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Grief, Mourning and Meaning: In a personal voice

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Abstract: This paper draws upon first person narratives of sudden deaths that create overwhelming grief and a near-impossibility of mourning. These first person narratives inform and expand psychotherapeutic theories and practices about grief and mourning. The paper includes an autobiographical case study of the termination of author's own long-term psychotherapy and his subsequent accompaniment of that therapist through his former therapist's terminal illness.

Keywords: Mourning, grief, loss, death, fragmentation, meaning, Berne, Freud, Quinodoz

Grief has no distance. Grief comes in waves, paroxysms, sudden apprehensions that weaken the knees and blind the eyes and obliterate daily life. (Didion, 2006, p. 27)

Eric Berne was a young boy when his beloved father died of tuberculosis. He describes his father's death with aching affection and sorrow in his childhood memoir:

One Friday I came home for lunch and Mother met me looking very grave. She said that Father had had a hemorrhage. "What's a hemorrhage?" I asked. "Blood from the lungs," she said. She talked to me oddly as though I were a grown-up, and told me to go greet Father. Father was lying very still in bed looking straight up at the ceiling. When I came in, he turned his head.

"Hello," I said.

"Hello," said Father, and took my hand. We looked at each other for a few seconds, and then Father said, "A little boy should take good care of his mother and sister,"

I nodded and Father dropped my hand. "Good-bye, Father," I said.

"Good-bye, Leonard," said Father. (2010, p. 95)

Two days later, Berne's father was dead. Berne recalls, "Then they took me to stand beside the coffin and recite the prayer with them. *Yisgadal*

Veyiskadash. Take one step back at the end. I was not yet eleven years old” (p. 97).

In his memoir, Berne describes the family’s return from their father’s funeral; Mother gave us some milk and crackers and told us to play quietly. Then she went upstairs to the bedroom and shut the mahogany door. We drank our milk and ate our crackers slowly. The house was now quieter than it had ever been. (p.98)

The theme of doors closing was a frequent one in the memoir. In my review of the book (Cornell. 2010) I wrote, “Here we read again of doors closing—a closing off and leaving out, a secreting away of life’s deepest vulnerabilities at this crucial moment” (p.307). The family’s unresolved grief and mourning echo through the remainder of Berne’s memoir.

When I read Berne’s memoir, I felt a deep identification with him. When my father was seven, his father went into the hospital with a minor illness. He died suddenly and unexpectedly in the hospital. Within month’s my father’s mother had remarried; there was no time or room for mourning. My father never told me of his father’s death; I learned of it from his older sister many years after his death. My mother 40 when she died after hemorrhages in her brain left her deeply regressed and unable to speak. In a few weeks time she was dead. She had been ill with leukemia, but the brain hemorrhages were the result of a medical error. My parents were so overwhelmed by her illness that they never even told my younger brother and sister that she was sick until she could no longer speak. Our father was just 39, me 19, my brother 15, my sister 13. My father was 50 when he died, relieved to be spared any more of the relentless and unforgiving suffering and guilt he had experienced since his wife had died. Other than his mother and his children, no one from his family attended his funeral. As the deaths of my young parents loomed, I tried to accompany each of them as best I could, but there was no one to accompany me or my siblings or to help us mourn the tragedies of our parents’ un-lived lives (Cornell, 2013).

When I first heard of this special issue of the *Transactional Analysis Journal* devoted to discussions about death and loss, I knew I wanted to write on this topic, as it is one that has permeated my life. I returned first to Berne’s clinical writing and found virtually no discussions of loss, grief or mourning. Given what happened in his own youth, perhaps it is not surprising that this was territory that Berne did not address. In his last book, he did write about death. In a chilling passage, he comments, “A recent study of causes of death concluded that many people die when they are ready to, and that coronary thrombosis, for example, can be brought about almost by an act of will” (1972, p.188). Berne died of a heart attack while writing the manuscript that was to be published posthumously as *What Do You Say After Your Say Hello?*. Berne goes on to discuss death within the context of script theory, but there is nothing about loss or mourning. Checking the index for “loss,” I found multiple entries for “loser” but nothing for “loss”.

