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The Mourning of Alexander the Great

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In fact Hephaistion's death had proved a great misfortune to Alexander and I think he would have preferred to have gone first himself rather than to experience it during his lifetime. ... (Arr. 7.16.8, Brunt)

To say that Hephaistion's death devastated the conqueror merely repeats a commonplace. But was Alexander's subsequent bereavement excessive, or—to use clinical terms—pathological?¹ Pervading popular opinion has been a guarded (or not-so-guarded) “yes.” Nonetheless, I propose to argue that a number of actions heretofore seen as abnormal are in fact behaviors typical of the bereaved. The difference in Alexander's case was due to his wealth and his authority: he could both afford such gestures and have them enforced.

The author wishes to acknowledge the special assistance of several persons. E. N. Borza, P. B. Harvey, and E. N. Carney read this paper at an earlier stage, providing advice and an occasional muzzle on my tendency to over-explain. L. Tritle provided thoughtful comments from his own experiences, and the final draft was read (graciously at the eleventh hour) by Karlyle Knox, old friend and veteran hospice counselor. As always, his points were pragmatic, insightful, and seasoned by his years of experience “in the trenches.”

¹ For the purposes of this study, “pathological” may be understood as “maladaptive.”

§1 History and Psychology

Previous historical treatments of bereavement include Paul Fussell's *The Great War and Modern Memory*, Philippe Ariès' *The Hour of Our Death*, and Jonathan Shay's *Achilles in Vietnam*. My approach here has more in common with Shay than with Fussell or Ariès. Fussell explores an iconographic approach, as he himself explains (ix), when dealing with perceptions and presentations of World War I, including the mourning process. His work highlights myth's intersection with and impact on warfare, as experienced not only by the soldiers fighting, but also by those who must watch and wait.

Ariès' book, which grew out of a series of lectures on western attitudes towards death, is far more obviously psychological. Yet it does not much utilize the literature of psychology. In that, it resembles Ernst Badian's "Alexander the Great and the Loneliness of Power" more than Shay's *Achilles in Vietnam*. Ariès' observations come from the standpoint of an historian studying evidence and descriptions of death and mourning,² while Shay's observations are made by a psychiatrist who sees in ancient epic echoes of modern experience. Both approaches have a useful contribution to make. In this paper, therefore, I shall try to combine my previous clinical training with that careful historical rigor proper to the historian.

Modern historians have been somewhat skeptical of applying clinical psychology to historical problems—an unsurprising stance, given such questionable examples as (in Alexander studies) Clark's "The Narcissism of Alexander the Great." Yet a fascination with psychological insight persists. We have Fredricksmeyer's "Alexander and Philip: Emulation and Resentment," O'Brien's *Alexander the Great: The Invisible Enemy*, K. R. Thomas' "A Psychoanalytic Study of Alexander the Great,"³

² It includes such varied sources as personal journals, literature, national archives, tombstone and crypt inscriptions, medical literature, and other anthropological or historical works. Only in Chapter Twelve does he deal with such psychological literature as *Psychology Today* and Kübler-Ross' famous *On Death and Dying*. Yet each is cited once only and *Psychology Today*—like *Archaeology*—is a journal designed primarily for a non-specialist audience.

³ Another example not directly related to Alexander is Slater's psychoanalytical attempt at myth interpretation, *The Glory of Hera*. One may contrast the general skep-

and, most recently, Worthington's "How 'Great' was Alexander the Great?" Even Badian has made forays into Alexander's psyche (see, e.g., "Alexander the Great and the Loneliness of Power," mentioned above). What all these studies share is a tendency to use psychological jargon, with a greater or lesser degree of accuracy. For instance, in his article's very second paragraph, Worthington calls the conqueror alcoholic and paranoid—clinical diagnostic terminology which has passed into common parlance—yet without defending or defining either charge.⁴

Why do historians revile some of these and similar articles but praise (or at least tolerate) others? Partly, I think much depends on the use or abuse of historical methodology. But also, I believe it rests on how such observations are couched. For instance, Badian presents his conclusions as a matter of common sense about human nature.⁵ That doesn't make his remarks any the less psychological. Psychology *is* simply the systematic study of what we think we know about ourselves.

ticism towards these works with the more positive reception in the classical community for Shay's work: e.g., the special edition of *The Classical Bulletin*, "Understanding Achilles," (Golden and Shay). I believe Shay's book was more respectfully received for two reasons: first, he applied his clinical experience in an appropriate fashion and demonstrated familiarity with the classical literature on the subject. He was well-informed in both fields. But I believe it was also more palatable because Achilles is a *fictional* character, and literary analysis differs from historical in fundamental ways. Shay discussed Homer's presentation of war in a self-contained literary work, rather than discussing an historical event or person.

⁴ One might refer to certain behaviors as paranoid, but paranoia itself is an Axis II psychological condition: that is, a serious personality disorder requiring clinical intervention and perhaps institutionalization. It's not a term to be used lightly. See the *DSM IV* (*Diagnostic and Statistical Manual of Mental Disorders*, 4th ed.) 629–34, for general comment on the nature of personality disorders, and 301.0 for diagnostic criteria concerning Paranoid Personality Disorder specifically. Also, the *DSM IV*, 175–95, for substance abuse in general, 194–95, for alcohol specifically, and 303.90, 305.0, 303.0 for diagnostic criteria, 291.8 for withdrawal.

⁵ Defining 'human nature'—and deciding if there is such a thing—is itself a matter of no small debate. What popular Western thought calls 'human nature' corresponds roughly with what the Greeks labeled φύσις: natural (biological) explanations for human action, as opposed to νόμος (custom). Yet the nature/nurture debate still rages in developmental psychology.

The problem lies not with the use of psychology, *per se*, but rather in the ability of both psychologists and historians to recognize its limits: what it can add to historical debate—and what it cannot, in the absence of evaluatory interviews or diagnostic tests impossible to apply to historical persons. One must be familiar with both historical methodology and modern clinical studies and diagnostic tools: otherwise the study will show familiarity with psychology but not with historiography, or familiarity with historical texts, but little knowledge of clinical studies or grasp of their limitations. Both Clark and Thomas accepted ancient texts at face value, with no attempt to evaluate their relative veracity, or even an understanding that such evaluation is necessary.⁶ O'Brien wrote an entire book in which Alexander's implied alcoholism (the 'invisible enemy') was a major theme—but made no reference to modern clinical studies, or even diagnostic criteria in the well-known *DSMIII-R (Diagnostic and Statistical Manual of Mental Disorders)*.⁷ Thus, Clark and Thomas can be criticized for marked naïveté by historians, while O'Brien demonstrated marked naïveté to clinicians and counselors.

In short, to combine psychology and history effectively, one must familiarize oneself with current work in both fields in order to be fully aware of the *conflicting theories and evaluatory limitations* specific to each. Put more simply, one must be cognizant of what can be said safely—and what cannot. Psychology no less than history is full of divergent theoretical models, as well as studies with problematic parameters, questionable statistics, and unreliable or biased methods of data collection. None of this means an effort to utilize psychology is doomed to failure; one must simply remain cautious.

⁶ The *date* of Clark's article, at least, should be noted here: 1923. His approach would be frowned on by modern clinicians, and is quite different from that used by Shay; it's less careful and inclined to observations and even diagnoses from which most modern psychotherapists would shy without the use of diagnostic tests like the *MMPI (Minnesota Multiphasic Personality Indicator)*.

⁷ Although now in version IV, at the time of O'Brien's writing the *DSM* was available only in the III-R version. Both are published out of Washington by The American Psychiatric Association, the *DSM III-R* in 1987, and the *DSM IV* in 1994. It is the diagnostic handbook for clinical practice in the US.

What psychology can contribute is a greater understanding of human behavior. Too often, the simple explanation is eschewed in favor of undue complexity precisely because we hesitate to speculate on psychological motivations. While we certainly cannot know what Alexander *felt*, or wanted people to believe that he felt, about Hephaistion's death (or any other event, for that matter) since he did not anticipate Caesar by writing memoirs, we can still evaluate his *behavior*, taking into account the fact that our reports are filtered through various, and sometimes conflicting, accounts.

We must also be aware of cultural variation. People do not express emotion (including grief) uniformly across cultures. The bereavement process itself has been recognized as cross-cultural,⁸ yet our complex (i.e., culturally-shaped) methods of expressing that experience are not. We have some literary and pictorial evidence for ancient Greek expectations,⁹ but know far less about Macedonian conventions—much of our knowledge derives from material evidence—and it is not safe to assume that their patterns of grieving were the same, since their burial practices were not.¹⁰ In this connection, we must always remember that Alexander would have grieved as a Macedonian, not as a Greek.

⁸ It may, in fact, be genetic, reflecting an evolutionarily-based response to separation distress which was conducive to human survival; see Jacobs 14–16. Primates evince non-verbal reactions similar to humans, such as searching behavior, or returning to places occupied by the deceased, in response to a loss. The same can be said, in fact, of other mammals.

⁹ For collections of evidence, see such works as Garland, Johnston, Kurtz and Boardman, Morris, Richardson, Sourvinou-Inwood, and Vermeule.

¹⁰ For cautions about burial interpretation, see Morris, 1–30, esp. 21–24. The recent wealth of burial material uncovered in Macedonia makes it clear that Macedonian burial practices differed somewhat from those of their southern cousins; for the royal tombs at Vergina, see Miller, but also Andronikos (1980, 1993). Note the variety of items buried with the dead, perhaps thought to be needed in the afterlife: paraphernalia for drinking, weaponry, jewelry, gold masks (archaic), clothing, furniture. Some of these items appear to have been used by the deceased in life, but some were made specially for the burial. Further, as Miller notes, the *faux* architectural front with its painted door out the “rear” (into the earth) is itself peculiar. Although Macedonia was Hellenized from at least the fifth century, and had a highly eclectic culture, ideas about death and burial are among a culture's more conservative aspects.

In this case, then, we are limited to material evidence recently recovered and to reports found in the ancient sources. These reports involve additional complications, since all of them are at least twice-removed from Alexander himself—sometimes across cultures as well as in time. This is certainly the case with Curtius, a Roman writing about a Macedonian, and drawing on mostly Greek and Roman sources. Moreover, we must beware of our own cultural assumptions regarding grief, as we are not *tabulae rasae*, but shaped by our personal perceptions and experiences.¹¹ It can be easy to forget that such a universal experience as bereavement does *not* coincide with the various differing local expectations for appropriate expressions of grief.¹²

In order to arrive at a more reasoned evaluation of Alexander's reaction to the death of Hephaestion, and thereby determine, insofar as we can, whether that reaction fell within bounds of a norm, we must begin by summarizing recognized clinical models for both normal and pathological grief. We need also to touch on cultural expressions among the Greeks and—insofar as this is possible—of the Macedonians, as well as determine the ecology of Alexander's own bereavement (i.e., the unique

¹¹ See the evaluations of Alexander's reaction in three popular academic biographies: "... the more bizarre manifestations of his grief ... we may reasonably attribute to the hostility, or the partiality, of historians towards the two men," Hamilton (145), with no evaluation of whether the 'bizarre' manifestations are atypical for grieving persons; "The violence and extravagance of the king's grief went beyond all normal bounds," Green (465); "... but Alexander's main reaction was hysterical grief ...," Bosworth (164). Bosworth is the most cautious, citing "general agreement [in the ancient sources] that it was extreme" to bolster his conclusions. The problem is that the agreement comes from sources written later and, in some cases, from a different cultural perspective. Whether Ptolemy would have considered Alexander's reactions extreme for a Macedonian is hidden behind, and filtered by, Arrian.

