The Paradox of Loss

Toward a Relational Theory of Grief

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PART I: WHAT IS WRONG WITH PREVAILING GRIEF MODELS?

Chapter 1

Introduction

> Do not for ever with thy vailéd lids
>
> Seek for thy noble father in the dust.
>
> Thou know'st 'tis common--all that lives must die . . .
>
> (Shakespeare, 1604/1963, I.ii.70-72, p. 9)

With the above lines Hamlet's mother rebukes him for his continued expression of grief two months following his father's death. And step-father Claudius argues that it is stubborn, unmanly and even blasphemous to continue grieving as Hamlet appears to.

Not dissimilarly, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III-R, 1987; DSM-IV, 1994) suggests that "normal" or "uncomplicated" bereavement becomes pathological if symptoms persist two to three months after the loss. Prevailing grief models (e.g., Bowlby, 1980; Kubler-Ross, 1969[1]; Lindemann, 1944; Parkes, 1987; Rando, 1984; Worden, 1982) generally view grief as: (a) a process, or rather a series of stages, tasks, or phases to be completed; (b) the result of a relationship that must be relinquished; (c) a negative experience to be overcome; and (d) a possibly pathological

experience at that. The DSM criteria reflect some of the same tendencies toward linearity, finitude and normalization found in most prominent grief theories, the cardinal principle being that, normally, grief ends. While a trend is rising against these notions and a new paradigm gradually emerging (Klass, Silverman, & Nickman, 1996; Neimeyer, 2001; Stroebe, Hansson, Stroebe, & Schut, 2001), it is evident, from the DSM criteria for "uncomplicated bereavement" as well as the number of workshops and self-help books exhorting the griever to "let go" and "move on," that traditional grief theory still informs practice and public policy.[2]

According to prevailing theory, grief ends along the lines of the "step" metaphor or what Stroebe, Gergen, Gergen, and Stroebe (1992) call the "breaking bonds" approach. It ends because, "normally," (1) there is a linear progression of stages or phases the griever passes through that lead him or her to complete, excise, or encapsulate his or her grief; and (2) the griever relinquishes or "lets go" of the deceased in order to live a normal life. While grief models are ambiguous about the actual time needed to pass through the various stages, they are usually adamant that the stages must be passed through so that the griever can find "resolution" or "cure." According to the standards set by the DSM, Hamlet is only a few days, or weeks, short of being a pathological griever. In the common grief theory lingo, he has grief "work" to do.

What is most problematic about the above formulations is that they fail to represent bereaved persons' actual experiences of grief over time. Not only the experience of Hamlet, but that of real-life grievers as reflected in autobiographical, phenomenological, clinical, and research writings (see, e.g., Brice, 1991a; Carter, 1989; Ericsson, 1993; Klass, 2001; Lawrence,

1992; Lewis, 1961; Neimeyer, 2001; Oltjenbruns, 2001; Philipe, 1964; Rosenblatt, 1996; Silverman & Klass, 1996; Talbot, 1980; Tittensor, 1984) suggests that the templates of prevailing grief formulations are incomplete, inaccurate, and biased. A central problem is that current models are unable to account for variability of grief experience except by labeling variants as pathological. Yet, as mentioned, diagnostic formulations such as the DSM's appear vague and arbitrary. Illogically, current theories suggest a time frame and hence end for grief, yet acknowledge that "total resolution of grief may never occur" (Rando, 1984, p. 117).

The experience of time for those who grieve is more complexly organized than stage and phase theories suggest. Step models do not reflect that although grief may change as it is more removed in time from the death, reoccurrences of acute grief or grief-like phenomena may occur long after the event of loss, that nonpathological grief may not be "resolved," and further, that the relationship with the deceased often continues and may even develop rather than be relinquished completely. Time may offer a far more textured, multileveled, and relational experience. Different aspects of grief may be experienced as interconnected parts of a whole experience rather than a passage from one stage to another, aberrations, or solitary events experienced *after* grief work has been completed. In addition, as Rosenblatt (1996) explains, often the sequelae of bereavement, or the realization of these sequelae, do not make themselves known at once; multiple losses arising out of death may continue to occur over an extended span of time. Further, as time continues, the relationship with the dead loved one may far from disappear.

Part of the problem with current grief formulations is that they are informed by assumptions which have not been critically examined. Although no theory is value free or transparent (Gergen, 1973; Howard, 1985; Prilleltensky, 1989; Sampson, 1977, 1978, 1981), the particular values that have helped shape and construct grief theory have been taken as implicitly true and as practically universal. These assumptions include the positing of an objective, uniform reality; a pathologizing or "deficit" model of personality which views the individual, rather than the circumstances, as the locus of the "problem"; a consumer-oriented system that values efficiency, (re)investment, "quick fixes," rationality, autonomy and material reality (what Stroebe et al., 1992, describe as "modernist" values), over values of taking time, commitment, emotion or passion, relationship, and spiritual or internal reality. Prominent grief models are largely based on a Western and materialist conception of time (and conception of memory of times past) as linear and made up of discrete units, an objectifying stance stemming from a positivist research framework and medical disease model, and a bias toward autonomy and separateness in relationship.