Transactional analysis literature after Berne

In reviewing the TA literature on loss, death and dying I discovered that there were very few articles addressing these issues. This may well be a legacy of Berne's—that his own writings provided no basis for transactional analysts to build upon in exploring the experiences of loss, death, and grief.

The 1981 retrospective issue of the *Transactional Analysis Journal* with Berne on the cover, included many reflections on Berne and celebrations of the success of transactional analysis. In this issue O'Hearne (1981), identifying himself as both a transactional analyst and psychoanalyst, describes the different levels of intervention made possible through Berne's model of TA, while noting that while some people completed their treatment contracts, "Yet they were mechanical, wooden; their voices were muted, often sad. They seldom celebrated life. TA alone was not enough....(p.85). He argues that Berne failed to make use of the psychoanalytic concept of "working through" (p.85), though he suggests Berne knew of it. O'Hearne links the psychoanalytic concept of working through to the process of grieving childhood losses, especially the loss of childhood dreams. He concludes the article, "This working through may involve anger, awe, fear, anxiety; it will always involve grief" (p.87).

The next major offering on the topic of grief came a decade later with Childs-Gowell's *Good Grief Rituals: Tools for Healing*. Childs-Gowell was motivated in part to write this book because of the life-long suffering of her husband, a veteran of World War II:

... he was never able to stop the flashbacks or deal with the pain of the experience until shortly before he died. The legacy of the unspeakable traumas he experienced, which he passed on to his family in a myriad of ways, remain ingrained in all of us.
(1992, p. 3)

Written in a self-help format, *Good Grief Rituals*, builds upon the work of Kubler-Ross and Native American rituals. She describes the common defensive reactions to loss, including those that are script-based and outlines a range of self-reflective exercises and rituals to facilitate mourning. Her prescriptions are solitary, self-healing procedures.

Another decade passes until Clark's "Psychotherapy as a mourning process" draws parallels between Kubler-Ross' model of the stages of mourning with Erskine's model of the stages of psychotherapy. Clark warns, "Failure on the part of the clinician to understand the mourning process can lead to arrested mourning that leaves losses unresolved" (2001, p. 160). From Clark's perspective, mourning requires the engagement and accompaniment of others. Solomon (2003) discusses the common reactions to the loss of a love relation and presents strategies for coping with the complex constellation of feelings that accompany such a loss as well as for moving forward. She illustrates how early script decisions can interfere with the resolution of these losses. Steinberg (2010), building on the work of the Gouldings (Goulding &

Goulding, 1997), presents a therapeutic model from a redecision perspective for resolving post-divorce impasses and losses. At the center of this therapeutic process is the expression of resentments, appreciations, unfinished business, and goodbyes as the means of resolving impasses in the face of loss. In keeping with Solomon's observations, Steinberg suggest that early script decisions can foster adverse post-divorce adjustments, so it is important that therapists address these early decisions as well as the mourning and letting go that needs to occur in the here-and-now. Garcia (2012) offers a model and tools for "learning and growing from painful endings and transitions" (p. 53).

Allen (2006) describes the community-wide tragedy of the Oklahoma City bombing in which 38% of the city's population knew someone who was killed. Allen presents a comprehensive approach from a psychosocial model of community response to devastating violence and loss. He concludes that the "successful resolution of the long-term effects of the Oklahoma bombing seems to have involved three overlapping phases: (1) abreaction and stress modulation; (2) contextualization, construction, and coconstruction of meaning and identity transformation with an acceptance of the irreversible; and (3) growth of a realistic sense of self-efficacy and a willingness to use one's strengths actively in meaningful social engagement" (p.131).

In a personal voice

I decided to read first-person narratives by those who have lost loved ones under sudden and tragic circumstances (Orr, 2004; Didion, 2006; Deraniyagala, 2013) to see what these accounts offered to our theoretical and therapeutic models.

