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MOURNING IN THE DEAD MOTHER COMPLEX

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ABSTRACT: We review the concept of mourning, first as conceived by Freud and Klein, and how it relates with the contemporary “clinic of the void” as described by André Green. The clinic of the void is part of a series of modern manifestation of psychic malaise called “new symptoms”. To illustrate, we present the case of Roxana, a Mexican woman whose psyche reflected the dynamic of the dead mother complex. Through an analysis of her interpersonal relationships and past experiences, and comparing with psychoanalytic literature, we conclude that the dead mother complex might become a common condition in our society.

Keywords: mourning; psychoanalysis; dead mother complex; clinic of the void.

Resumo: O luto no complexo da mãe morta. Revisamos o conceito de luto, primeiro como concebido por Freud e Klein, e como este se relaciona com a “clínica do vazio” contemporânea, como descrita por André Green. A clínica do vazio é parte de uma série de manifestações modernas do mal-estar psíquico chamado “novos sintomas”. Para ilustrar, apresentamos o caso de Roxana, uma mulher mexicana cuja psique refletiu a dinâmica do complexo da mãe morta. Através de uma análise de suas relações interpessoais e experiências passadas, e comparando com a literatura psicanalítica, concluímos que o complexo da mãe morta pode se tornar uma condição comum em nossa sociedade.

Palavras-chave: luto; psicanálise; complexo da mãe morta; clínica do vazio.

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INTRODUCTION

In their book *Saturn and Melancholy*, Klibansky, Panofsky and Saxl (1964) make a historical review on the concept of melancholy in fields such as philosophy and medicine, starting from the Hypocritical theory of the “four humors”, followed by the Aristotelian conception about black bile as causative of the melancholic character. For them, melancholy was a disease associated with certain physical and mental symptoms, and Hippocrates affirmed that it was an extension of fear and sadness. The name of this ailment comes from the Greek roots *melan* (“black”) and *khole* (“humor”), this is, a black humor, a color traditionally associated with mourning, disease and death (HELLER, 2008).

In his text *Mourning and Melancholia*, from 1917, Freud shows that this ailment does not possess a unique definition within health sciences, and that it can manifest in many different ways in clinical practice. According to this author, melancholy is characterized by a general disinterest towards the world, along with a negative self-concept expressed through attitudes marked by reproach and denigration that the subject directs at themselves, to the point of having expectations of being punished. Likewise, Freud explains that in mourning there is an unconscious conflict originated on the ambivalence of the subject towards a lost object, a conflict in which feelings of love and hatred struggle to, respectively, loose and keep libidinal ties to the object. Mourning is then a working-through that allows the subject to elaborate a loss which has occurred in reality, while the conflict in melancholy is unconscious and can arise in a wide diversity of situations, such as losing one’s job or a divorce. In this way, mourning is revealed as a defense allowing the elaboration of a loss perceived by the ego, while in melancholy the object loss is followed by a loss of something that is perceived as part of the ego (CARUSO, 2010). However, Freud himself will express that his approach to mourning and melancholy is not profound enough, leaving the work of a deeper exploration of these concepts to future psychoanalysts.