Partly because of these suppositions, and the time it has taken to develop theory and research in other areas, prevailing formulations have failed to incorporate advances in the areas of self and relationship, time, memory, and emotion that would better explain the multileveled texture of grief. Happily, since I began this study, some of these deficits are being remedied and alternative perspectives have begun to emerge. Primary among the newer contributions and one that coalesces with the major theme of this book is the notion of "continuing bonds" between griever and deceased (Klass et al., 1996), and the suggestion of an ongoing, developing

relationship (Hagman, 2001; Klass, 2001; Shapiro, 1996; Silverman & Klass, 1996; Silverman, Nickman, & Worden, 1992).

Although relationship is the foundation of most important grief theories (Bowlby, 1980; Freud, 1917/1959; Parkes, 1987), there is a bias towards the "breaking bonds" perspective, and towards the values of autonomy, individualism and "getting over" the loss. The concept of internalization, although also a fundamental element, serves in stage/phase models to construct the deceased not as a dynamic, changing aspect of the griever, but as a static entity from which the griever is best "emancipated" (Lindemann, 1944). Because of this bias, stage theories tend to ignore or downplay the significance of relationship in constructing a sense of self and reality and do not give adequate credence to an internal world of the bereaved where the deceased may continue to "live." By assuming a linear, material and finite progression, stage and phase models cannot allow (except parenthetically) that the ending of a relationship through death does not terminate the impact of the deceased on the bereaved person's reality and world view.

The griever's experience of time and memory are central concerns when considering this relationship. The step metaphor pictures the griever moving through a series of sequential stages, progressing onward toward health and grief "recovery." In this picture, the progression of stages runs parallel to the actual, physical time that elapses after the death. The more time elapses, the theory goes, the closer the griever should be to completing his or her grief work.

Such a model conflates two types of time, denying psychological, or inner, time (Loewald, 1980) as opposed to objective, quantifiable time, and thus contributes to confusion for the bereaved and the bereaved's potential support system. Other perceptions of time are then

neglected, such as multiple levels of experience organized temporally differently (see Heidegger, 1927/1971; Polkinghorne, 1988), and the relation between traumatic memory and lived and relived experience (put differently, the relation between events in "real" time and events in memory, Horowitz & Reidbord, 1992; Tobias, Kihlstrom, & Schacter, 1992; Williams, 1992), the latter especially important in bereavement as a source of trauma (Bowlby, 1980).

Both the processes of forgetting and remembering are significant aspects of grief experience that serve to relocate the griever (perhaps again and again) in her or his experience of time, and in the experience of her or his self and relationship with the deceased other. Memory, like time, is not a purely objective phenomenon, but could instead be viewed as partial (re)constructions or "reasonable facsimiles" (Loftus & Loftus, 1980). As LeDoux (1992) emphasizes, the memory for emotional significance of events is different from the memory of the event itself. How a person construes and then remembers an event such as death, and remembers and reconstructs the deceased, are not the same as how she or he remembers a mathematical sum or a date in history. A heartening new emphasis in emerging theory is Neimeyer's (2000, 2001) constructivist focus on meaning-making and the importance of narrative as "providing a more responsive frame for holding the complexity of loss as a lived experience" (Neimeyer, 2000, p. 289), a vantage that is also considered in this book.

As Neimeyer (2000) indicates, while conceptualizations of loss are currently undergoing a revolution, newer views are not well accommodated by dominant theories. So far, the links between emotion and memory, consciousness, and implicit and explicit states have not been well articulated in the grief literature, and many of the findings in the domains of emotion, memory,

and cognition have not been integrated with our understanding of grief. In terms of emotion, one of the conventional, established views in the West emphasizes a particular, limited time frame for emotional experiencing (e.g., Bower, 1992). The event sequence of an emotion, even while it may contain a feedback loop (e.g., Plutchik's model, 1991), is schematically insulated from other emotional events by a pre- and post-homeostatic wall. This view is complementary with stage theories and adaptation models of grief, but neglects the ongoing feedback loop that may continue to transform the experience. In Zajonc's (1984) words, "The individual is never *without* being in some emotional state" (p. 121). It is this *continuous* nature of emotional experience (see, e.g., Izard, 1979; Zajonc, 1984) that needs to be addressed in relation to grief.