Gregory Orr (2004) was 12 when he shot and killed his little brother, Peter. Gregory's father was taking him and his older brother out for the first day of deer hunting. When the younger brothers became upset at being left behind, their mother talked her husband into taking all four boys. The result was tragedy beyond the family's capacity to endure. His father carried his dead son's body back to the house, and Gregory was left alone:

I needed arms to catch me. I needed some voice to tell me I was not alone.

But the voices and human presences I yearned for so desperately could not be there when I needed them. My father and mother must each have retreated into their own sense of horror, despair, and guilt. (p.20)

Orr lived his grief and guilt in silence for many years, struggling to find the right and the means to live, and only as an adult able to find people with whom he could begin speak.

Sonali Deraniyagala (2013) was on Christmas holiday in Sri Lanka with her husband, parents, and two young sons, when the tsunami struck, sweeping

away her entire family and leaving her—somehow--alive. Alive and wishing she were dead:

I must stop remembering. I must keep them in a far away place. The more I remember, the greater my agony. These thoughts stuttered in my mind. So I stopped talking about them, I wouldn't mouth my boys' names, I shoved away stories of them. Let them, let our life, become as unreal as was the wave. ...I must be watchful, I told myself. I must shut them out. (p. 51)

Joan Didion (2006) was getting ready to join her husband at the dining room table for dinner when he dropped over dead. Even though she had accompanied his dead body to the hospital, she often found herself convinced he was alive. She felt on the edge of madness. In an effort to make sense of her unending grief and relentless torment, she turned to psychiatric and psychoanalytic literature. She found what she read patronizing and absurd:

There were, I also learned from the literature, two kinds of grief. The preferred kind, the one associated with "growth" and "development," was "uncomplicated grief," or "normal bereavement." ...The second kind of grief was "complicated grief," which was also known in the literature as "pathological bereavement" and was said to occur in a variety of situations. (p. 48)

Grief was not "uncomplicated" in the stories in these first person accounts.

Deraniyagala, Orr, and Didion each at times felt on the edge of insanity:

...I liked mixing alcohol with the pills. It made me hallucinate. I watched plump black worms crawl out from the airconditioner and slide down the wall. Hundreds of them, slowly as they crawled. ...This was good. I felt crazy, and that's how I thought I should be. My world gone in an instant, I need to be insane. (Deraniyagala, p. 55)

On the day of Peter's death, I heard every thread in my web snap in a single instant. I didn't know how to repair it, or to make new connections to the world. (Orr, p. 135)

We might expect if the death is sudden to feel shock. We do not expect this shock to be oblitative, dislocating to both body and mind. ...We do not expect to be literally crazy, cool customers who believe their husband is about to return and need his shoes. (Didion, p. 188)

Didion's struggle reflects that described by Freud:

This opposition [to accepting the reality of the loss] can be so intense that a turning away from reality takes place and a clinging to the [lost] object through a medium of a hallucinatory wishful psychosis. Normally, respect for reality gains the day.

Nevertheless, its orders cannot be obeyed at once. They are carried out bit by bit, ...and in the meantime the existence of the lost object is psychically prolonged. (1917, pp.244-45)

Madness and inconsolable agony permeate these memoirs. As I read them, I could see myself, recalling my own moments of breakdowns into near insanity and self-destructive risk-taking that might have been one way out of it all. Each of these writers was haunted by memories, wishing at first to kill off memory as some way of arriving at a peace of mind. Memories swept in unbidden, unwanted, throwing them into periods of despairing disorientation. It took great courage to write these frank, nearly naked memoirs of anguish, despair and insanity.