One of such figures who continued the work of exploring depression from a psychoanalytic perspective was Melanie Klein (1882-1960), who dedicated much of her life’s work to the understanding of how the individual’s psychic reality is structured from the first months of life. Based on her research and analytic work, Klein (2009a) will propose the existence of two basic modes of interaction, denominated “positions”: the schizo-paranoid and the depressive (SEGAL, 1994). For Klein, the child’s ego is still too immature to bear the tension generated by the conflict between drives of life and death, forcing the projection of some of these on an object (the mother’s breast), provoking the ego’s splitting and resulting in the formation of a pair of objects: one loved that calms the child’s anxieties and fears, and one hated which persecutes them and threatens to destroy them. A defense mechanism proposed by Klein appears around this time: projective identification, functioning by splitting and projecting parts of the self on the objects in order to avoid being apart from them, and to keep away the bad objects forcing them to be apart from the self. On the other side, the depressive position is installed when the child begins to perceive their mother as a total object, separated and different from the child. The consequence of this is that the child, after realizing that both the good and bad objects are parts of the same thing, suffers from the anxiety provoked by feelings of ambivalence: instead of fearing an external, persecuting, object, they fear that destructive drives will damage the external good object, which will eventually be introjected, allowing the child to gain confidence in their own creative potential. Due to the child now perceiving their mother as an object apart from themselves, life and death drives are introjected and splitting gives place to repression. Inhibitions force the child to seek for substitutes for the satisfaction of their drives, beginning thus the first steps of symbolization. This process allows for the establishment of object relations which will eventually structure the child’s mental universe. Even if the depressive position is never totally elaborated, the child can still structure a stable enough ego to deal with further conflicts along their life. On the other hand, if while in the depressive position the ego is unable to secure its creative and destructive impulses, it will develop experiencing feelings of persecution and guilt, preventing it from establishing a creative relationship with reality (KLEIN, 2009a; SEGAL, 1994).

THE CLINIC OF THE VOID AND NEW SYMPTOMS

We live today in social conditions which are very different from those in which Freud and Klein did their investigations. During the early years of the 20th century, societal norms would structure a superego defined by an ethic of *must-be*, linked to the demand of a renunciation of the drive, allowing the development of civilization and culture; today, however, we live in times in which the imperative from the social superego structuring the social bond has transformed into *must-enjoy*, in which the renunciation of the drive is left aside in the structuring of civilization (RECALCATI, 2010). It is within this cultural climate that the so-called “new symptoms” emerge, including anorexia, bulimia, drug addictions and depression, among others. These are different from those treated within the “clinic of the lack”, linked to classical neurotic and psychotic structures mostly (RECALCATI, 2003). Traditional neurotic symptoms are based on the formation of a compromise between an unconscious desire

and the demands of social reality, while new symptoms are presented as inhibitions in the capacity to represent experiences due to a state of unrepresentable anxiety (GREEN, 1994; RECALCATI, 2003). What characterizes these new symptoms is that they originate due to the absence of an object structuring the psyche, that which Bion calls *reverie* and that allows for the metabolization of the child's experiences on the side of the mother to turn them into thinkable thoughts (GRINBERG; SOR; TABAK DE BIANCHEDI, 1991).

In other words, we are not talking here of the loss of something that was once had, but of the absence of an object that never was in the first place (GREEN, 1999). This absence results from the structuration of a psychically discontinuous subject, whose pathology is not manifested as a deviation from the norm but as a pathological adherence to the norm, a subject who runs away from contact with their inner world, a condition Bollas (1987) calls "normotic personality". Likewise, absence of the object results in the constitution of a latent void within the individual's psyche, with important affectations to the processes of symbolization and ego formation (BAUTISTA-NAVARRO, 2008).

One of the foremost contributions of André Green to Psychoanalysis is his conception of the "blank series" or "clinic of the void", names he gives to a series of conditions derived from the mentioned psychic void found within these patient's unconscious, including negative hallucination, blank psychosis and blank mourning (GREEN, 1999). Blank mourning stands in opposition of "black mourning", described by Freud and operating on object representations that have been lost but whose loss can be elaborated via processes cathexis-counter cathexis by the ego (FREUD, 1917). On the other hand, blank mourning refers to those situations in which, regardless of the real loss of the object, there is a psychic absence of it due to its impossibility to be represented by the psyche which, as has been mentioned, is because of the structuration of a mental void resulting from the absence of an object capable of enacting the *reverie* function (GREEN, 1994).

Among the pathologies conforming the "blank series", Green (1999) describes a condition in which this psychic void is structured by a depressive process on the part of the mother, being experienced by the child as a form of psychic abandonment by her (GREEN, 1999; LUSSIER, 1999). Her depression doesn't prevent her from acting her nutritious role on a biological level, but drastically affects her interaction with her child, making impossible the metabolization of his experiences and the introjection of a living mother *imago* which is able to give love and affection, being then psychically unrecognized by his mother (MODELL, 1999). André Green calls this condition the "dead mother complex".