¹² In the emergency room at Tampa General Hospital in Tampa, Florida—a place where death is unanticipated and families arrive unprepared—one became immediately aware not only of cultural variations between grief expressions in black, Hispanic and white families, but also of cross-cultural discomfort experienced as a result of these differences. Inexperienced white nurses or staff would be distressed by the—to their minds—"excessive" expressions of black and Hispanic families: expressions which were not only normal for those cultures, but expected. In fact, chaplains occasionally had to caution nurses and doctors against giving sedatives to "out of control" family members which would interfere with their natural grief process. Such offers reflected the discomfort of culture-bound medical personnel, not the needs of the bereaved.

personal aspects of his situation). Only then will we be in a position to evaluate his actions and policies—immediate and long-term—in order to determine whether they were, in fact, pathological.

§2 Definitions

Although Freud long ago recognized the significance of mourning, studies of the bereavement process are relatively new to psychology. By an ironic twist, its very universality is one reason for the delay; we rarely pause to consider the commonplace in systematic terms. It is this unfamiliarity that has permitted certain popular but erroneous assumptions to persist in Western culture: among others, that grief lasts only a matter of months; that it is better for the bereaved “to just forget” the deceased; or that friends should avoid mentioning the deceased to the bereaved.¹³

That bereavement is a process consisting of several phases, each of which has certain characteristics, is well-recognized and agreed-upon in bereavement studies. How to divide and classify these phases is not. Such apparent differences are often due to variant theoretical models based on differing aetiologies. Nevertheless—and whatever terms a particular clinician applies—a familiar pattern is easily discernible. For the purposes of this paper, I will employ terminology largely derived from bereavement studies, collaborative or independent, by C. M. Parkes, R. S. Weiss, G. M. and A. L. Burnell, and W. and M. S. Stroebe, with additional information on pathological variations from S. Jacobs and T. A. Rando, cross-cultural data from P. C. Rosenblatt, and modern Greek data from L. M. Danforth.

Before proceeding further we should define the terms “grief,” “bereavement,” and “mourning.” Grief is the actual emotional experience of pain, loss, and disappointment, whether experienced so powerfully that it incapacitates us, or felt only as a passing pang. Thus, grief is what we *feel*, and it comes and goes throughout bereavement. Bereavement itself is the *process* of healing which follows a loss. Although there is no set limit on the duration of bereavement, and it varies enormously from person to person, acute bereavement is *usually* worked through by the

¹³ A list and discussion of common myths about grief can be found in Rando 27–29.

end of the first year, though the bereaved will continue to experience grief reactions for some time. In fact, bereavement is never entirely finished. One does not get over a loss; one learns to live with it. More, the process is cyclic, not linear. For this reason, "phase" is a better term than "stage," as it better expresses the transient quality. One may move through a phase several times during the course of bereavement, or vacillate between phases. Finally, mourning refers to the outward and culturally-determined expressions of bereavement, some of which, such as crying, are nearly universal. But whether crying is to be done loudly, publicly and with grand expression, or quietly, privately and with little expression, is governed by cultural expectations.¹⁴

Thus "grief" refers to internal emotions, "mourning" to external culturally-bound expressions, and "bereavement" to the entire process. With Alexander, our chief concern will therefore be with his *mourning*, and, to a lesser degree, with his bereavement. What feelings lay behind his actions we cannot know, since he cannot tell us. The best we can do is make an educated guess.

§3 Normal Bereavement

Normal or uncomplicated bereavement is usually divided into three general phases, which each have characteristic behaviors and tasks. These phases are "shock," "preoccupation," and "resolution."¹⁵ I wish to stress

¹⁴ Crying may in fact be *instinctive*, a modification of "calling" associated with searching behavior found among many animal species, Parkes, 62-63. In one culture studied by Rosenblatt (the Balinese) crying was rated as absent, and among their near neighbors the Javanese, it was cited as infrequent (15-18). He proposes religious beliefs as a cause. More expressive grief is usually demonstrated by Mediterranean, Latin American, black and Jewish cultures, whereas more moderate grief is found most often among Northern European, Asian, and American Indian cultures. While these tendencies are sometimes exaggerated into stereotypes, to disregard them is equally unwise. For instance, for many American Indian tribes, including my own, expression of certain emotions—particularly before outsiders—is seen as unguarded or rude (imposing one's own unpleasant feelings on others). This is not to say Indians never cry. Quite untrue, and some grieving behaviors were ritualized. Yet what was and is considered *acceptable* emotional expression may strike other cultures as reserved.

¹⁵ See Burnell and Burnell 41-42 with additions and modifications from Parkes. Rando (45) refers to the same three phases as "avoidance," "confrontation," and

that each person grieves in a way unique to personality and situation. Thus placing time limits on phases, or assuming that all characteristics of a phase will be experienced by any given bereaved individual, is a mistake. There are too many mitigating factors that can extend or shorten a phase. The best we can do is speak of averages.

That said, Phase One—shock—lasts *on average* no more than a week or two, and may last only a day or so in cases where death was anticipated. We should note immediately that the *type* of death has a great deal to do with how survivors grieve. Sudden unexpected deaths introduce factors which complicate bereavement—a point of particular note in the case of Alexander's mourning for Hephaestion.

The shock phase is characterized by emotional numbness, disorientation, appearance of being dazed or stunned, limited or narrowed focus of attention, denial, anger, *anhedonia* (inability to feel pleasure at anything), general forgetfulness, and somatic symptoms such as sobbing, nausea, a feeling of tightness in the chest and/or emptiness in the abdomen. Shock is not usually subdivided but does often fall into more intense and less intense periods.¹⁶ Its main psychological function is to distance the bereaved from immediate and overwhelming pain, permitting the psyche to absorb a loss at a pace it can better accommodate. For

"accommodation." This is a fine example of how terminology varies. If there is little disagreement among researchers on the existence of three phases, there is equally little agreement on what to call them. Among bereavement *counselors* (as opposed to researchers), there is not even agreement on the number of phases. Schneider uses four (shock, attempts to limit awareness of loss, acknowledgment of loss, and gaining new perspective), while Worden prefers not to speak of phases at all, but of *tasks*: accepting the reality of loss, experiencing the pain (*schmerz*) of grief, adjusting to a new environment without the bereaved, and withdrawing emotional energy from the old relationship into new relationships. Yet whatever terms a counselor uses, however the process is described, a recognizable set of behaviors does emerge. Rando (36–39) provides a table of common psychological, behavioral, social and physical responses to loss.

¹⁶ In modern Western society, the funeral—which typically follows three days after a death—may act as a divider. While the bereaved can still be in Phase One after, he or she will usually begin to display some mitigation in characteristics of the first phase. Furthermore, movement between phases is *gradual*. A bereaved individual does not go to bed one evening in Phase One and wake the next morning suddenly in Phase Two. Vacillation between them is common.

this reason, both denial and anger are not uncommon protective reactions, as both attempt to redirect an unwelcome, agonizing truth—the first through simple rejection of the knowledge which brings pain, the second by transforming and redirecting the pain itself.

Denial may be conscious and apparent, or unconscious and less apparent. That is, there may be no *stated* rejection of the loss, and the bereaved may even admit to it bluntly, but then *act* in ways which seem to deny it, or to deny that it has an impact. Also, some family members will put off dealing with a loss in order to tend to pressing business, or to care for other family members who have become incapacitated by grief. This temporary moratorium, like more obvious denial, permits the bereaved to adjust more slowly to a loss; it only becomes complicated (pathological) if extended indefinitely.

Phase Two—preoccupation—lasts an average of six to nine months, but this can vary a good deal, and I have not infrequently known it to last through the first year anniversary. In cases where death was anticipated, it may run shorter.¹⁷ Despite explosive crying or other dramatic expressions displayed during the shock phase, this second phase is the more emotionally intense, since it encompasses the primary work of bereavement: to confront (and eventually accept) the full impact of a loss. It is also the most dangerous stage to the bereaved, as it is during this second phase that serious illness and mortality rates peak.¹⁸

In Phase Two, numbness is replaced by an acute awareness of the death. Bouts of intense crying continue. Even more than during the first phase, the mourner may seem to concentrate on or speak of little else, giving an appearance of obsession with the deceased, their rela-

¹⁷ In general, anticipated death will speed up the bereavement process but does not eliminate it. In fact, loved ones of the terminally ill experience a dual bereavement: one which begins upon learning that the illness is terminal, and another which begins when death actually occurs.

¹⁸ Regarding mortality from suicide: while no suicide threat should ever be ignored, when they occur immediately following the death, they are more often a complicated expression of anger or denial than of depression and despair. Most attempts at suicide (successful or not) occur during the second phase. See Jacobs 187–88 and Parkes 72–73. A fuller treatment of illness and mortality among the bereaved, with a special focus on Alexander's own death eight months after Hephaestion's, can be found in E. N. Borza and J. Reames-Zimmerman.

tionship, and the manner of death. Incidences of unresolved anger are particularly worried over, and the bereaved may even experience feelings of guilt for imagined neglect, thinking that he or she did not do enough for the bereaved in life, or do enough to prevent the death. Thus guilt is one sub-characteristic of the second phase.

Guilt's corollary in the bereaved is anger: at one's self for slights imagined or real; at others who may have been responsible for, or are believed to have been able to prevent, the death—or even (maybe *especially*) at the deceased him- or herself for having died and left the bereaved behind. Anger at other persons might be considered a displacement of this fundamental rage at the deceased—an anger which in turn may bring renewed bouts of guilt for harboring such angry feelings, especially if the bereaved person perceives them to be unreasonable.

The most universal aspect of the second phase is depression. This can be quite severe, and, as in clinical depression, the bereaved can suffer co-morbid anxiety.¹⁹ Connected to this may be a fear that one is going insane, particularly if one has vivid dreams of, or experiences auditory, visual, or other hallucinatory episodes involving, the deceased. These are common, but often not recognized as such. The bereaved may be either alarmed or comforted by these experiences, depending on whether they are perceived as a haunting or a visitation.²⁰

Searching behavior—the quest for the lost one—is another common expression in Phase Two. While the bereaved may intellectually accept the loss, there remains a good deal to be worked through at a subconscious, emotional level before he or she *fully* accepts it. As noted above, crying is one searching expression; so are the dreams and hallucinatory episodes. In addition to these, the bereaved may experience in-

¹⁹ "Co-morbid" means manifesting together; depression and anxiety often go hand-in-hand.

²⁰ After the death of her four-year-old son from a long, rare, and draining illness, one mother spoke to me of several instances in which she woke in the morning to feel her son lying against her. The experience was so vivid that she could stroke the skin of his back, feel the rise and fall of his chest, the puff of his breath. Yet rather than be distressed by these experiences, she took great comfort in them, believing that her son had returned to keep watch over her and let her know that he was not "just gone." Her worry was not with the visitations themselves, but with others' reactions to them: that she would be perceived as "made crazy by grief."

stances of glimpsing someone in a crowd who resembles the deceased, or of hearing a voice believed to be the deceased's, or of hearing the deceased's step in a hallway or another room. When the lost one does not appear, the bereaved suffers frustrated anticipation. With time and repetition, the bereaved comes to accept the loss as a reality, though even years later, he or she may still occasionally experience unexpected episodes.