Ian Craig (1994) in his reflections on the nature and necessity of mourning, speaks forcefully of the multitude of ways through which people seek to avoid a collapse into unending, unremitted grief:

[Some] might prevent such a collapse by continuing to work, staying home from work, talking or keeping silent; ...{some} by smashing things, by screaming, by getting drunk; by leaving their wife or husband for their lover; by wearing the dead person's clothes or burning them. I don't think I have ever come across anything so intensely personal as grieving, and it often seems to me that the only attitude to adopt towards it is one of respect. (p.29)

A Death Met Differently

Unacknowledged and unresolved grief overwhelmed and fractured my family and my psyche. Following my parents' deaths, there was no place in which to grieve, no other with whom to cry or rage. I did not learn how to feel, face, and integrate the inevitable losses and tragedies of living, until well into my adult life. I was in my early 40's when I started my analysis; my analyst was 70. He warned me as we began that he was planning to retire at 80, so the analysis might have to be cut short! I had fully expected to be well and gone long before the man turned 80. I was mistaken. I took all 10 of those years.

As in any productive therapy, there were several pivotal experiences. One was most central to finally addressing the profound loneliness I had endured following my parents' deaths and that had permeated my young adult life. I had just recently separated from my wife, when on the eve of the Thanksgiving holiday I received a call from Rose, the woman who stepped into my life as a second mother after my mom died. A healthy and vigorous woman in her mid-70's, she called to tell me that she had been diagnosed with terminal pancreatic cancer and had been given a month to live. All of my family, close friends and my analyst were all out of town for the holiday. I was as close to madness as I had ever been. I wanted to die, but I had three sons to raise. I left a message on my analyst's answering machine telling him of Rose's phone call. Three days passed. I couldn't sleep. And I could not

imagine going to see my beloved Rose and let her see me in this deranged state of mind.

On Sunday I got a call from my analyst saying he had landed at the airport, that he was driving directly to his office, and that I was to meet him there. As I was seeing him that Monday morning at 8, I said “No, I’ll be alright until tomorrow”. He insisted. I went. I was not alone in my despair. When I got home, I crawled into bed, and as usual I could not sleep. The phone rang. It was my analyst, “I thought you might be having trouble sleeping and it might be easier to rest tonight with my voice in your ear. This is not a good time to be alone.” I slept. And he called me each night that week at bedtime. In two week’s time I was able to fly across the country to be with Rose as her death grew near.

After a few years in our work together, my analyst told me that he had a favor to ask of me. He had seen too many of his colleagues work well past their prime, at the expense of their patients. These therapists had been too proud or too scared to face the encroachments of age, illness, and the nearness of death. He did not want to do that. He trusted me to be honest with him, and he asked that when I saw signs of his age encroaching upon his competence, that I would tell him.

At 79, he announced to his patients that he would be retiring in a year. Most of his patients, to his shock and dismay, terminated abruptly rather than face his retirement and their feelings about the ending of their relationship. I was not about to do that. I knew I finally had here the opportunity to face loss and work it through with someone for whom I cared deeply and who would not shy away from all we had to face.

He asked me to read Freud’s (1916/1957) eloquent and deeply personal essay, “On Transience,” a remarkable piece of writing all of 3 pages long. It, like several of Freud’s most personal and complex essays, was written—haunted—by the horrors of World War I. This brief essay became a kind of touchstone for our process of reaching an end of the work in which we had been so deeply engaged. In that essay Freud observes that in the face of “the decay of all that is beautiful and perfect, there tends to be two different impulses”—one an “aching despondency” and the other a “rebellion against the fact asserted” (p. 305), fantasies of infinity, endless time. Freud observed “we possess, as it seems, a certain amount of capacity for love—what we call libido” (p. 306), which we attach to certain objects, and that we wish to keep those attachments at all costs. Freud cautions that when we lose a loved object, it feels as though we are losing our capacity to live and love. In our defensive reactions there can be a ferocious refusal to relinquish the lost one, so as to live and love anew. He argues that it is through the process of mourning--a profoundly painful process--we can release the lost loved one. Freud writes that once our mourning is over, we learn that we have in fact lost nothing from our discovery of life’s fragilities and gain the capacity to live fully again.