Finally, the lack of clarity provided by linear, stage models contributes to confusion in diagnosis and treatment of grief-related states and does not provide an adequate basis for aligning theoretical knowledge to diagnostic and treatment formulations. Because of the two month time limitation indicated by the DSM in regard to "uncomplicated bereavement," after this time clinicians may feel inclined to consider grief "complicated" or pathological and to give a client or patient a "stronger" (Axis I and/or II) diagnosis.[3] While Stroebe et al. (2001) suggest in their recent *Handbook of Bereavement Research* that it has become more accepted that people do not "get over" their loss, in the same volume Prigerson and Jacobs (2001) advocate that "traumatic grief" (a construct comprised of many of the experiences grievers are likely to have) lasting "at least two months" be considered a mental disorder, a "disorder" they formerly referred to as "complicated grief" (p. 615). While such a diagnosis may help with insurance

reimbursement, it may not help grievers or society come to terms with grief as normal in the face of death.

Though faulty and incomplete, the prevailing formulations continue to contribute to diagnosis, treatment and outreach efforts and may, as family therapist Michael White (1989) and some grievers (e.g., Ericsson, 1993; Hillman, 1992; Lewis, 1961; Talbot, 1980) indicate, influence the bereaved's personal construction of her or his grief experience. As White (1989) asserts, the "'saying goodbye' metaphor" is so prominent in our clinical, scientific and pop culture that it is not uncommon for grievers to "'know'" what the proper grief map looks like, and to blame themselves for discrepancies in their own experience. Clinicians follow similar "maps" which affect the care they provide to clients. Not being aware of but following the assumptions and values embedded in much grief literature may lead psychotherapists and other health professionals not only to misrepresent grief but to mistreat and misdiagnose it.

To address these deficits, I began a theoretical study in which my first goal was to critically examine the assumptions underlying present theory. In Chapter 2, I review grief theory and introduce the problem of viewing grief as a state or a series of states rather than a process. In Chapter 3, I explore the influences, problems, biases, and blind spots underlying prominent approaches, including the influences of psychoanalysis, evolutionary and attachment theories, the privileging of a positivist world view, the bias toward autonomy and "instant recipes," different attitudes towards relationship and death, and the context of the researcher.

My second and primary aim was to develop a model more reflective of actual grief experience and one that is compatible with related bodies of knowledge. I therefore focus on a

reframing of the epistemological and philosophical approach to grief by shifting from a positivist to a constructivist, postmodern knowledge paradigm (see, e.g., Beebe, Jaffe, & Lachmann, 1992; Cushman, 1990, 1991; Gergen & Gergen, 1988; Hoffman, 1991; Mitchell, 1988; Stolorow & Atwood, 1992), as well as shifting from a medical-disease model to a more holistic approach in the understanding, diagnosis, and treatment of grief-related concerns. As my own experience and that of others I have mentioned have been at odds with prevailing theory, I use personal material, including autobiographical, literary, and anthropological works, to analyze and explore the temporal, relational, and existential dimensions of grief. A culling of personal grief experience is presented in Chapter 4.

In Chapters 5 and 6, I look to bodies of knowledge which, although significant to a theoretical understanding of grief, have not been fully utilized in the past, most particularly theoretical work on the nature of the self and relationship with other, and empirical and theoretical study in the areas of memory, emotion, and cognition. Drawing from these researches and the personal accounts described above, I develop the position that a co-constituted relationship between self and other is fundamental to grief experience and argue that an alternate pattern can be founded on the griever's real and imaginal relationship with the deceased, on the griever's response to the existential givens of reality, and on the regeneration of emotional and memorial experience caused by a dynamic, ongoing dialogue between self and environment. Most importantly, I emphasize that the griever's continued integration is relational.

In this book I identify grief as an ongoing as well as recursive experience. Although with increased coping, maturity and experience, grief changes both in frequency and severity of

themes, it does not seem to progress linearly or necessarily to end. Because of their complexity and recurrence, grief experiences are better described in terms of oscillations between multileveled states than as a progression from one stage to another. Oscillations comprise, for instance, the move between themes such as belief and disbelief, denial and acceptance, yearning and despair, disintegration and reintegration of self and world, a sense of absence and a sense of presence. These themes could be said to occur at different "levels" or have different forms in that although similar themes and experiences of grief recur, they are not identical. A variety of kinds of "disbelief" or "acceptance," for instance occur, and co-occur. A multiplicity of themes, such as despair, sadness, shock, horror, missing, and both longing for *and* recognizing the impossibility of recovering the lost one, often occur together.