Other characteristics of the second phase include a desire to talk about the deceased, look at old pictures, and recount stories—even while these very actions bring pain. Some bereaved deliberately avoid all of the above, but most alternate bouts of phrenic remembering with subsequent periods in which reference to the deceased is avoided. Part of the remembering includes seeking out others who knew the deceased, but otherwise, social occasions are shunned and the bereaved suffers *anhedonia*.

All or only some of the above characteristics may appear in a particular individual. They may come in any order and can be repeated. As noted before, bereavement is *cyclic*.

Phase Three represents resolution. A mitigation in symptoms occurs and the bereaved re-emerges into the social world. The deceased is not forgotten, but weeping and pangs of grief decrease in frequency and intensity, and it becomes easier for the bereaved to speak of the deceased. Memories evoke nostalgia as often as pain, and the bereaved takes a new interest in life. New friends are made and new activities engaged in, despite "subsequent temporary upsurges of grief" (STUGs) precipitated by particular cues.²¹ The first anniversary of the death can function as an informal final ceremony in cultures which have no formal ones (e.g., most modern Western cultures). At this point the bereaved may experience a sense of closure.²² Yet I must stress again that

²¹ While the phenomena is widely recognized, "STUG" is Rando's term (64ff). She identifies three basic types of STUG reactions: cyclic (precipitated by anniversary or holiday cues), linear (precipitated by life transitions, crises or single-event rituals such as a graduation that should have been), and stimulus-cued (typically sensory reminders—olfactory, auditory).

²² See Rosenblatt 94, 96–97 for the prevalence and importance of final ceremonies in resolving the bereavement process, and the possible effects of their lack in the U.S.

bereavement cannot be bound by time, and events may interfere with or extend the process, particularly if the death was unexpected or violent. Even in a normal uncomplicated bereavement, the bereaved may not feel real resolution until the third year, or even the fifth. Thus it is best to say that *acute* bereavement is over—typically—by the end of the first year. But the full process of resolution will continue.

§4 Pathological or Complicated Bereavement

There is less agreement on how to label or diagnose pathological bereavement. Even the term “pathological” is a point of contention. For instance, in cases of death resulting from suicide, homicide, war or disaster, normal bereavement is the exception, not the rule.²³ Perhaps it is better to speak of *both* pathological and complicated bereavement. Knox calls grief an emotional wound which, like any wound, can become infected to a greater or lesser degree.²⁴

Complicated bereavement is typified by one of two pathologies: the mourner either tries to deny or avoid the loss, or tries to avoid relinquishing the deceased by prolonging and intensifying the bereavement process (Rando 149). Categories of complicated/pathological bereavement vary. Jacobs names four: delayed/absent, severe, chronic, and distorted. Raphael gives three: absent/inhibited/delayed, distorted, and chronic. But Rando has seven: absent, inhibited, delayed, distorted, conflicted, unanticipated, and chronic. Obviously, there is much overlap and different terms describe similar phenomena. Because Rando has the most complete list, I will employ her terms, with one addition from Jacobs not found in Rando: severe grief.

²³ For example, in a homicide the search for the perpetrator, the trial and appeals, as well as other attendant legal hurdles, turn a normal mourning process into a nightmare.

²⁴ Knox (personal conversation) makes it clear that pathological bereavement manifests itself as mental illness, while complicated bereavement involves factors which can interfere with a bereavement and make it more difficult to heal. From a practical perspective, this makes far more sense. Given Alexander's unique situation, his bereavement could hardly be anything but complex; yet, as we shall see, there is no real indication of *mental illness*. Regarding sudden death, Doyle (24) says: “The fact that a death is a sudden one complicates nearly all grief. Sudden death *is* sudden: there has been no adequate preparation for its occurrence.”

Rando separates her seven categories into three groups: problems of expression (absent, delayed, inhibited); problems in skewed aspect (distorted, conflicted, unanticipated); and problems with closure (chronic). With regard to Alexander, the first and last groups do not apply. His mourning was neither absent, delayed nor inhibited, and he simply did not live long enough for us to diagnose it as chronic.²⁵ This leaves distorted, conflicted and/or unanticipated grief, together with Jacob's severe grief, as potential complications.

"Distorted" grief is a somewhat problematic label since pathological bereavement is, by definition, distorted in some fashion. Rando (167–68) following Lindemann (1944) identifies nine basic symptoms which distinguish distorted, severe or acute grief (different terms for the same phenomena). I list these symptoms and evaluate them with respect to Alexander in Table 2.

Rafael (60) defines the syndrome further by separating it into two patterns: extreme rage or extreme guilt. In the former, exaggerated and violent expressions of anger *replace* most other mourning behaviors, and this separates the complicated pattern of extreme rage from simple angry expressions which accompany normal bereavement. One must recall that anger is a stage of the bereavement process and does not necessarily indicate a complication. Only when it is chronic and unalleviated by other symptoms is it considered pathological.

The other pattern, extreme guilt, is similar to extreme anger, except that guilt reactions replace most other mourning behaviors. Further, a patient should display a majority of the symptoms to substantiate a positive diagnosis. If a patient displays no more than two or three, the bereavement may have complicating *factors* (not to be downplayed), but is not pathological.

Conflicted mourning—first identified by Parkes and Weiss (97–128)—follows a loss when the relationship between bereaved and deceased has been particularly troubled or ambivalent. Rando (171) distinguishes it from Raphael's extreme-guilt distortion by emphasizing that "more of the affects and dynamics of uncomplicated (normal) mourning are experienced." Further, this type of complication often

²⁵ Chronic grief lasts longer than average, with second phase symptoms persisting unabated into the second year or beyond; see Parkes and Weiss 129–54.

involves some *delay* in the expression of grief. Parkes (154–58) even speaks of relief rather than grief as an initial response to death, with severe, guilty grief arising only after.

The final category in Rando's Skewed Aspects subgroup is unanticipated mourning, which some clinicians do not consider a *category* at all but a situational factor. When an unanticipated death occurs, particularly to a younger person, the bereaved faces a shock. Sudden or unanticipated death will often intensify or prolong the first and second phases of grief, but does *not* necessarily result in pathological expression. Bereavement can still follow a typical pattern and be resolved within a normal time-frame, keeping in mind that a *normal* time-frame can itself vary by months. Perhaps the real distinguishing mark is whether or not clinical intervention is called for. While it is often advantageous for a bereaved individual to have contact with clergy or counselor following a death,²⁶ in normal bereavement or even lesser complicated bereavement, such contact is not required for resolution to occur. Only with pathological reactions is clinical intervention advisable, or even necessary, for the resolution phase to be reached. The symptomatology²⁷ for a pathological reaction to sudden death, evaluated with regard to Alexander, can be found in Table 3. If ego weakness or a lack of confidence was present in the bereaved prior to bereavement, it is often seen as a precipitator of pathological behavior.

The last type of complicated bereavement to consider comes from Jacobs' list: severe grief. He speaks of severe grief as differing in degree not quality (177), and defines it as "separation distress, anxious symptoms, or depressive symptoms of unusual severity" (26). The symptoms presented resemble that for normal bereavement, and the best one can do by way of differentiation is to say that the severely bereaved experiences so much separation distress as to lose his or her ability to function in any area of life, and is more inclined to develop full-blown clinical

²⁶ This contact often does no more than assure the bereaved that his or her experiences are normal. Due to myths surrounding grief, it is common for bereaved persons reacting in perfectly usual ways to feel—or even be told—that they are acting abnormally and need help.

²⁷ "Symptomatology" is the correct psychological term, however for reasons of clarity, I shall use "symptom" throughout the rest of the study.

depression. Severe grief frequently develops into chronic grief and may, in fact, be best viewed as an early manifestation of this complication rather than as a separate category.

I wish to stress that the problem in reaching any diagnosis of severe grief is defining what constitutes "severe." Even a normal bereavement in a situation where the death was anticipated can be highly disruptive, particularly if the deceased was a spouse or child.²⁸ It is *abnormal* for the bereaved to continue to function normally: an indication of delayed, inhibited, or absent mourning. Because our society sometimes fosters unreal expectations for the resolution of bereavement due to discomfort with grief or myths about it, normal grieving can be mistaken for severe. A widow who suddenly breaks into tears in the grocery store three months after the death of her husband of thirty years because she sees his favorite food on the shelf is *not* experiencing abnormal or severe grief—even if the shoppers around her are disturbed by the display and withdraw. If, however, this same widow three months after the death still cannot leave her house to go to the grocery store at all, an abnormally severe disruption is indicated.

Now that we have delineated the symptoms for all four types of complicated bereavement that could have beset Alexander, let us examine his mourning behavior as reported, in order to determine whether it would qualify under any of them.

²⁸ It is something of a commonplace in counseling these days that the two most stressful life events are the death of a child and the death of a spouse. This recognition is owed largely to the work of Holmes and Rahe who, in the late 1960s, developed a social readjustment scale to measure the effect of stress on health. This scale assigned points for certain life events, from death to divorce to job changes to marriage. The issue was not one's perception of an event as good or bad, but the *stress* involved and the physical demands it placed on the body. Persons who scored high were found to be at increased risk for health problems. Although Holmes and Rahe's scale has been modified and rearranged since, the deaths of a child or a spouse continue to occupy top positions. Shay (40–41) notes that the emotional relationship of combat soldiers can be just as intense as marriage.

§5 Alexander's Mourning

Our first order of business is to classify Hephaestion's manner of death, as this bears on our expectations for Alexander's bereavement pattern. Despite the fact that Hephaestion died following a seven-day illness (Arr. 7.14.1), his death would still qualify as *unanticipated*. Not only had Alexander gone to the theater that morning, but so had the doctor (Plu. *Alex.* 72.1). Since the king left the theater as soon as he heard of Hephaestion's worsened condition (Arr. 7.14.1), it seems unlikely that he would have gone at all, had he believed his friend near death. The implication is that Hephaestion was either improving or not considered critical. Thus, Alexander's subsequent reactions should be understood in the same light as those of a family member who arrives at the emergency room only to be informed that his loved one is dead.²⁹ As noted above, sudden (unanticipated) death almost automatically introduces potential complications, and Rando even considers it a category of complicated bereavement.

Nevertheless, there were mitigating factors. First, Hephaestion *had* been ill. Because we are not told about the course of his illness, we do not know whether he had been near to death before in those seven days. Therefore, while his death does not appear to have been anticipated, it may not have been entirely surprising. Furthermore, Alexander saw the body of his friend immediately, while families who arrive at emergency rooms must often wait before being permitted to view the body. A delay contributes to the sense of unreality and denial. The fact that Alexander saw Hephaestion's body is important to his bereavement process, and conscious denial does not appear to have been present in his mourning. (*Unconscious* denial is another matter.)

²⁹ Because modern medicine has so vastly improved recovery from illness, most cases of *sudden* death today are caused by accidents or malpractice. There are still, however, a few examples arising from illness: death from heart attacks or strokes (particularly of middle-aged men and women), spontaneous cerebral hemorrhage, aneurysms, and myocarditis. All can carry away those who otherwise appeared perfectly healthy. This leaves family members to cope with the same kind of grief which affected Alexander. In my own clinical experience, the bereaved in these situations showed normal—if strong—grief reactions, which resolved themselves within a normal time frame. In other words, none developed into complicated mourning.

Other factors which may lead to complications in a sudden death situation do not apply here, either. Alexander was not faced by the horror of mutilation or the uncertainty arising from a missing body. There appears to have been no foul play, no homicide.³⁰ Despite some question as to whether Hephaestion brought on his own crisis by immoderate eating and drinking against doctor's orders, or whether the doctor was guilty of malpractice, our sources do not suggest nor even imply that Hephaestion was murdered.³¹ Insofar as illness is "natural," Hephaestion died of natural causes. The only potential complication as far as Alexander's bereavement is concerned would be one of perceived unfairness. If the worst of the illness had passed and a recovery was expected, to lose him suddenly would introduce a sense of injustice. Alexander's subsequent anger at the gods might suggest as much but, as indicated above, our sources do not sufficiently describe the course of the illness for us to know.

