

# MOURNING

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## Mourning

**Primary Disciplinary Field(s):** Psychology, Sociology, Anthropology

### 1. Core Definition

Mourning is defined as the culturally prescribed behavioral process and expression of sorrow that an individual undertakes following the loss of a significant person, object, or concept in their life. It represents the external, social dimension of processing loss, distinct from the internal, subjective emotional state known as grief. The process is characterized by a necessary period of profound reflection, where the individual begins the psychological work of adjustment. As outlined in classical psychological definitions, this adjustment can manifest in severe psychological symptoms, ranging from simple apathy and profound dejection to an **entire loss of interest in the outside world**, reflecting the intense psychological burden required to sever emotional bonds with the lost entity. Societally, mourning provides a structured, time-bound framework through which the bereaved can navigate their emotional landscape while receiving communal support.

The psychological function of mourning is to gradually reconcile the ego with the immutable reality of the loss. This task involves the withdrawal of emotional energy (libido or attachment) that was previously invested in the lost object. Because this psychological energy withdrawal is often resisted by the ego--which continues to seek the lost object--the process is inherently painful and laborious. It requires the individual to repeatedly confront memories and associations tied to the deceased or lost item, systematically recognizing their absence until the reality is fully assimilated. This intensive introspection and emotional labor ultimately allows the individual to free psychological resources for reinvestment in new relationships, interests, and life goals, thereby restoring psychological equilibrium.

### 2. Historical and Psychoanalytic Context

The modern understanding of mourning is heavily indebted to the early 20th-century psychoanalytic work of Sigmund Freud, particularly his 1917 essay, "Mourning and Melancholia." Freud formalized the concept, distinguishing **mourning**--a natural, self-limiting response to loss--from **melancholia** (clinical depression), which he theorized involved an unconscious loss coupled with severe ego impairment and self-reproach. Freud posited that the critical feature of mourning is the realization that "the object no longer exists," necessitating the "work of mourning," which involves the slow, painful detachment of emotional energy from every memory, hope, and expectation connected to the lost individual.

Following Freud, object relations theorists, notably Melanie Klein, expanded this framework by emphasizing the role of internalized objects. Klein viewed mourning not only as a response to

external loss but also as an internal process crucial for development and integration. She argued that the mourning process compels the individual to confront their own internal world, particularly feelings of aggression or guilt related to the lost person. Successful mourning, in this view, involves a reparative process where the individual integrates both the positive and negative aspects of the lost object, thereby strengthening the ego and establishing a more mature psychological foundation.

### 3. The Distinction Between Grief and Mourning

In academic and clinical literature, the differentiation between **grief** and **mourning** is fundamental, though often blurred in everyday language. Grief is the internal, subjective, highly personal response to loss, encompassing the full spectrum of emotional, cognitive, and physical reactions, such as sadness, anger, yearning, cognitive disorganization, and somatic complaints. Grief is experienced privately, internally impacting the psychological state of the individual.

Mourning, conversely, is the public, culturally mediated manifestation of grief. It comprises the actions, behaviors, and rituals undertaken by the bereaved to express their loss, often guided by religious, social, or familial norms. Examples of mourning practices include funeral rites, memorial services, wearing specific attire (e.g., black or white), specific periods of seclusion or abstinence, and engaging in ritualized behaviors designed to mark the transition of the deceased and the status change of the survivor. These practices serve the vital societal function of communicating the loss to the community, eliciting support, and providing a predictable structure to an otherwise chaotic emotional experience.

### 4. Key Characteristics and Components

**Reality Testing and Acceptance:** A core component of the work of mourning is the slow, persistent psychological confirmation that the loss is final and irreversible. This involves confronting the reality of the absence repeatedly until the intellectual knowledge translates into emotional acceptance, leading to the gradual detachment of emotional investment.

**Social Reciprocity and Ritual:** Mourning is almost universally characterized by ritualized behavior. These rituals provide necessary social recognition of the loss and regulate the expression of emotion, preventing emotional overload for the individual while maintaining social stability. The prescribed behaviors offer the bereaved a defined role and purpose during a time of intense psychological disorganization.

**Reorganization of Identity:** Loss often disrupts the bereaved person's identity (e.g., transitioning from "spouse" to "widow"). A key characteristic of the mourning period is the challenging process of redefining the self and negotiating a new relationship with the surrounding world that accounts for the absence of the lost individual or object.