With Freud's essay as a backdrop, my analyst and I reflected on what we had each gained through our work together and what we were about to lose. I was at the same time mourning the end of my marriage and all of my fantasies of growing old together with my wife. I was mourning the end of my relationship with this man, my therapist, who had brought me so much and who in the richness of the later years of his life provided me with such a contrast to my father, who had spent his life avoiding life. We dealt with my fears of going it alone. Could I sustain all that I had learned without his presence in my life?

Meaning in Mourning

I represented the end of his career, just at a time that mine was truly taking off. Together we faced the meaning of my being his last analysand. We spoke directly of his envy that I had many years of professional life ahead of me and that I had been so much bolder in my professional life than he had been in his. My analyst was mourning the end of his career and many regrets that he had not been bolder and more personal in his practice as an analyst—that for decades he had submitted to the deadening restraints of following proper technique, fearful of the scrutiny and disapproval of his peers. Only in this last decade of his practice had he allowed himself to be himself, and I profited from that.

Quinodoz (2010), in her eloquent and moving book, *Growing Old*, vividly describes how for some elderly people, so as to ward off their anxieties about death, close off from their internal worlds. The memoirs I have quoted express the impact of sudden deaths for which there was no warning, but they, too, describe the desperate shrinking of their internal worlds in a desperate effort to deaden the grief, agony, and disorientation. My analyst and I did not shy away from our ending or his declining years. We lived an internal world together. He offered me a process of a deeply personal and mutual reflection, which will forever change the meaning for me of what it is to grow old. As Quinodoz frames it, my analyst and I revisited and re-inhabited memories of our lives and our work together, in a process of mourning and a construction of meaning.

And then the therapy didn't end. As he was about to turn 80, he told me that he was closing his office but that he wanted to continue seeing me at his home. I objected and assured him that I would be fine. He said, "Your character is founded on loss. Premature losses. Endings determined by others, not yourself. I do not want to add your analysis to that list. My mental and physical health is fine. I will continue seeing you until you decide to terminate or you tell me I am not competent to continue." There was a fundamental truth in what he was saying, but I insisted that I could finish. After all, we had just spent an entire year terminating! I felt I had to be ready to stop. He insisted that I not stop. He won. And in his "winning," I found my anxiety at accepting his offer overwhelming. I was far better prepared to stop

than to accept such a generous offer. He may have been old, but he was still smart. He knew exactly the impact his offer would have on me. Three more years of a very productive analysis followed. I did, in the end, have to tell him he was no longer competent to continue.

As we now faced the absolute end of our work together, he asked that we continue a friendship. I said, “No.” It felt essential to me that I now experience the loss of our working intimacy. This time my “no” held. This time it was a healthier no. I needed to know and feel that all I had gained and internalized from our work together was now truly mine, solid, and cohesive.

As I reread “On Transience” in preparing these reflections, I saw something new in Freud’s essay. In the context of Quinodoz’ book, I saw Freud’s reflections of incipient loss and the decay of “all that is beautiful and perfect,” as a kind of meditation on loss not only in relation to others, but also in relation to one’s self--the loss of health, of personal agency, of mental function, of unquestioned vitality—all that is “beautiful and perfect”. How do we face and mourn the loss of our capacities, our *identities*—conscious and unconscious—that we hold as essential and dear to ourselves? Implicit in Quinodoz’ book is an understanding of an internal process of mourning in relation to one’s self. We have to be able to face, as Freud put it, “how ephemeral were many things that we have regarded as changeless.” And we need a place to be furious about it. I think this confrontation with an unwelcomed reality and the mourning that must follow is made easier by the understanding and accompaniment of another, be it an analyst, therapist, counselor, partner, friend, lover, sibling, son, daughter. These are places where we are not meant to venture alone.