Yet special problems may have been present in Alexander's circumstances which do not apply today, but could have resulted in an equal lack of closure. As Garland discusses (13–20), death to the Greeks was a process, not an event.³² He outlines six preparations for death which he considers canonical expectations for easing the shade's transition from

³⁰ Doyle has an entire chapter (99–107) on the complications presented by homicide.

³¹ Whether by poison or by other agency. The unfortunate doctor may or may not have been guilty of negligence or malpractice but whatever the truth of the matter, Alexander was able to exact immediate vengeance/justice for his *perception* of incompetence. A continued desire to do so would not have presented a complicating factor—as it often does in modern malpractice or homicide cases, where bringing the guilty party to trial may extend the bereavement process far past a normal time frame, resulting in chronic grief, or causing the bereaved to focus primarily on anger. We shall examine Alexander's execution of the doctor later. The circumstances surrounding Hephaestion's death, and varying reports of it, have been discussed by me elsewhere: Reames-Zimmerman (1998) "Appendix B."

³² To what degree we may equate Greek views with Macedonian is problematic, as noted before, but we should certainly consider them. Some Macedonian religious practices varied from those of the Greeks; others were held in common. Their tombs were more elaborate, but, like the Greeks, they placed coins on the bodies of the dead (see Andronikos [1994] 82, for bronze coins found *among* the bones of two human skeletons in Tomb I, probably placed directly on the body during burial). Miller (19)

the world of the living into that of the dead.³³ None of these was likely to have been possible in Hephaistion's case—or if they were, Alexander was not present to hear it.³⁴ While in modern cases of sudden death, the family is rarely present either, this absence is not feared as liable to impede a soul's progress—always supposing an immortal soul is believed in at all.³⁵ Alexander, on the other hand, may well have feared that Hephaistion's shade could not adequately rest because certain steps in the death process had not been taken.

Johnston provides extensive evidence for, and discussion of, a development in Greek ideas about the afterlife and ghosts.³⁶ Although her

also mentions a Charon's fee found in tombs. Likewise, Macedonians tombs contain many eating and drinking vessels, some of which still show food residue. These may have related to a *περιδείπνον*, though Kurtz and Boardman (145–47) argue from literary evidence that the *περιδείπνον* was not a meal served *at* the grave, at least not in Athens; see also Burkert [1985] 193 and Garland 111–12. Miller (18–19) seems to agree that the meal was eaten elsewhere. Johnston (41–42 and 42 n. 19) refers to a meal at the grave for the dead, but another meal for the living afterwards, with the same references, sans Miller. Obviously, there existed between Macedonians and Greeks some shared ideas about both the underworld and what might be needed by the dead in an afterlife. For comparison: Protestants give no credence to the Catholic purgatory, but both share beliefs in heaven and hell as well as basic perceptions about soteriology.

³³ These six include a ritual bath, committal of children to others' care, a settling of affairs, a prayer to Hestia, a prayer for safe passage to the underworld, and farewells to family: Garland 16. See also Kurtz and Boardman 147–48, for further comment on the ritual bath. The bath was more often performed after the death than before it. Johnston refers to several of these, *passim*. I am not entirely comfortable with the "checklist" nature of six actions, but allowing for variation across time and locale, they seem to me a fair general guide.

³⁴ He may not even have been the one to close Hephaistion's eyes and mouth, a duty which Garland (23) says is most appropriately discharged by the next of kin, and in Babylon, Alexander was—as near as can be determined—his next of kin.

³⁵ Exceptions might be found in certain religious groups: Catholics and Orthodox maintain Last Rites, and some evangelicals place emphasis on death-bed confessions and conversions. It is notable that modern Greek mourning practices include a belief that certain procedures must be followed for the soul to rest, but these come after death. See Danforth 117–18, 126ff.

³⁶ As suggested by her entire monograph *Restless Dead*, but see particularly, "To Honor and Avert," 36–81. She emphasizes that a concern for haunting by ghosts is as much civic as personal (80).

evidence is Greek, not Macedonian, we must give serious attention to fear for and fear *of* Hephaistion's ghost as a motivating factor in Alexander's actions and the actions of others at the court. An unusually long period elapsed between death and the burial rites; and while the body was treated with due honor,³⁷ nonetheless, according to common Greek belief dating as far back as Homer's epics, without completion of the burial his shade would have remained "in-between."³⁸ His ghost could roam about and interfere in the affairs of the living, or at least manifest itself in dreams. Indeed, Lucian says in "Slander" (17), that flatterers approached Alexander with stories of Hephaistion appearing to them, effecting cures and prophesying, and that the king believed them. This *could* be hostile invention, but is probably not. Given *both* Alexander's culture *and* normal bereavement symptoms, we should both expect such stories and expect his faith in them. As I explained above under "Normal Bereavement," hallucinations and dreams are not uncommon, and Rosenblatt notes that belief in spirit manifestations is quite common across cultures (58–62, and see Danforth 126 for northern Greece). Though we are not told of specific occurrences, it would be no surprise if Alexander, like Achilles, believed himself to have been visited by Hephaistion's shade now and then, prior to final interment. He would certainly be predisposed to believe in 'ghost stories.'

In fact, this may possibly have been one reason behind the long delay before burial. Clearly, there were other reasons for Alexander's decision to take the body with him instead of holding the funeral in Ekbatana, but people can have multiple reasons for an action. Failure to complete burial rites created a liminal period, a moratorium. As

³⁷ For the importance of the state of the body, Johnston 151–52.

³⁸ So Patroklos' reproach to Achilles, *Il.* 23; consider also Sophokles' *Antigone*, 21ff., but especially 28–31, "But Polyneices, a dishonored corpse ... no man may bury him or make lament / Must leave him tombless and unwept, a feast for kites to scent afar and swoop upon." And again, a little later, when her sister Ismene attempts to discourage Antigone from breaking the restriction on burial of Polyneices, Antigone replies, "Sister, forbear, or I shall hate thee soon, *and the dead man will hate thee too, with cause*" (97–98, italics mine).

Hephaestion was not yet *fully* dead, he might return to Alexander as a shade. This gave Alexander time to release him emotionally.³⁹ We should perhaps also consider in this context the many tales of heroic *κατάβασεις*—Odysseus, Herakles, Theseus, Orpheus—but from a new angle: instead of going down to Hephaestion, was Alexander (here as in so much else) trying to go mythic tradition one better and hold Hephaestion to the world of the living?

We might suppose that Alexander's chief reason for taking Hephaestion's body to Babylon was sentimental, a desire to have his memorial nearby. Modern Greek beliefs make the grave "the place where the conversation between the living and the dead takes place" (Danforth 133), and visiting a grave to speak to the dead is common practice throughout the world. But considering how little time Alexander spent in any one place, we can legitimately wonder how likely a motivation that was. More to the point was Alexander's desire to have his friend's body where he perceived that it belonged—in his intended imperial capital.⁴⁰ The presence of *ἥρωα* containing the relics of heroes reflects a belief in the power of the remains themselves (an idea which transferred itself later to saints). Among other examples, we have Kimon's quest for the bones of Theseus in order to bring them home to Athens. Did Alexander intend to make Hephaestion a guardian hero for his new empire?⁴¹

Hephaestion may also have been perceived as one who died "untimely," falling into the category of *ἄωπος* and making him a potentially

³⁹ There are parallels in modern rural Greek practices. Danforth (117–18) says that after the ritual of exhumation, "the deceased is fully incorporated into the world of the dead. Over the course of the liminal period following death ... the conversation between the living and the dead is ... gradually replaced by a common-sense perspective in which the finality of death is accepted." This liminal period makes enormous sense, psychologically speaking.

⁴⁰ Whether as demi-god or hero, since at the time of his decision to take the body there, Alexander would not yet have known how Ammon would reply to his inquiry of how Hephaestion should be honored (Arr. 7.14.7).

⁴¹ The recovery of Theseus' bones is mentioned in both the lost beginning of the *Ath. Pol.*, and also in *Ep.* 1. After the Persian Wars (c. 476), Kimon went to Skyros to recover the bones and 'return' them to Athens. Johnston (153) notes that because heroes had led extraordinary lives, they were also believed to lead extraordinary afterlives, "possessing powers to aid or injure the living beyond those of the normal [dead]."

problematic ghost. Johnston (148–49, 152) notes that a ghost's restlessness resulted not from failing to attain given life markers (e.g., marriage, child bearing, etc.), but from failing to achieve the status and κλέος of those markers. Hephaistion certainly achieved τιμή but his death followed almost immediately after both his marriage and his appointment to the chiliarchy (Reames-Zimmerman [1998] 93–94). Further, he died of illness, not as a result of battle, so his mode of death was not a καλὸς θάνατος. All this casts doubt on the fullness of his κλέος. His fellow marshals (and even Alexander himself?) may have feared his shade's envy and/or anger.

Arrian states (7.13.2) that accounts of Alexander's mourning varied in accordance with the writer's good-will or malice towards Hephaistion or the king, and then goes on to add that while some thought any extravagance admirable in a monarch, others thought it all most disreputable. To Arrian's credit, this statement shows awareness of cultural relativism, or at least of his sources' distinct tendencies. Nonetheless, we must ourselves remember, when reviewing his judgments, that despite being himself a Greek, he wrote at some centuries' remove from Alexander, and was influenced both by Romanizing and Epiktetos' stoic philosophy.⁴² Arrian may be more cautious about accepting accounts, and more aware of hostile slander in his sources than either Diodorus or Plutarch, but his analysis of what to accept or reject is still based on his perception of what Alexander was likely to have done, and thus owes much to his own culturally-determined ideas about mourning. A clinician with experience in bereavement counseling quickly learns not to be much surprised by anything. For this reason, we will list here *all* of Alexander's reported reactions to Hephaistion's death, without attempting to determine their veracity. At this remove, such determinations are beyond our ability. Our goal is clinical diagnosis (insofar as possible),

⁴² For analyses of Arrian and his background, see Bosworth (1980) 1–38, especially 13, for commentary on the use of Alexander as a model (positive or negative) by various philosophical schools, including the Stoics; see also Stadter 1–31, Pearson 1–21, and Brunt's introduction to his Loeb translation of Arrian, ix–iv. For examples of Epiktetos' sentiments, see particularly Arr. *Epict.* 3.24.11–12, e.g., "... and that some men must remain with each other, while others must depart, and that though we must rejoice in those who dwell with us, yet we must not grieve at those who depart." Also 3.24.84–94 for further elucidation.

not moral judgment, and our interest is to determine which reactions, if any, might indicate pathological bereavement.