THE DEAD MOTHER COMPLEX

The dead mother complex is the name Green (1999) gives to a specific psychic configuration, structured around a mother figure whose libido has been directed towards herself during her child's early years of life. Following the definition Laplanche and Pontalis (2004) give to the term "complex" in psychoanalytic theory, the dead mother complex would be about a cluster of intensely invested representations, mostly unconscious, established during the subject's early infancy.

The essence of this condition lies in a massive anticathexis of the child on the part of their depressed mother. From the child's perspective, this anticathexis is experienced as a double trauma because, apart from the fact that the mother's attention is directed towards herself and her situation, the baby can't give meaning to this because of the suddenness of it. The child, who up until then had been the mother's center of attention, experiences a sudden expulsion from his place, a scene which is further complicated by the apparition of a third element, provoking thus a precocious triangulation which forces the child to prematurely mature.

As a defense against the meaninglessness caused by their mother's anticathexis, the child will put in motion different mechanisms, leading to an unconscious identification with the figure of the dead mother. According to Klein (2009b), within the child's omnipotent fantasy, the mother's absence is interpreted as a realization of their desire of destruction towards the persecuting bad object, an act which, during normal development, would bring feelings of guilt, leading to attempts of reparation of the object, in this case, the mother's return when her child cries. In the dead mother complex, on the other hand, because of the mother's depression, no true reparation is possible, but instead a mimetism through which the child unconsciously assimilates some of the mother's attributes in their psyche, specifically her incapacity to cathectize objects.

For Klein (2009b), introjection of parental figures within the child's psyche leads to the experience of these *imagos* as unconscious fantasies of living persons. However, this introjection comes with a measure of anxiety, due to the possible disappearance or death of the introjected objects as consequence of the child's sadistic impulses which, in their omnipotent fantasy, are capable of destroying the mother (Klein, 2009a). On the other hand, if the child has successfully introjected a total object which stimulates the ego's integration, they will be able to overcome the feelings of anxiety and guilt, leading to attempts of reparation or reconstruction of the

object which he, in his fantasy, has destroyed. Reparation of the object leads in turn to a capacity to trust in his own impulses and to relate in a progressively more active way with his surroundings (SEGAL, 1994). This process will become the basic schema which will repeat in successive mourning processes that the child will have to go through later in life (KLEIN, 2009b). In the case of the dead mother complex, there is no such anxiety, because the introjected mother figure is that of a depressed mother and thus emotionally unavailable — a dead mother. Following Green, interaction with such a mother will lead to the constitution of unconscious fantasies of a mother devoid of affection, introjecting in its place a structural void where a mother should have been, either good or bad, but alive. Since what is introjected is the image of an already dead mother, there is no anxiety nor possibility of going through a normal mourning, transforming the subject into a sort of sarcophagus containing within himself the figure of an undying mother, neither living nor dead.

As previously said, mourning is a work allowing the elaboration of a loss that can be either real or imaginary. Object loss is overcome when its libido has been reinvested on new objects, which can also be either real or imaginary. In the dead mother complex, we find a basic difficulty in the mourning process because, as there is not a lively connection between the child and his depressed mother, there is no real or signified loss, but an unconscious void leading the subject to always keep moving, cathecting objects of the world but unable to create deep, affectionate bonds with them.

To illustrate the dynamics of mourning in the dead mother complex, as described by Green (1999) and others (BOLLAS, 1999; MODELL, 1999; VELASCO-KORNDÖRFFER, 2006), here follows the case of Roxana, a 46 years old Mexican woman who begins her analytic treatment due to feeling deep feelings of depression after her daughter's passing twelve years prior. We will begin by presenting Roxana's main family relations, following with an analysis by comparing clinical vignettes with literature.

