would have the insight and free association.

Mourning is a difficult, multidimensional process, as it is affected by a series of physical, psychological and social elements (Silva; Ferreira-Alves, 2012).

Freud publishes Mourning and Melancholia (1974), considerations of what is ideal for each individual, and can go deeper into triggers that unfold from the ego, and even deeper into the similarities and differences between mourning and melancholy that generate depression (Ibid., p.294).

Freud considers mourning as "the reaction to the loss of an entity, the loss of an abstraction that held the place of a loved one, such as the country, freedom, or the ideal of someone and so forth" (Ibid., p.294).

The relationship of libido with the lost one is an exacerbating factor in the symptomatic process of pain, sadness, suffering. During the mourning process the individual needs to remove their libidinal charges, this way they need to detach their feelings from the various intrapsychic representations of the object, the psychic

balance being restored when the linking with another object occurs through the displacement of the libido (Freud, 1974).

The non-removal of the libido from the lost one "through a hallucinatory psychosis charged with desire" (Ibid., p.250).

When one begins to accept that the object of desire no longer exists that we will share the same fate then the ego begins to accept (by the sum of the narcissistic satisfactions that result from being alive and breaking its links to the suppressed object" (Ibid., p.260).

In a way, Freud, Klein somehow share the idea that mourning cannot be considered a disease when the process serves a psychic reorganization, but when it serves as a mechanism to leverage mental illnesses such as obsessive neurosis, patient care must be increased, and clearly tell healthy from pathological mourning as both hypotheses have close ties with primitive, childhood processes [22].

About pathological mourning in a paranoid-schizoid situation (Riviere, 1986a). It can be said that the author increased the power of applied clinical analysis on addressing these phenomena that Freud never explored (Money-Kyrle, 1980). With its inner world populated by persecuting evil objects, in pathological mourning, in addition to the obligation to protect and appease the good objects, it is necessary to face the id's hatred of the ego. In this way, good objects cannot be trusted as they end up becoming bad ones [22].

Klein differs from the father of psychoanalysis on the crucial importance the latter attributes to sexuality, in that he places child-innate aggressiveness, rather than sexual life, as central to his theory (Jorge, 2007).

According to Klein, 1940, mourning after the loss of a loved one becomes one of the phenomena of depression, "along with anxiety, guilt and feeling of loss, derived from breastfeeding, from the oedipal situation and all other sources" (KLEIN, 1996, p.396) "when the safety of the inner world is gradually regained and inner feelings and objects come back to life, recreation processes begin, and hope arises again" (KLEIN, 1996, p.402).

In a way, Freud, Klein somehow share the idea that mourning cannot be considered a disease

when the process serves a psychic reorganization, but when it serves as a mechanism to leverage mental illnesses such as obsessive neurosis, patient care must be increased, and clearly tell healthy from pathological mourning as both hypotheses have close ties with primitive, childhood processes [22]. For Melanie Klein (1971), "in a non-pathological mourning process, individuals manage to reestablish the object of their love that was lost in the ego, while in pathological mourning such rearrangement fails".

On pathological mourning in a paranoid-schizoid situation (Riviere, 1986a); It can be said that the author increased the power of applied clinical analysis on addressing these phenomena that Freud never explored (Money-Kyrle, 1980), with the individual in pathological mourning and filled with bad thoughts, in addition to rescuing good thoughts, it is essential to fight hatred and look for the restoration of ego [22].

(Ferenczi, 1912/2011, p. 209). Klein differs from the father of psychoanalysis on the crucial importance the latter attributes to sexuality, in that he places child-innate aggressiveness, rather than sexual life, as central to his theory (Jorge, 2007).

The Kleinian theorization and its followers - Heimann (1986), Isaacs (1986), and Segal (1966) - believe that fantasies are innate to individuals and represent both libidinal and aggressive instincts. According to Riviere (1986b), another Melanie Klein follower, individuals' fantasies can be understood as "the way their sensations and real, both inside and outside perceptions are interpreted and represented in their minds under the influence of the pleasure-pain principle" (Riviere, 1986b, pp. 52, 53). In this way, it is possible for us to have guidance in mourning exacerbation, especially unresolved negative influences of paranoid-schizoid situations that lead to bigger chances of a pathological and psychopathological outcome for individuals in mourning process with great emotional and psychic affection linked to the lost one.

Following these principles of analysis of the individual, from more remote data that leads us to the essence of the existence and formation of the being, in touch with their social as well as inner environment, seeking in psychoanalysis for the root of the negative, pathological unfolding of mourning as said, one can conclude that the use of the psychoanalytic approach is a satisfactory

method in coping with mourning related exacerbations and psychopathologies.

3. CONCLUSION

It is concluded that the work tried to seek mechanisms in psicanálise, mainly in the Freudian one, to understand the ways of mourning where it has not been successful.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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