Arrian provides us with the most complete account of Alexander's mourning behavior (7.14–15), and although this does not include an exact duration, he says "a long time passed" before Alexander recalled his energy in order to campaign against the Kossaians. This Kossaian campaign was carried out during the winter of 324/3. Hephaestion's death was (probably) in October 324. Thus, perhaps two or three months had elapsed before Alexander was able to engage in a concentrated military effort. When set against the pattern of bereavement discussed above, a few months is not "a long time," but average. In fact, both Plutarch (72.3) and Polyaeus (3.31)⁴³ state that this campaign was part of his mourning process. It is not until after Hephaestion's funeral in Babylon the following spring that Alexander begins to display behavior patterns characteristic of Phase Three. Further, since Hephaestion's death qualifies as sudden, we may expect Alexander's grief responses to be intensified. Throughout his mourning, Alexander's behavior is typical of a bereaved spouse, parent, or close family member, and will be evaluated as such. If the *form* of their attachment does not match modern categories, nevertheless in terms of *emotional* involvement, Hephaestion clearly functioned in a capacity resembling that of a modern spouse.⁴⁴

It is additionally reported that Hephaestion's fellow officers hastened to make dedications of arms or images in honor of the dead man, either out of respect, or—for those like Eumenes who had quarreled with him—out of fear that they might otherwise be thought pleased at the turn of events (Arr. 7.14.9; Diod. 17.115. 1). The source of such suppositions is important. Arrian states—a claim often taken for granted—that it

⁴³ E.g., "Moreover, making war a solace for his grief, he went forth to hunt and track down men, as it were, and overwhelmed the nation of the Cossaeans, slaughtering them all from the youth upwards. This was called an offering to the shade of Hephaestion," (Plutarch, Perrin)

⁴⁴ See Reames-Zimmerman (1999), where I argue this point in more detail. Shay (42) says, "Achilles' grief for Patroklos would not have been greater had they been a sexual couple, nor less if they had not been." The same goes for Alexander and Hephaestion. Any sexual activity between them—present or absent, in the past or still current—is simply irrelevant. For a complete list of Alexander's mourning behavior, see Table 1.

was the king whom they feared, but we should—in fact must—remember that their fear would include fear of *Hephaistion himself*. Honoring the dead stemmed from attachment, but also from unease. “Death,” says Johnston, “did little to change the essential features of human personality. . . . There were some types of dead [e.g., ἄωποι] who were predisposed to be unhappy and vindictive, most often because of something that had happened while they were still alive, but even the kindest soul, if left unhonored, would become angry and make that anger known” (38).⁴⁵ Since Hephaistion may well have qualified as ἄωπος, all this is particularly significant.

It is difficult, at this remove, to mark the progressive stages of Alexander’s mourning through the phases of bereavement. There is no certainty at what point he passed from the first phase into the second, but there may be an indirect indicator in item 2 of Table 1. Arrian relates that, according to all accounts, for two days he retreated from human interaction, fasted, and took no thought for personal hygiene. Thus, we may suppose that for at least two days he suffered the intense shock of Phase One. After this, he probably began to shift into the confrontation-preoccupation of later phases, keeping in mind that there is no *sharp* demarcation between them, and that he would have continued to present symptoms associated with the shock phase for some days.

Table 1: Alexander’s Mourning Behavior

1.	Weeping prostrate on the body till carried away by his officers; the duration is given variously as the greater part of a day, or a day and night (Arr. 7.14.3-4)
2.	Retiring for two days to his rooms during which he fasted and did not see to personal hygiene (Arr. 7.14.8)
3.	Having the doctor (Glaukos) executed for “malpractice” either by hanging (Arr. 7.14.4) or by crucifixion (Plu. <i>Alex.</i> 72.2)
4.	Cutting his hair and laying it on the body (Arr. 7.14.4)
5.	Having the manes and tails of the horses and mules shorn (Plu. <i>Alex.</i> 72.2)
6.	Removing battlements from nearby cities (Plu. <i>Alex.</i> 72.2)

⁴⁵ See Johnston 36–72 generally. She says also (27), “The dead demanded libations, tears, dedications of hair and clothing, and even human sacrifices upon occasion. They liked to be greeted by the living who passed by.” Hephaistion’s possible status as ἄωπος might lead them to suppose him an angry, restless ghost.

7. Ordering general mourning which included, according to Plutarch, a ban on music, particularly flute music (Arr. 7.14.9, Plu. <i>Alex.</i> 72.2)
8. Ordering the temple of Asklepios ⁴⁶ in Ekbatana to be razed (Arr. 7.14.5)
9. OR, when met by an envoy from Epidauros while on the road to Babylon, sending back an offering for Asklepios with the comment, "However Asklepios has not shown kindness to me, failing to save my comrade whom I valued as much as my own head" (Arr. 7.14.5). ⁴⁷
10. Sending an envoy to Ammon asking if he might sacrifice to Hephaestion as to a god (7.14.7)—to which the oracle replied in the negative, allowing only those honors due a hero (Arr. 7.23.6, Plu. <i>Alex.</i> 72.2) ⁴⁸
11. Conducting a war against the Kossaians as an outlet for his grief, in which the dead were called a sacrifice to Hephaestion's shade (Plu. <i>Alex.</i> 72.3, Plb. 3.31)
12. Driving the funeral cart himself (on the road to Babylon?) (Arr. 7.14.5)
13. While preparing for the funeral, ordering the sacred fire to be put out until the funeral was over, a custom normally reserved for kings (Diod. 17.114.4)
14. Never appointing a replacement to Hephaestion's chiliarchy (though Perdikkas effectively functioned in that role) and retaining his name and his banner for his hipparchy of the Companion Cavalry as a memorial (Arr. 7.14.10)
15. Ordering Games to be held in Hephaestion's honor for the funeral in Babylon, though it is unclear whether these actually took place (Arr. 7.14.10)
16. Spending either ten (Arrian) or twelve (Diodorus, Justin) thousand talents on an elaborate funeral (Arr. 7.14.8, Diod. 17.15.5, Just. 12.12.12)
17. Sending an order to Kleomenes in Alexandria for the construction of a sumptuous hero's shrine on the isle of Pharos, and for Hephaestion's name to be used in mercantile contracts, apparently as a patron of traders—and guaranteeing a pardon for Kleomenes on <i>both</i> past and future offenses if Alexander was satisfied with the job done when he returned to Egypt (Arr.23.7–8)

⁴⁶ Or at least the temple of a local deity whom the Macedonians and Greeks regarded as equivalent to Asklepios.

⁴⁷ "... ὅσκινα ἴσον τῇ ἐμαυτοῦ κεφαλῇ ἦγον." Brunt translates this "as much as my own life." While certainly being the gist of an idiomatic expression in Greek, I find the vividness of the idiom "my own head" more evocative. It is not uncommon for bereaved spouses to characterize their partners' loss in terms of a lost body part. So Parkes 201–08.

⁴⁸ Later, probably distorted, accounts in Justin (12.12.12), Diodorus (17.15.6), and Lucian (15.17) have him receiving divine honors. For the enforcement of the hero cult in Athens, see Hyperides 6.21, and for modern discussions, see Treves, Heckel 90 n.150, and Cawkwell.

Let us begin by examining the reactions in Table 1 which would have occurred either during the first phase of bereavement or early in the second, specifically items 1–8 and perhaps 10. Because Arrian and the other sources do not provide a precise indication of *when* events occurred, we can only guess. Items 1 and 2 obviously happened within the first forty-eight hours, but the others are less easily pinpointed.

Individual reactions to death vary by culture, upbringing and personality. Greek culture from Homer onward encouraged wailing over the body, particularly by women of the household. Johnston goes so far as to say the γόος was specifically a woman's activity while the θρήνος with its orderly narration of honors and accomplishments was performed by men (101–02, 112). According to Garland (28–29), mourners touched the corpse during πρόθεσις, and holding the head was particularly significant, though it was rare for mourners to embrace the dead person.⁴⁹ Miller (64) mentions a second-century terra cotta from Veroia representing a πρόθεσις in which the dead man is being laid on the funeral couch by a female figure,⁵⁰ so it seems the Greek custom of touching the dead was also practiced in Macedonia, and Alexander's flinging himself across Hephaistion's body was demonstrative—all the more so in that he was male not female—but not taboo. Certainly Achilles is depicted as spending the night beside the body of Patroklos, wailing (*Il.* 19.1–6).⁵¹ We should also keep in mind that 'proper' behavior at

⁴⁹ For examples on Athenian λήκυθοι, see Fairbanks C.6.2 and C.6.3, where mourners hold the shoulders of the dead. But for an exception where a mourner (perhaps the mother?) cradles the entire body, see C.5.16. Kurtz and Boardman (144) say, "Restricting the prothesis to the home discouraged such displays [of grief] and turned a potentially public ceremony into a private one." Also, Johnston 43 and 102. The displays of grief mentioned include women tearing their hair or striking head and breasts. Again, we should stress that—public or private—these are formalized gestures which represent what was *expected*. They are not the spontaneous reactions which follow an announcement of death.

⁵⁰ Miller (64) suggests these are Adonis and Aphrodite, but nothing confirms her identification.

⁵¹ In contrast to the experience of some American soldiers in Vietnam, Shay (63 and 67) points out that tears and grief were accepted, even expected, among Homeric warriors at the death of a comrade. Certainly American soldiers did cry, even bitterly, but once again, we have cultural differences in what constituted commonly accepted

a πρόθεσις bears the same resemblance to Alexander's initial reaction as does a widow's spontaneous grief, when just informed of her husband's death, to her later behavior at the funeral. Upon learning of the death of a loved one, particularly an unanticipated death, those closest to the deceased often do not care whether their behavior is 'over the top,' though they rarely break taboos outright. Physical gestures of mourning in Macedonia may have been more extreme than in the south; certainly their tombs were more elaborate. Further, we know that Olympias had a reputation for grand gestures, and Alexander seems to have inherited the penchant.⁵² Personality, upbringing, and culture—not to mention the long-term nature of his attachment to Hephaestion⁵³—all inclined him to a vivid emotional expression. It might have been more remarkable had he *not* thrown himself on Hephaestion's body and wept inconsolably.⁵⁴

mourning behaviors. Also, Achilles' behavior at Patroklos' laying out would seem to contradict Johnston's statement that the γόος was exclusively women's behavior. If Achilles' wailing was not a γόος for Patroklos, I'm not sure what to call it. Even if we allow that this is a literary example, intentionally extreme, and reflects an earlier era, nonetheless it should caution us against too sharp a demarcation.

⁵² For Olympias, see Plu. 3.3–5; even if this passage was taken from hostile sources, there is no reason to disbelieve that Olympias enjoyed theatrics. As regards Alexander, consider particularly his behavior following the murder of Kleitos (Arr. 4.9.1–4, Curt. 8.2.1–12, Plu. 52.1) and during the Indian "mutiny" (Arr. 5.28.2, Curt. 9.3.18–19, Plu. 62.3).

⁵³ See my discussion, Reames-Zimmerman (1999) 81–96. I think it fair to add that for half that time, the relationship between Alexander and Hephaestion existed against the backdrop of a major military campaign involving not infrequent battles and other dangerous, even potentially fatal, circumstances. Such situations, as is well-documented, tend to intensify emotional ties.