ROXANA

Roxana is the mother of four children, the oldest of them, María, passed away at age 11 after suffering from leukemia for four years. She is divorced, and works as manager in a branch of the company she started with her ex-husband, a South American man she met when both were university students. During her analysis, Roxana describes her ex-husband as a manipulative and emotionally absent man, and their relationship as problematic and difficult. After the death of their eldest daughter, and due to the lack of psychological support during this episode, Roxana took the decision of getting divorced.

Another very important person in her life is her mother. Roxana describes her as an imposing woman, more preoccupied about her own personal development. Roxana's story gives the picture of a phallic and dominant woman, distant in her affections towards her children but constantly present as a rigid figure in their education, acting severely in matters associated with home and school duties. Her husband's —Roxana's father— disease further complicates their marriage, forcing her to turn her attention even more to her professional education, away from her family. Roxana explains that her relationship with her mother is a distant one.

María was the patient's first daughter, born a little after a year of her marrying her now ex-husband. María was diagnosed with leukemia at age 5, and begins her treatment in Mexico City. Despite this, her cancer spreads aggressively, and by the time María is 7 years old, it's no longer possible to continue her treatment with the medical resources available in Mexico, and the doctors' advice to seek a better treatment in the United States. Her then husband makes the necessary arrangements so the next day she departs with their children to that country, each one carrying only a bag with belongings. They will spend the next four years living abroad, with María constantly checking in and out of the hospital due to her condition. Roxana will be by her side in practically every moment, in fear that her daughter would die in her absence, going as far as spending whole days without leaving the hospital or going back home to take a shower. Roxana remembers her daughter as full of joy and optimism, with a strong character. She wouldn't let her condition limit her, and enjoyed playing and spending time with her siblings and classmates. María's death is impossible for Roxana to describe, and this feeling reappears in later situations in which her children, for different reasons, have had to move away from her.

This situation created feelings of abandonment in her other children; however, they were looked after by neighbors and friends of the family, whose names she however doesn't remember, mentioning in her analysis that she "doesn't know" who looked after them during that time. Along this process, she refers to having received no support from her then husband, apart from the economic resources to pay the bills, and receiving only excuses about why he couldn't move to visit them.

After María's death, Roxana returns to Mexico with her children, without saying goodbye to the people who supported her, and establishing in Monterrey with the idea of opening a branch of the company she and her then husband created. Her partner's absence during the time of their daughter's disease was further

complicated by the problems in their marriage, as well as by the geographical distance between them, moving Roxana to file a divorce. All of this brought her to a deeply depressive condition which prevents her from going out of her house, telling in her analysis that she would spend most of her time sleeping and crying and looking at María's pictures. Even some years after this event, she kept celebrating her eldest daughter's birthday with a cake, forcing her other children to join her in her celebration. This situation created tension in her relationship with her other children, who would reclaim their mother about her lack of attention towards them, the most vocal being her younger daughter, Daniela.

Daniela is Roxana's younger daughter, who barely was a year old when the family moved to the United States. By the time Roxana begins her analysis, Daniela was 16 years old, having recently moved back to her father in Mexico City to course her high school education, making Roxana feel excessive feelings of guilt due to her not being able to fill the role of a mother for her children. Roxana began to disregard her appearance, paying little attention to anything unrelated to her daughter, with little psychic energy available for her other children. This situation provoked in Roxana self-deprecating ideas and feelings of guilt about her own maternal capacity.

THE DEAD MOTHER

Roxana described her relationship with her parents as distant. Both worked as university professors: her father was a mathematician, and her mother a psychologist. A disabling disease prevented her father from being the main provider for the family, and her mother took up this role, taking postgraduate courses and seminars to better her academic background and professor. In this way, she would keep herself constantly busy, often neglecting her role as a mother to her children.

Roxana perceived her mother as distant person, cold and absent. At the start of her analysis, their relationship was based mostly on conversations they had over the telephone, in which Roxana would perceive a feeling of remoteness on the part of her mother, who would call her simply "my daughter". This treatment was seen by Roxana as too impersonal, as if her mother wasn't addressing her, comparing said treatment with that of a normal conversation between a mother and her daughter, in which the former would call the later by her name or using an affectionate nickname. For Roxana, being called simply "a daughter", meant to her only a role in the family she didn't felt was hers.