When I terminated my analysis, I did ask my analyst for one more thing—that I could be with him when he died. He agreed. A few years passed, and then he called inviting me to lunch, then adding, “Don’t come alone. Please bring Mick with you.” He told me that he had a rare, terminal form of brain cancer. As the disease progressed we met often. We spoke a great deal about life and my future, little of his illness. He read the papers I was working on. He spoke of what it was like to watch his capacities slip away. He hoped for a death without pain. He was granted that wish as he slipped into a coma before he died. This was our final intimacy, our final work together. As he approached his death, he remained my analyst, and I remained his patient, even in this most unusual intimacy.

When we have the time to see death approaching, we can mourn together in the face of the unwanted and the unavoidable. We can hold on close and tight, to speak of and to one another, before we must let go. My analyst and I had that opportunity. There was extraordinary meaning and intimacy in our having the courage do this.

Conclusion

Orr, Didion, and Deraniyagala were deprived of the luxury of the time and anticipation I had with Rose and then my analyst. Yet each was able at last to find a voice of mourning and meaning through these extraordinary memoirs. Each of these books describes the slowly emerging experience of being able to gradually accept the irreversible loss of their lost loved ones and hold a place for them within their internal worlds:

Until now I had only been able to grieve, not mourn. Grief is passive. Grief happened. Mourning, the act of dealing with grief, required attention. (Didion, p. 143)

But I have learned I can only recover myself when I keep them near. If I distance myself from them, and their absence, I am fractured. I am left feeling I've blundered into a stranger's life. ...Now I sit here in this garden in New York, and I hear them, jubilant, gleeful, on our lawn. (Deraniyagala. pp. 227-228)

When someone you love dies suddenly, the process of surviving them is complex. Part of the difficulty is separating out your entangled identities. Grieving, you celebrate the love bond between you and the dead one, but also, as you grieve, you are distinguishing yourself from the dead one. (Orr. p. 75)

Freud wrote "On Transience" in the midst of writing his classic essay, "Mourning and Melancholia," begun in 1915 but finished in 1917 (Freud, 1917/1957). While "On Transience" had the feel of a literary essay, in "Mourning and Melancholia" Freud elaborated his ideas in the clinical sphere. Freud considered melancholia to be the outcome of an inability or refusal to mourn, and he saw the consequences of such failure as dire. To Freud, in melancholia there is a turning of one's back to reality, the lost object is not released, the internal world becomes frozen in time, and one's capacity to love cannot open to new appetites, attachments, and meaning. Pain is imperative in the process of mourning. Reading these memoirs is at times a rather harrowing experience (I cannot imagine what it was like to have written them), but each in its own way captures the hard and essential work of mourning that Freud sought to convey in his article.

Freud's essays are now nearly 100 years old. And yet today the process of mourning is so often forestalled, medicated, or pathologized. It so often seems easier to hope for a quick "recovery," look away, and avoid the anguish. Two recent books, *The Loss of Sadness* (Horwitz & Wakefield, 2007) and *The New Black* (Leader, 2008), articulate powerful critiques of the medicalization of grief and loss; medication replaces the human domain.

It is my hope that this essay and the personal voices it conveys will be a contribution to re-establishing a respect for the impact of the loss of loved ones and the possibility of descents into despair that can reach the edge of insanity. Mourning is painful, essential, and requires the presence of others. It is a privilege to contribute to this special issue of the *Transactional Analysis*

Journal, the contents of which shall go a long way to addressing a long-standing lacuna in the TA literature.

My father was an absolute atheist. There was to be no minister, no religious music at the funeral. He refused to have the American flag draped over his coffin. So, how to say goodbye? He loved the singing of Joan Baez. So it was her gorgeous voice that soared through the small group of people who gathered to wish him farewell. Our gathering ended with Baez' recitation of "Old Welsh Song," a poem by Henry Treece, who was also a veteran of World War II:

I take with me where I go a pen and a golden bowl;
Poet and beggar step in my shoes, or a prince with a purple
shawl,
I bring with me when I return to the house that my father's hands
made,
A crooning bird on a crystal bough and, o, a sad, sad word!

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