⁵⁴ It may be that Alexander's mourning was criticized by some *because* he grieved "like a woman," at least in the perception of the Greeks who wrote about it. I thank E. Carney for this observation. Also, as P. Green pointed out to me, there is a reference in Athenaeus (10.435a), coming from Theophrastos via Hieronymus, that Alexander's parents had feared Alexander would turn out to be a "womanish man," and so hired the courtesan Kallixeina to entice him sexually. It is difficult to say how much of the tale is true, how much third-hand gossip—not to mention how much it would apply to the very different context of funereal practice—but it may indicate a tendency in Alexander, even as a young man, to display behavior perceived as feminine. Again, as noted, Johnston certainly considers the γόος exclusively female, and Danforth (*passim*, especially 136–37) notes that in modern north rural Greece, the

Whatever the tradition of tragedy and epic, and regardless of any emulation of Achilles, his subsequent fasting and lack of care for his appearance are quite typical of someone newly bereaved. The early shock phase renders one zombie-like. The bereaved may sit and stare vacantly for hours, or perform repetitive (often unimportant) duties while neglecting significant ones, or have to be told to perform simple routines such as brushing teeth, showering, eating, or changing clothing.⁵⁵ Thus, Alexander's fasting may not have been deliberate; he might simply have forgotten to eat, even if servants had brought him food.⁵⁶ Yet there may have been more to his lack of hygiene than mere shock, too. Like many ancient peoples, the Greeks believed that contact with the dead ritually polluted the living. In Euripides' *Orestes* (42)—a play with which Alexander was no doubt familiar⁵⁷—Orestes failed to bathe as an outward sign both of his grief and also of his pollution.

care of graves is performed by women, while men may complain or argue against the women's intense involvement with the dead. While I shy away from an *absolute* gender distinction between the γόος and θρήνος, I certainly agree with Johnston's observations about them, in general, for Greece, and for later periods. As Macedonian burials were more extravagant, perhaps in Macedonia the demonstrative γόος was regarded as appropriate behavior for either gender. That doesn't mean Greek observers would necessarily have acknowledged it as such. I have certainly witnessed modern examples of white Euro-American nurses and doctors condemning the mourning "excesses" of Hispanic families.

⁵⁵ I recall visiting the house of one bereaved mother who was engaged in washing the dishes after having just scrubbed the floor and vacuumed the entire house—all while still dressed in her nightgown. It was not until my arrival that she realized she had not put on clothing.

⁵⁶ Of course, Alexander also fasted after the death of Kleitos (Arr. 6.9.4, Curt. 8.2.11). The sources imply that this was a deliberate act, but it may have had less to do with theatrics than with a simple inability to eat, whether from grief or guilt/anxiety, or both. It is certainly possible that he was trying to emulate Achilles' fast after the death of Patroklos (*Il.* 19.209–10, 19.315–21), but in emphasizing epic parallels, *we should not forget the emotional motivations which literary descriptions try to convey*. That is, we must not look at the matter backwards. Use of literary allusion in Alexander's mourning should not be mistaken for a lack of genuine sentiment. It is common enough at modern funerals for bereaved persons to play music or quote poetry, literature, or scripture when they feel their own words (or actions) to be inadequate.

⁵⁷ Having spent his final years at Archelaos' palace, Euripides was understandably popular in Macedonia: e.g., Kleitos' quote to Alexander when he returns to the din-

This brings us to item 3: his order to execute the doctor. On the face of it, the action seems rash, even to the point that some historians have doubted it or rationalized it away.⁵⁸ In fact, *the sentiment is not unusual*. What *was* unusual was the fact that Alexander had the power to see it enacted. Who was going to tell him 'no'?⁵⁹

As indicated above, with normal bereavement, anger and guilt are characteristic of both the shock and preoccupation phases, and blame is an expression of both. Sometimes family members threaten to bring malpractice suits against physicians for no logical reason. They may threaten the doctor directly, or express their threats only to other family members or care-givers. Because certain legal forms must be obeyed, many of these threats are never acted upon: the bereaved calms down or is talked into reason by another family member before a suit is filed. Since expressions of physical violence are less acceptable in our modern society than in Alexander's, this wish to destroy a physician's career emerges as a displacement of the wish to destroy the physician in person.

Parkes reports excessive anger at some time during the first year of bereavement on the part of all but four widows in his London study (98–99). While this is usually expressed as irritability or bitterness, he goes on to say, "The general impression was one of intense impulse to action, generally aggressive, which was being rigidly controlled." He

ing hall on the night of his murder. Plutarch (61.5) cites it as Euripides, Kleitos did not. He simply assumed that his hearers would recognize it.

⁵⁸ Consider for instance the long discussion by Renault (209–10) in which she proposes that Alexander may have hanged Glaukos on suspicion of murder by poison: a similar thesis in Bosworth (1988, 164). While not unlikely in itself, foul play is nowhere implied by our sources; rather they state that Glaukos was hanged (or crucified) because of negligence or malpractice. At a suspicious court, the fact that questions of poison were not raised is significant. As to the veracity of the tales of the doctor's execution, Arrian (7.14.4) lists it among those items reported only by some historians, not among those found in all accounts—and thereby implies that it may not be true. Perhaps the story was derived from Ehippos' "On the Death of Alexander and Hephaistion," a hostile account meant to show Alexander as Unreasonable Tyrant. This does *not* necessarily mean that it did not occur. As we shall see, such a reaction is far from uncommon.

⁵⁹ The only person who might have been able to do so was dead. And even there it is difficult to be sure how much control over Alexander Hephaistion really had.

also cites one study in which a widow beat the doctor who brought news of her husband's death.⁶⁰ It should be noted that these are British women—members of a culture famed for self-control and keeping a stiff upper lip. My own clinical experience in Tampa has shown that violence (not always against the doctor) is even more prevalent among Hispanic families than Euro-American, and I myself have witnessed bereaved who, in their expressions of grief and frustration, physically hurt themselves (striking a fist, foot, or even a head against a wall), assaulted other family members, or even attacked emergency-room personnel. Alexander's culture bears more resemblance to that of my Hispanic families than to Parkes' London widows, and I do not find reports of his ordering the doctor's execution implausible—particularly if the doctor had told him that Hephaistion was recovering, and Alexander had made his decision to go to the theater based on that report. Sophocles' plays report anger on the part of survivors (*Ajax* 900, 1005), and Achilles' rampage after the death of Patroklos is legendary (*Il.* 18–22).⁶¹ There need be no suspicions of poison, nothing but the king's belief in the doctor's incompetence, in order for Alexander to have reacted with lethal violence. Nor, indeed, was his wish to execute Glaukos particularly unusual (and thus an indicator of pathology). Again, the difference is that his authority was absolute, so that he could have his wish enforced without being subject to modern social and legal restrictions.⁶²

⁶⁰ P. Marris, *Widows and Their Families*, London: Routledge and Kegan Paul (1958), as found in Parkes 99.

⁶¹ That this was both a literary fiction as well as an extreme case does not negate its significance, otherwise it would not have resonated so thoroughly in the ancient psyche—or the modern one. See Shay's excellent discussion (especially 69–119) of the whole experience of rage and note his emphasis on guilt as part of it: "Self-blame seems almost universal after the death of a special comrade, regardless of the presence or absence of a 'real' basis for it" (73). Even though he is here speaking of death in battle and a sense of wrongful substitution—the comrade died instead of the self—the same verdict might apply to Alexander and Hephaistion. Shay (69) quotes the torment expressed by one of his veterans: "When he needed me, I wasn't there." One cannot help but suppose Alexander berated himself in similar fashion because he was not present when Hephaistion died.

⁶² The fact that the order for execution was given immediately after Hephaistion's death makes it all the more comparable to threats made in modern emergency room situations. It was not a carefully considered decision; he may have regretted it later.

Items 4–7 above—Alexander cutting his own hair, having the manes and tails of horses (and mules, so Plutarch) shorn, dismantling city battlements and ordering general mourning—also probably occurred during the shock phase of bereavement. None is particularly unusual, except in terms of scale. The cutting of hair is a common sign of mourning in many cultures around the world,⁶³ and Arrian himself states that he does not doubt the report, because of Alexander's known emulation of Achilles (*Il.* 23.40–45). Since Hephaistion was a cavalry hipparch, shearing the hair of the horses was appropriate as well, or at least appropriate to the mind of a bereaved individual. The most unusual aspect of these four acts was the ban on flute music, since flutes were often used during the ἐκφορά procession.⁶⁴ Did he see flutes in this case not as instruments of mourning but of merriment? Here, it is impossible to fathom Alexander's reasoning.

Items 8–11 and 13 are all at least partly religious gestures. Arrian bluntly doubts item 8, considering it more suitable to Xerxes than to Alexander, and instead supports item 9 as an alternative. I see no reason why both could not be true, item 9 perhaps as a gesture of regret for item 8. As stated above, anger is a frequent reaction in both the shock and preoccupation phases, and to lash out at the god of healing for failure to heal parallels the execution of the doctor for failing to cure. Modern bereaved persons may suddenly begin attending church where they had not before, or quit going despite exemplary previous attendance.⁶⁵ Such reversals can be temporary or permanent; when tempo-

⁶³ For evidence on λήκῃσθαι, see Fairbanks C.5.20 where one of the figures has short hair, perhaps suggesting a slave but more likely suggesting the hair was cut as a sign of grief. Garland (118) says that a gift of a lock of hair was a more personal gift to the dead. See also the offering of hair to Patroklos by the soldiers, *Il.* 23.135, not to mention Achilles' own shearing of all his hair. See Leach 149–66 for anthropological data on hair and funereal activity.

⁶⁴ See Reiner 67–68; also Plato's restrictions in *Laws* 7.800e, and Fairbanks B.4.12. In classical Athens, the ἐκφορά was limited to dawn hours and laments outside the house were forbidden; see Kurtz and Boardman 144–45.

⁶⁵ In fact in sudden-death situations, religious reversals of some type are common enough. Persons who are not religious fear consciously or subconsciously that their lack of faith caused the death, while the devout experience disillusionment with God for failing to protect the loved one despite his/her, or the bereaved's, devotion.

rary, the devout often experience guilt for their apostasy, and attempt to remedy it through increased piety of one type or another later. Therefore if Alexander, in an angry fit, did have the temple razed, it should not cause surprise if he later sought to make reparations to the god.

The envoy to Ammon—given the length of travel involved, and the fact that the answer came back to Alexander in Babylon not long before his own death—must have been dispatched relatively soon after Hephaistion's demise. At first glance, Alexander's request seems extreme, but the logic behind it was pointed out by Renault (210): unless Hephaistion could be granted exceptional status, as a god's son himself, Alexander might be separated permanently from his friend after death. If this was indeed Alexander's motivation, it implies that he believed, partially, if not entirely, in his own quasi-divinity.⁶⁶ When faced by such a blow as bereavement, beliefs about the afterlife and one's own relationship to the divine simplify. Alexander's envoy to Ammon can be seen as an attempt to "save" Hephaistion so that the two of them might be reunited in the afterlife.⁶⁷

Arrian (7.15.1) says that the war against the Kossaians marked the end of Alexander's mourning, whereas Plutarch ties it directly to his mourning and specifies that the dead were viewed by Alexander as a sacrifice to Hephaistion's shade—a *γέρας* (so Achilles names the sacrifice of Polyxena [Eur. *Hec.* 107–15]). By this point, Alexander would have been in Phase Two of mourning, when bursts of activity alternate with periods of emotional and social withdrawal. While not marking the end of his mourning, a military campaign may have represented an

⁶⁶ Cawkwell (293–306) sees a difference between Alexander's believing himself to be the son of a god and believing himself actually divine. Certainly his quip to a sycophant regarding the substance flowing from his wound, "That's blood, not ichor," (Plu. 28.2) suggests a cynical self-awareness. Diogenes Laertius (9.60) attributes the quip to Anaxarchos. In any case, people are complex and may hold two apparently contradictory beliefs depending on mood and circumstance (see Veyne 41–57, et al.). Alexander may have believed in his divinity *sometimes*, while laughing at himself at others. For the plethora of Greek beliefs about the afterlife, see Richardson, Johnston, and Burkert (1985) 293–95. All differ somewhat in their opinions.