The following vignette fragments show a synthesis of the patient's fantasies about her relationship with her mother. Being called "daughter" sounded as alien to Roxana, expressing her difficulty of taking the role of a daughter at the same time her mother had difficulties in taking on her own role. For Green, a central factor in the subject's structuring process is the relationship with the first love object, and especially its loss. When the real death of the mother occurs, reality is enforced in the mourning process marking the object as lost; however, in the dead mother complex, the object is present in reality, but due to its libidinal unavailability, it remains absent from the child's fantasy as consequence of being perceived as unreachable and unfit to satisfy the child's affective necessities (GREEN, 1999).

Her father's disease could have been the triggering factor of a depressive process in her mother, however, it could have been that, because of the urgency to keep the family afloat, her depression had to be repressed and her feelings sublimated towards intellectual goals that would help her support her family economy. In the dead mother complex, the mother dissociates herself from her depressed feelings. In Roxana's case, her mother devoted her energy to her intellectual and working advancement, leaving her children emotionally unattended, taking up the role of provider, a role more associated with the father figure in Mexican culture.

THE SICK DAUGHTER

During the first sessions, Roxana talked in detail about her feelings of anxiety and loss at the idea of having to be apart from her children, as well as about of her great difficulty to communicate and relate with them in a positive way. She thought this was because of her own behavior during her oldest daughter's disease, beginning thus to talk about that chapter of her life.

When her oldest daughter, María, was diagnosed with leukemia, the doctor recommended her about leaving to United States to seek a better treatment, and Roxana agrees, taking her four children with her. Her then husband makes the arrangements so the next day after receiving the diagnosis, all five of them moved to that country, him staying in Mexico City to manage their company. Roxana didn't have any chance of saying goodbye to family or friends, carrying only a bag of belongings for her and each of her children before leaving Mexico. It's important to emphasize the abrupt way of leaving, as it seemed to be a constant in Roxana's life, who during her analysis dealt with anxiety by not attending to her sessions and by moving constantly due to her job.

For Roxana this was a difficult time of her life, as she had to deal with her daughter's disease by herself

because of the geographic and affective distance separating her from her husband, who only was present to pay for her expenses. She accepted not having taken care of her other three children while she was at the hospital, even ignoring who looked after them and assuming that the job was taken by friendly neighbors. Her presence at home was rarer every time, in fear that María would die in her absence.

After María's death, Roxana would use to sleep for long periods of time, constantly crying and seeking out her children as confidants of her grief and pain. When that school year ended in United States, she took her children and returned to Mexico, once again in an abrupt manner and without saying goodbye to the people she frequented in that country, and who supported her by looking after her children. When she told this, Roxana mentioned having felt guilty for leaving without thanking those people who supported her in such a difficult situation.

It is during this time after María's death, that Roxana enters into a deep depressive state, as if her desire to be a mother had vanished with the loss of her oldest daughter. Her treatment towards her other three children became distant and remote, which forced them to taking up most of the housework by themselves, such as cooking and cleaning, activities frequently associated with the mother figure. When this was pointed to her in analysis, she broke into tears, nodding however at the comment. After a long period of silence, she tells that her happiest moments during that time were those in which she remembered María, either by looking at her photos or celebrating her birthday, which she kept doing even years after she had died. In this occasions, she would get a birthday cake and place it in the dinner table, together with a photograph of María, gathering her children to sing happy birthday to her. Her children, however, complained about this in several occasions, claiming that her self-absorption prevented her from paying attention to her other living children. Roxana explained that this was so that María's siblings wouldn't forget about her, but little by little she stopped doing it.