**Temporary Social Withdrawal:** Consistent with the original source's description of apathy and

loss of interest in the outside world, temporary social withdrawal is a characteristic feature. This serves to protect the individual from external demands while they dedicate necessary psychological energy to the internal work of grieving and processing the loss.

## 5. Sociocultural Dimensions

Anthropology demonstrates that the specific duration and required expression of mourning are highly dependent on cultural frameworks, highlighting that while grief is universal, mourning is learned. Cultures mandate specific periods--ranging from days to years--during which mourning dress must be worn, specific activities are forbidden, or religious observances must be followed. These practices are not arbitrary; they are essential mechanisms for managing the socio-economic disruption caused by death, ensuring the smooth redistribution of roles, resources, and social status.

The sociocultural dimension also dictates the acceptable intensity of emotional expression. In some societies, loud, public wailing and demonstration of extreme despair are required and expected, failing which the bereaved might be judged as disrespectful or unfeeling. Conversely, Western European and some East Asian cultures often emphasize stoic reserve and restrained public display, channeling intense grief into private or formalized settings. These variations underscore that mourning is not merely a personal act but a societal performance that reinforces group values regarding death, familial obligation, and emotional control.

## 6. Behavioral Manifestations and Duration

The behavioral manifestations of mourning are diverse but typically include a constellation of psychological, somatic, and cognitive symptoms. Psychologically, the bereaved often experience intense yearning for the lost person, preoccupation with memories, difficulty concentrating, and feelings of emptiness or numbness. Somatic, common complaints include sleep disturbances, appetite changes, extreme fatigue, and physical pain often mimicking symptoms experienced by the deceased.

While the intense, acute phase of grief typically subsides within the first six months, the comprehensive work of mourning--the reorganization of psychological life and social identity--is generally acknowledged to take significantly longer. Research suggests that a full integration of the loss and return to pre-loss functioning often requires 18 to 36 months, though major life events (such as subsequent anniversaries or holidays) can trigger renewed periods of acute distress long after the formal mourning period has ended. The failure to progress through these adaptive processes within an acceptable timeframe may lead to clinical complications.

## 7. Adaptive Functions and Significance

Mourning serves a critical adaptive function for human psychological health and social cohesion. By providing a structured, acknowledged time-out from the ordinary demands of life, it permits the individual to devote the necessary mental resources to processing the trauma of loss. The reflective period allows the bereaved to gradually integrate the profound change into their understanding of the world without being overwhelmed.

Furthermore, successful mourning ensures that emotional bonds are not permanently fixed to the past. If the psychological energy invested in the deceased were not gradually withdrawn and freed, the bereaved individual might remain perpetually emotionally frozen, leading to chronic dejection and the inability to form new healthy attachments. Therefore, the successful completion of the work of mourning is fundamental to the individual's capacity for future growth, social engagement, and psychological resilience.

## 8. Contemporary Clinical Perspectives and Complicated Grief

Contemporary clinical psychology recognizes that for a significant minority of individuals, the mourning process becomes stalled or dysfunctional. This results in **Complicated Grief**, or the recently formalized Persistent Complex Bereavement Disorder (PCBD) in the DSM-5. PCBD is diagnosed when intense yearning and preoccupation with the deceased, coupled with emotional pain and functional impairment, persist for an extended period (typically 12 months or more) and significantly impair daily functioning.

Clinical interventions today move beyond the purely detachment-focused model of classical psychoanalysis toward integration models, such as the Dual Process Model (DPM). The DPM suggests that healthy mourning involves oscillating between "loss-oriented" activities (grieving, yearning) and "restoration-oriented" activities (managing daily life, adapting to new roles, tackling avoidance). Therapeutic approaches, including specialized forms of Cognitive Behavioral Therapy (CBT) and meaning-making interventions, aim to facilitate this oscillation, helping the bereaved construct a new narrative where the memory of the lost person is integrated into their ongoing life without dominating it entirely.

### Further Reading

[Mourning \(Wikipedia\)](#)

[Psychology Today: Grief, Mourning, and Bereavement](#)

[Freud, S. \(1917\). Mourning and Melancholia.](#)

[American Psychiatric Association \(APA\) on Persistent Complex Bereavement Disorder.](#)