⁶⁷ We may also wonder whether either or both men had been initiated into a mystery cult. We know that Philip had been, and mystery cults were ubiquitous by the mid- to late fourth century. But having no specific evidence, we simply cannot say for sure.

attempt on Alexander's part to "get on with life," to prove that not even grief could conquer him.

Last (item 13), the extinguishing of the sacred fire in Babylon during preparations for the funeral can be seen as both a memorial and a religious gesture. It was a mark of signal honor for the second man in the empire to share this symbol normally reserved for the death of kings. It may also reflect, consciously or unconsciously, Alexander's perception of his friend as his *alter ego*. With Hephaistion's demise, a part of himself had died, too.⁶⁸

Items 12 and 14–17 are connected with either funereal or memorial plans. Ordering games in Hephaistion's honor is suitably Homeric (*Il.* 23), and using a name as part of a memorial is common even today. Arrian very much doubts the veracity of the report that Alexander drove the funeral cart, but does not explain why, beyond saying that he finds it incredible. In a footnote on Arrian's text (Loeb edition, 250), Brunt explains Arrian's attitude by a reference to the condemnation of Nero's chariot racing found in Tacitus' *Annals*. I do not find this parallel persuasive; there is considerable difference between racing chariots and driving an ἐκφορά. Nor does it say anything about the plausibility of the report. In the first weeks and months after a loss, bereaved persons are inclined to gestures which under other circumstances would be considered odd. Nor is a desire to command the disposition of remains unusual, particularly in individuals who have high control needs—a safe assumption in Alexander's case. We must know more about Macedonian funereal practices, including who usually drove the ἐκφορά, and what limitations were placed on bereaved kings, before we could call Alexander's action too incredible to believe, or could treat it as evidence of pathology.

⁶⁸ Shay (51) says, "I died in Vietnam" is a common utterance of our patients. Most viewed themselves as already dead at some point in their combat service, often after a close friend was killed." Later, he explains (70), "However, the guilt of the survivor ... seems to come from the twinlike closeness that the two soldiers shared, a closeness that allowed them to feel that each was the other's double." We are reminded of Alexander's (supposed) words to Sisygambis regarding Hephaistion, "He, too, is Alexander" (Curt. 3.12.17).

The amount spent on the funeral was considered extraordinary even in antiquity (Arr. 7.14.8; Diod. 17.15.5; Just. 12.12.12); but given Alexander's wealth, the evidence of Macedonian tombs, and the general Macedonian addiction to potlatch behavior—things a clinician would call the “ecology” of Alexander's bereavement—it seems far less extravagant. He was certainly not in danger of bankrupting himself! Even in modern rural Greece, Danforth reports that people keep track of the amount of money spent, and “are quick to praise elaborate and expensive preparations that properly honor the memory of the deceased” (123).

Item 17, however, the letter to Kleomenes, is the most problematic of all Alexander's mourning behaviors. Alexander critics have used it to indict him, while apologists dismiss it as fictitious slander. As stated at the outset, our goal here is not to determine which of the actions attributed to Alexander are true and which false. The question here is whether any of these *indicate pathology*, and the pardon granted to Kleomenes does not. It merely indicates bad judgment, and bad judgment on matters relating to the deceased is a common pitfall of bereavement. Bereaved individuals are routinely advised to delay all major decisions for a year: selling a house, remarrying, disposing of the deceased's personal effects, destroying pictures, etc. Yet in the case of a world ruler whose position demands daily choices affecting thousands, such advice is difficult to follow, though the consequences of ignoring it will be comparably more hazardous. Grief *will* impair judgment, at least temporarily, in great as in lesser issues, and at least in matters pertaining to the deceased.⁶⁹ Such impairment qualifies as pathological when the bereaved's decision-making abilities continue to be impaired, or when this impairment extends to other areas—such as Queen Victoria's chronic mourning for Prince Albert, which interfered, even years later, with her ability to rule her kingdom.⁷⁰ In the case of Kleomenes, the decision was di-

⁶⁹ Arrian says, “All this [his preoccupation with setting up a hero cult for Hephaestion] I cannot censure, except insofar as he was showing such great care over matters of no great importance” (7.23.7). This represents a classic misunderstanding. Alexander's focus on such matters was perfectly normal for a bereaved individual.

⁷⁰ “The Queen's household did not believe that the Queen would stand up to the grief and the stress of a life that had been so dependent in every respect upon her husband. They forecast that she would break down, like her grandfather, George

rectly related to Hephaestion, and made within the first year of bereavement. Though far-reaching and spectacularly deplorable, it does not strike me as abnormal in the pathological sense.

Last, we should ask if there are factors in Alexander's and Hephaestion's relationship which could have caused bereavement complications. Parkes calls these "determinants of grief," and we can once again use Queen Victoria as an example. Her attachment to Prince Albert was such that in life even brief separations upset her, which helps explain the severity of her reaction to his death.⁷¹ That the friendship between Alexander and Hephaestion was markedly close is well-established, but nothing in what we know of it indicates unhealthy dependence.⁷² There might, however, have been some ambiguity.

An ambiguous relationship is one in which conflict or hostilities exist. In its extreme form, we would call it a "love-hate relationship," but any unresolved conflict can introduce ambiguities. In at least one instance, we know that Alexander humiliated his friend publicly, in front of Hephaestion's own men and another senior officer (Krateros) who was also his chief rival for the king's affections (*Plu. Alex.* 47.6). Because Plutarch does not tell us exactly when this occurred,⁷³ nor what Hephaestion's reaction was, we cannot know how deeply it still affected their relationship in October 324. We do know that, not long before his death, Hephaestion received military commendations as well as the honor of marrying Alexander's sister-in-law so that their children would

III," (Hough 198), and also, "Prince Albert had been dead for forty years but his influence on the Queen remained to the end of her life," (209). See generally Hough 184 ff. See also Weintraub 432–40, and especially Darby and Smith for some of Victoria's more extravagant gestures and monuments to Albert.

⁷¹ cf. Parkes 136 ff. for both the information on Queen Victoria and a thorough discussion of grief determinants.

⁷² For instance, they commonly carried out duties which separated them for weeks, even months, and although we know Hephaestion was Alexander's confidant, the king does not appear to have *required* Hephaestion's approval in order to make decisions. It can be argued that during his life, Albert ruled for Victoria. Hephaestion certainly didn't rule for Alexander.

⁷³ He says only that it occurred during the Indian campaign, which could have been at any time between mid-327 and the end of 325, probably earlier rather than later.

be blood relations.⁷⁴ He was second man in the empire, and his chief rival had been sent away to be regent of Macedonia.⁷⁵ Nonetheless, the possibility remains that a lingering resentment continued between the two men that would have intensified any guilt feelings which Alexander may have experienced after Hephaistion's death.

§6 Was Alexander's Mourning Pathological?

Let us turn finally to a consideration of the four types of complicated bereavement discussed earlier which could have been present in Alexander, in order to test whether the symptoms for any would apply. The first was *distorted grief*. Rando gives nine symptoms, the development of which must postdate the death. In Table 2, we evaluate the applicability of each symptom to Alexander's situation. A single "yes" is insufficient for a diagnosis; a majority should be present. When we also note that distorted grief usually presents itself as either extreme anger or extreme guilt, in which violent or exaggerated expressions *replace* most other mourning behaviors (Rafael [1983] 60; Rando [1983] 167–68), the likelihood that Alexander suffered from it diminishes further. Alexander's fury at a physician or a divine figure was not unusual, nor did that fury *replace* other first-phase expressions such as crying, disorientation, *anhedonia*, or insomnia. More, his hostility was discharged immediately and did not transfer itself to another subject; nor (in the case of Asklepios) does it appear to have lasted. Thus it cannot be classed as pathologically distorted grief of the extreme rage type.

One might ask if his winter campaign against the Kossaians would not qualify as transference and evidence of extreme rage, particularly in light of the fact that he slaughtered the tribe down through adolescents and called the dead a sacrifice to Hephaistion's shade.⁷⁶

⁷⁴ cf. Arr. 7.45, Diod. 17.7.6, Curt. 10.5.20, and Arr. 7.5.6 for Hephaistion's gold crown.

⁷⁵ This should not necessarily be viewed as a slight. Although removed from Persia—and Hephaistion—Krateros was given the most important position possible that was not at the king's own side.

⁷⁶ There is some question as to just how many were killed, as our sources disagree. Plutarch says he killed all the males down to adolescents, but Diodorus tells us (17.111.6) that while he killed many, he received the submission of "many more"

Table 2: Distorted Grief Evaluated as Applicable to Alexander

SYMPTOM	PRESENT?
Overactivity without a sense of loss	No
Acquisition of symptoms belonging to the last illness of the deceased ⁷⁷	No (Not including his own fatal illness, as it was real.)
A recognized medical disease of a psychosomatic nature	Unknown but apparently not
A conspicuous alteration in relationship to (living) friends and relatives	Not to an unexpected degree from what we can tell
Furious hostility against specific persons	Yes; physician, Asklepios
Wooden and formal appearances, with affect and conduct resembling schizophrenic pictures	Apparently not
Lasting loss of patterns of social interaction	No
Actions detrimental to one's own social and economic existence	No ⁷⁸
Clinical, agitated depression	Unknown

and founded settlements. Diodorus' less dramatic version is not incompatible with calling those killed a sacrifice.

⁷⁷ It should be specified that this is a category only if the bereaved does not suffer the self-same illness: e.g., to exhibit cancer symptoms without having cancer.

⁷⁸ Answering this question yes or no depends on whether one believes reports that Alexander was poisoned by his dissatisfied officers, and whether one attributes that dissatisfaction to Alexander's behavior following Hephaistion's death. As I believe Alexander died of a natural illness (cf. Oldach, et al.), I would answer in the negative. The pardon to Kleomenes, while a terrible political decision, did not endanger Alexander's social or political existence.

Yet both Arrian (7.15.1–3) and Polyaeus (3.31) tell us the Kossaians were a hill tribe who engaged in brigandage against travelers. Previous attempts to control them had proved ineffective. This was not, then, an unnecessary campaign in which he engaged primarily to assuage his grief, as Plutarch's account suggests (72.3).⁷⁹ Nor was it part of an extended rampage through the countryside. The subsequent slaughter when he actually caught up to the tribe—if it in fact occurred on the scale Plutarch reports—would have effectively ended Kossaian marauding for a generation, at least. Alexander had a reputation for generosity to those who surrendered, but efficient severity when crossed. His treatment of the Kossaians was as brutal and effective as his burning of Thebes or sack of Tyre. No doubt his grief would have contributed to less patience than usual, but his actions were not out of character, and there is no reason to view this campaign as an echo of Achilles' rampage.⁸⁰

The second type of "skewed aspect" complication discussed earlier was *conflicted mourning*. It occurs in ambivalent relationships and, as noted above, there may have been some lingering ambivalence between the king and Hephaistion. Yet conflicted mourning is characterized by a *delay* in expressions of grief, or by a combination of grief and relief. Neither applied in Alexander's case. There may

⁷⁹ See Bosworth (1988) 165 and (1996) 146, though he rightly points out that the Kossaians suffered high casualties. Alexander also campaigned against locals while at Persepolis (Curt. 5.15.15–19). It was a way to relieve boredom, though with the Kossaians, it may also have been a way to prove that grief had not interfered with his ability to lead.