Roxana's dynamic with María seems to point at the presence of projective identification. This defense mechanism was conceived by Melanie Klein, and is based on the splitting of self-objects and their projection on an external object, so that that object fulfills the fantasies associated with the projected elements. In this case, Roxana projected on María her fantasy of being the idealized daughter she —Roxana— should have been for her own mother, fulfilling thus the role she never had, being always by María's side during her illness, but at the same time leaving no energy available for her other children. This is also similar of the dynamic Green mentions as part of the dead mother complex, in which the subject is unconsciously identified with their mother, occupying thus her place and repeating the pattern of abandonment.

Part of Roxana's conflict with her children was because she kept celebrating María's birthday even years after her death, as if she was still living among them. This dynamic is similar to the one reported by Velasco-Korndörfer (2006), who, in a similar case of the dead mother complex, points that her patient, after her brother's death during an emotionally intense period, was able to keep a vertebra and a tissue impregnated with her brother's blood and tears, as if resisting to accept her beloved one's parting. In Roxana's case, this denial was achieved via the celebration of María's birthday, as if she was still alive.

RETURN TO ROXANA

During her analysis, Roxana would sometimes comment on how she perceived her children's preoccupation towards her, which made her feel as if the roles were exchanged, as if she was a daughter who needed protection. She disliked this situation, and when questioned about it, she answered that her wish was to reclaim the family she felt had abandoned by focusing her attention only on María. Roxana thought that maybe this was the reason her younger daughter, Daniela, had left to Mexico City to live with her father, feeling abandoned herself and seeing her mother as decayed and depressed. Roxana herself pointed that she didn't feel available for her children, not because a lack of wanting to be with them, but because she felt she walked away from them, as if she was running from the responsibilities of motherhood.

Some sessions after making this comment, Roxana explained that lately she had begun to feel better, changing some of her habits and starting to work out. Her children commented her that Roxana began to look different, as she was able to do some housework, and to have dinner with her children on the afternoon. When pointing to her that those are some of the activities commonly expected from a mother, and that her children were now receiving a different picture of her from what they had seen before, as if now she had taken up the mother's role, she reacted both happy and surprised.

ONE MORE FLIGHT

As previously mentioned, a particular thing Roxana did when confronted by difficult situations: was to flee in a sudden and abrupt way.

During the deepest period of her depression, Roxana not only ceased to pay attention to her children, but also neglected the company she started with her ex-husband. However, during her analysis she expressed her desire to try to take back her share of the company, which she felt belonged to her because of the time and effort invested by her. However, at the thought that this would be a long and difficult process, as well as complicated due to the possible conflicts with her ex-husband, she thought that she would do better just by letting her company go and starting from zero somewhere else. When commenting to her that this would be yet another flight before another difficult situation, she reacted confused and surprised. She is then confronted with every scene from her past in which she reacted to difficulties by running away, like the time she suddenly left to the U.S., and when she left that country to live in Monterrey, both being situations in which she had left behind a way of living to start from zero in other place, as well as the fact that she would not say goodbye to her loved ones, in a similar way she left her family's home to live with her uncle when she was a student. When being confronted with this, Roxana was silent, and afterwards she broke in tears, adding that for her those situations were very difficult to handle, especially when they involved her ex-husband.

Roxana seemed to be doing well in her analysis, when her job began to be a justification for her to skip her sessions. The following session after her first missing session, she came in very anxious because her second daughter, Alejandra, had just been diagnosed with anemia, making Roxana feel very anxious due to anemia being related to leukemia, disease from which María died. Roxana expressed having felt many things when she found herself again in a hospital with her daughter diagnosed with a similar disease.

Her absences became more common, until she stopped attending at all. This was interpreted as another attempt at fleeing in the face of surprising and difficult situation, which risked the advancements made in a year of treatment. However, there was a change: after several weeks of absence, Roxana called in to explain her departure. It was her who now was struck by a disease, in her case in the kidneys, which forced her to be hospitalized for several days. Even though she was now feeling better, her work had accumulated, making it impossible for her to know when she would be able to take back her analysis. During this phone call a brief commentary is made about the results of her analytic process, pointing that there were elements left to be worked, and that she was welcomed to return when she felt ready.