⁸⁰ Bosworth (1996) has shown Alexander's eastern campaign to be excessively harsh; "vicious" is not too strong an adjective to apply. Nonetheless, Bosworth's resurrection of Badian's "reign of terror" motif pushes too far (24 ff.). I have discussed the impact of his cultural conditioning on his behavior elsewhere at some length (Reames-Zimmerman [1988] 245–56), and I think that Higgins gave a fair rebuttal to Badian in "Aspects of Alexander's Imperial Administrations: Some Modern Methods and Views Reviewed," but Bosworth does not include Higgins' article in his bibliography. For a thorough discussion of Achilles and the berserker rampage as a military phenomenon, see Shay 39–98. Plutarch's remark about viewing the dead as a sacrifice to Hephaistion would make sense coming from a man raised in a society which regularly practiced αἱμακουρία (if not with human victims), and celebrated an epic poem in which the hero did use human blood to feed Patroklos' shade.

have been increased guilt as a result of this ambivalence, but not the full-blown complication of conflicted mourning.

The third possible pathological complication arises from unanticipated death, yet our previous examinations show that, while unexpected, Hephaestion's demise lacked the factors traditionally known to complicate grief, and was thus unlikely to have done more than intensify and perhaps prolong an otherwise normal bereavement. Grief after sudden death must present certain exaggerations in order to qualify as pathological. We can see each of the symptoms of sudden death as applicable to Alexander in Table 3, and no symptoms of *pathology* appear to be present.

The fourth and last type of complicated bereavement which could have afflicted Alexander was *severe grief*. As noted before, this category is extremely difficult to diagnose because it differs from normal mourning in degree, not quality—one reason why not all clinicians accept it as a distinct category. Nonetheless, three criteria may be used to help distinguish *pathologically severe* grief from *normal but intense* grief. The first is that the usual separation distress experienced by the bereaved becomes so overwhelming as to interfere with his or her ability to function in any area of life. Alexander does not appear to have been incapacitated after the first few days or weeks, when such is normal, but of course, our information does not give detailed accounts of his daily activities. There may have been days when he was totally incapacitated. The verdict must remain “unknown.”

The second criterion is development of full-blown clinical expressions of anxiety or depression—often as a direct result of the extreme separation distress mentioned above. Neither are uncommon in bereavement, but usually resolve themselves over time without clinical intervention. If they do *not* resolve themselves, then the third and last criterion is suggested, and severe grief becomes chronic grief. For this reason, severe grief may be an early stage of the same complicating condition. Chronic grief is bereavement which never reaches Phase Three (resolution), but continues unabated into the second year and beyond. Queen Victoria suffered chronic grief for Prince Albert. In the case of Alexander, we cannot know for certain

Table 3: Sudden Death Evaluated as Applicable to Alexander

SYMPTOM	PRESENT?
Psychotic symptoms including obsessive compulsive neurosis, hysteria, manic-depressive psychosis, anxiety, or schizoid state	Not so far as we can determine
Prominent denial	No
Conflict between an intellectual acceptance of the death and a full acceptance	Does not appear to have been one
Extreme manifestations of bewilderment, anxiety, self-reproach or depression which render the bereaved unable to function in any area of life	No ⁸¹
Grief symptoms which persists much longer than typical (similar to chronic)	Unable to be determined; Alexander died too soon
A loss of confidence in the "fairness" of life which manifests as extreme cynicism or anger and may lead to self-destructive behavior or violence towards others	Unknown, but not indicated

whether chronic grief would have developed since he died only eight months later. Nonetheless, evidence suggests that he was entering resolution just prior to his fatal illness.

Phase Three, or resolution, involves the re-emergence of the bereaved into the social arena, as the first and second phases had typically involved withdrawal. There is a mitigation in the pain of grief, and though the deceased is not forgotten, new friends are made and new activities taken up. While we should view time frames with caution, this last phase can be reached anywhere from the seventh

⁸¹ What is being discussed here is an exaggerated extension of a normal phase. Alexander's initial shock, while severe, does not appear to have lasted abnormally long.

or eighth month to a month or two after the first-year anniversary, which would place Alexander more or less right on schedule. Once again, transitions between phases are gradual, not sharply delineated.

Just before Alexander's death, he was engaged in preparing a new campaign as well as drawing up new plans on a variety of matters: the ὑπομνήματα (Diod. 18.4). Following his death, these plans were presented to the army by Perdikkas. How many were genuine and how many designed to trick the men into voting them down *en masse* is a topic for another debate.⁸² It is enough for our purposes to note that he was *making* new plans.

He also seems to have been making new friends, or at least allowing new people into his personal circle. Medios—mentioned by Plutarch (73.3, 74.1), Arrian (7.25.1–3) and Diodorus (17.118.1)—is apparently a new figure among the king's *Philoi*. Not only does Alexander go to his party (or several of them, according to Arrian), but while ill, the king also spends time conversing or playing dice with him. He is listed among those appointed as trierarchs in Arrian's *Indica* (18.3), where we are told he was a Greek from Larisa, son of Oxythemis. Diodorus calls him *Philos*, yet he is barely mentioned prior to Alexander's last month.⁸³ Almost predictably, his name is among those later accused of having poisoned the king, and to see his sudden rise in a sinister light is tempting.⁸⁴ Another explanation presents itself, however, one which requires neither conspiracies nor poison.

⁸² See Pearson's discussion of the sources, 261–62. Tarn (II 378–98) believed them a forgery, while Badian (1967) and Schachermeyer (118–40) accept them as genuine. Badian and Heckel (151–53) detail the political advantages for Perdikkas in having them voted down.

⁸³ More is known of his subsequent career under Perdikkas and Antigonos, the latter of whom he served as an admiral. Apparently he made his mark in short order. See Pearson 68–69 for his career and references.

⁸⁴ Plutarch (*Moralia* 65cd) bluntly calls him a flatterer. Arrian (7.27.2) mentions the accusations of conspiracy but disregards them; see also *FGrH* 134 F 37. The plot was supposedly planned by Antipatros with Iolaos as the agent; Medios' involvement arose out of his supposed affair with Iolaos. See Pearson 68–70 for a discussion of Medios, the accusations, and Medios' memoir on Alexander.

Part of bereavement's resolution includes gaining a new identity through new hobbies, associations, or other activities.⁸⁵ During Phase Two, the bereaved frequently surrounds him- or herself with persons who were close to the deceased. This fills two needs: it gives tangible (living) connections to the lost loved one, as well as persons who had known the deceased well enough to engage in the task of remembering. Making new acquaintances is not pursued—may indeed be actively resisted.

As the bereaved moves into resolution, the picture changes. Part of his or her re-emergence into society involves meeting new people, including persons who had never met the deceased or did not know him or her well. In fact, the bereaved may reverse previous contacts, avoiding old friends in favor of new ones. These new ties may not last, may even become a source of tension with family members. But the bereaved is involved in the task of re-inventing him or herself, learning to live without the loved one, which includes trying on new relationships. We need see no more in Medios' sudden rise than this. Whether or not he liked the king or just seized an opportunity for advancement hardly matters. Alexander was making stuttering attempts to fill the void left by Hephaestion. Like his new campaign and his new plans, his new friend is a sign of his social re-emergence.⁸⁶

These developments seem to have occurred after Hephaestion's funeral. Diodorus says (17.116.1) that following it, Alexander resumed festivities (i.e., a social life), while Plutarch says he did so after emissaries returned from Siwah with the oracle's approval of Hephaestion as a hero (73.2–3). One or both may have functioned for Alexander as a "final ceremony." Rosenblatt's cross-cultural studies of bereavement highlight the importance of such ceremonies.⁸⁷ Societies which traditionally

⁸⁵ See Parkes 105–23, for a thorough discussion with examples and anecdotes.

⁸⁶ Knox reminds me that, at least in Western society, men are more likely to try to replace a lost loved one, in order to avoid dealing with pain, *before* resolution is reached. Yet when we consider his new plans and his re-engagement in social functions, it seems probable that Alexander was on his way to resolution—though we must remember that transition between phases is *gradual*, not sharp.

⁸⁷ For his comments on the importance of ceremonies generally, see Rosenblatt 86–90, and on final ceremonies specifically, cf. 90–94.

employ them fare better at grief resolution than those which do not, as they place a clear limit on the duration of mourning and help the bereaved to heal. It is more than a gesture. Humans create ceremonies because they satisfy emotional needs which cannot be rationalized away.

The ancient Greeks had a number of time-marking ceremonies for those bereaved: there were sacrifices shortly after the death (on the third, ninth and thirtieth days), as well as monthly and annual (ἐνιαύσια) sacrifices at the tomb (D.L. 2.14, 10.18; Pl. *Lg.* 4. 717e; Is. 2.46). Food and drink were offered, and sacrificial blood (αἱμακουρία) to feed the shade of the dead person: τὰ νομιζόμενα (customary acts) or τὰ ἱερὰ πατρώα (ancestral rites).⁸⁸ These were counted of great importance: before taking public office, an Athenian was asked if he gave due respect to his ancestors (*Ath. Pol.* 55.3). Kurtz and Boardman (147) say the end of mourning was marked by an additional ceremony, but the timing of this during the Classical era is uncertain.⁸⁹ Nor do we know what precise form Macedonian funereal rites took, although Miller (64–65) has reconstructed a tentative pattern for the funeral itself. Normally, the Greek (and Macedonian) funeral occurred only a few days after death. In Hephaestion's case, however, it occurred so long afterwards that its psychological function would have resembled that of a final ceremony.

⁸⁸ See Burkert (1983) 57 and (1985) 60; Garland 112–13, and Kurtz and Boardman 142–48, for a discussion of these various ceremonies. Perhaps the most famous mythological act of αἱμακουρία was Achilles' sacrifice of twelve Trojan youths to Patroklos' shade. This would surely have been on Alexander's mind; and, as discussed above, Plutarch says that he sacrificed captured Kossaians to the shade of Hephaestion (Plu. 72.3). For artistic evidence of αἱμακουρία on pottery, see Fairbanks A.3.68, and, for similar artistic evidence of food and drink sacrifices, see C.5.17 and C.5.20.

⁸⁹ Obviously, the whole rite of exhumation in modern northern Greece as described by Danforth represents a ceremony of closure. See his chapter "Death as Passage," 35–69. He says (66–67) specifically, "The exhumation is therefore an attempt to mediate the opposition between life and death [and] ... [i]n the last analysis, the mediation attempted by the exhumation fails because the contradiction between life and death is real." He explains that the practice of exhumation returned the deceased from the "underworld" to the world of the living, but since decomposition had left only bones, "the exhumation can never bring the dead back to life" (67). Whatever other religio-social purposes it serves, exhumation thus acts as a final ceremony in the mourning cycle. The very failure of the ritual's purpose of mediation between life and death makes it a rite of closure. Death is inescapable.

Together with the news of Hephaistion's heroization (which arrived at about the same time), Alexander appears to have found the emotional closure needed to let Hephaistion go.

§7 Conclusions

Thus, after lengthy evaluation, our evidence suggests that Alexander's mourning followed a typical pattern, with predictable behaviors at each phase, and resolved itself within a normal time frame. What made him unusual was having the authority and wealth to see all his wishes enacted. There was no one to impose any kind of balance or restrictions on his behavior. Common assumptions (ancient or modern) that his mourning was exaggerated are a function of general misconceptions about the bereavement process.

Yet we can learn from the mourning of Alexander, even if our modern world seldom, if ever, confronts us with the problem of restraining a deeply grieving world-conqueror with near-absolute power. Bereavement spares no one, and is not a short-term experience. However much or little power we may wield, we are most human in our capacity to mourn. This knowledge should allow us to treat our leaders—and one another—more humanely, with greater compassion, and without unrealistic expectations.

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