A similar situation is reported in a case worked by Bollas (1999), who comments that his patient seemed to behave in a similar way, running away from his sentimental and working relationships, originated on a similar anticathexis on the part of the mother. Bollas explains that, for his patient, the failure of his relationships was because of a repetition of his relationship with his emotionally dead mother, who at first was loving but afterwards sank within herself. This points at the operation of a mechanism described by Green as "projective actualization", through which the subject is placed in a situation which is fundamentally a reviviscence of the traumatic relationship with their dead mother. Roxana's behavior, as in the case of Bollas' patient, seemed to be marked by this repetition of estrangement from her family, associated with a dominant figure of an emotionally dead mother.

FINAL REMARKS

Through Roxana's speech, we can appreciate the way in which a family dynamic is marked by an unelaborated depressive process. Roxana's mother, by having to take up the reins of her home due to her husband's disease, turning towards herself, locking her depressive emotions, but also those which should have nurtured her children's psyche. Her incapacity to mourn for that loss made Roxana introject the image of a mother incapable of dealing with traumatic situations. Thus, at every situation in which she was forced to separate from emotionally important people in her life, she would just leave, unconsciously avoiding having to deal with loss. It is only when the awareness of the loss becomes unavoidable by having to deal with María's death that Roxana sinks into a situation in which loss becomes impossible to bear.

Roxana's position in her family is that of an uncared daughter, while her mother moved to take up the roles of provider. Her tale of how she herself doesn't feel like a daughter made it difficult for her to place in the mother's role, and in her own family's dynamic we can appreciate how she didn't quite fill that role; she became the caretaker of a daughter who required of constant cares and movements due to her disease, while for her other children she was an absent mother, like her own. With María, the only motherly role she knew died as well, that of a caretaker, and it is her incapacity to deal with her other children what moves her to seek for psychological attention.

The dead mother complex, as well as the void states, is characterized by a mother *imago* described as frozen or mummified, this is, whose loss is impossible to mourn due to a subject's inhibition in their capacity to represent their experiences on the psychic level. This can be appreciated in Roxana's relationship with motherhood: she cannot fully embrace her role as mother for her children due to her own maternal *imago*

being that of an emotionally absent mother, a frozen mother whose loss cannot be mourned since she hasn't been lost in reality. This is appreciated in the difficulty Roxana had with her children, who would complain to her about not being a mother to them. It was in the analytic setting and transference, that Roxana, little by little, was able to "unfreeze" this mother through the image of her analyst, to the point she eventually was able to occupy a motherly role for her children, but also for that symbolic daughter that is her company.

Even though she suspended her treatment after one year, and also considering that there were many elements that could have been explored, in the end Roxana was able to realize that, even if she had been repeating a flight behavior, she had a greater desire to be a mother to her children, and to take the reins of her own life.

CONCLUSIONS

Roxana's case shows a psychic dynamic that, beyond having its origins on a particular psychic structure, reveals itself as product of trans-generational factors, as well as a situation manifesting symptoms of a discontent typical of contemporary culture.

The dead mother complex is a phenomenon expressing the sudden anticathexis of the child by the mother. Confronted by the meaninglessness of this anticathexis, the child is forced to structure around a void that, even if it doesn't prevent him from forming links with objects and people, does make said links shallow. The subject enters into a sort of wandering, repeating outside that original link with their own mother, running away in moments which demand them to look deep into themselves.

The cold affection of these subjects is also expressed in the clinic, and as Green points, during the treatment of patients in which we can perceive the presence of the ghost of a dead mother, a more active attitude is needed from the analyst for the patient to avoid repeating the pattern which marks their interpersonal relationships with the cold affection of the mother they have introjected within their fantasy.

Despite the fact that the dead mother complex is well documented in psychoanalytic literature, it is important to point that cases described in it present multiple variations which could make access to the study of this condition rather difficult, and we consider that it should be further studied to get a clearer picture of its particular dynamic and its possible evolution in clinical work.

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