The pattern of oscillation occurs along with a process of increased coping so that while the traumatic, shocking impact of death lessens, multileveled experiences of different themes (e.g., belief, disbelief, acceptance, horror, yearning, missing, pain, anxiety, depression, despair, feelings of presence, absence, transformation, spirituality, enlightenment, and loss) may continue to reemerge. In addition, apparent opposites (such as belief and disbelief, yearning and despair, hope and hopelessness) do not seem to obviate each other but rather to provide a dialectic that is related to loss and missing, and to the existential reality of death. Thus, a sense of hope may occur without necessarily believing or hoping the lost one will be restored; instead there may be a renewed sense of presence, which is dialectically related to missing, and which because of the physicality of loss, is counteracted by the existential reality of death, which then evokes a sense of loss and despair, and vice versa.

Complicating or affecting the entire picture of grief so that it does not follow a straightforward or linear course are (1) different types of trauma related to the trauma of death, (2) the impact of the environment--more precisely, the person-environment, which Lazarus (1991) configures as essential to the emotion generating process; and (3), related to the above, the passage of time, modifying perceptions and responses in terms of a continued accrual of experience, or maturity. In relation to (1), the trauma of death and the circumstances surrounding or leading up to death are necessarily entangled. Yet the response to the surrounding trauma may be more apparent in early or acute grief, making later grief at loss of death more differentiated from the grief of the related trauma.

Shifts reveal changes in strength or intensity that are affected both by internal and external changes. Additional life experiences, some of them stressful or painful, and others nurturing, supportive, or positive, interact with previous experiences and recall of experiences so that, for instance, additional losses (of various kinds, e.g., bereavement, loss of relationship, financial difficulties / loss, etc.) join the "pool" of previous losses, both with some positive effect (in terms of our ongoing learning of how to cope with losses) and with negative effect (such as feeling overwhelmed by losses or remembering and having the traumatic nature of loss highlighted). In this way, emotions may continually be in the process of being regenerated, although they are not precisely the *same* emotions. Also, the "story" of one's loss and how it fits into all of one's life is therefore continually being regenerated and rewritten, or rather re-understood in light of new experiences and understandings.

Some painful triggers can be expected (as with anniversaries, holidays, or environmental resemblances to the experience) or not expected (as when suddenly one is reminded of the lost other and this evokes either feelings of trauma or loss). Although with time and experience one learns how to deal with such events, ongoing aspects of environment continue to interact with this experience to produce new emotional experiencing, as in new losses, stresses, etc. Experiences and memories may also occur at varying levels of cognitive or intellectual awareness, at what might be described as visceral or emotional levels (see, e.g., LeDoux, 1992; van der Kolk, 1994), with knowledge or construction of how or why these experiences and memories are occurring not immediately obvious, or even perhaps irrelevant to the fact that the emotion continues to be experienced. Therefore, "triggers" can sometimes be known and even "controlled," but not always.

Coping with death also involves different levels of awareness, ranging from the intense scrutiny described above to a kind of blunting or buffering of memories and experiences, occurring however, not only at these extremes but involving both. The "scrutiny" involves constructing the story, of death, of the lost other, of trauma, and of meaning and seems to occur most copiously and distinctly the first several years of bereavement. This includes reconstructing the relationship, knowing that the relationship has necessarily changed, but asking, what remains permanent? what parts are incorporated? what of the self and other remain? This kind of development and storytelling continues, though gradually on a more tacit level. Whether it be triggered by internal or external events, however, the development of the self-other relationship may also be brought into relief.

Experience points to the possibility of an ongoing significant relationship with the beloved who has died. There is a complexity in this relationship and in realization of the other since it occurs in various forms at both explicit and tacit levels, including reminiscences, imaginary dialogues, sense or evocation of presence, and a reconstruction of both separate and shared experiences of reality. Further, remembering and reconstructing the other is, paradoxically, part of missing. It is paradoxical because it is due to the other's absence that her or his presence is recreated. Remembering others as we knew them in life, we feel their loss and absence; at the same time, we continue to "dialogue" with them in various ways or to reconstruct them.

Finally, while grief--or the intolerable painfulness of grief--may abate, the world is overall construed differently after death of a significant other, and loss is a part of this construal. It is therefore possible that grief, or grief-like feelings, and a connection with the lost one remain, whether in the background or in relief. The trauma of death and the trauma of what led to death diminish, but the effect of death, the sense of loss and its multiple effects on the griever, do not disappear.

Using the resources and bodies of knowledge described above, I argue that this alternate, oscillating or recurring pattern of grief is founded on the griever's real and imaginal relationship with the deceased and on her or his response to the existential givens of reality, as well as on the regeneration of emotional and memorial experience caused by a dynamic, ongoing dialogue between self and environment. The existential givens, involving death, time, self and other, are paradoxical; dealing with these paradoxes results in a response to loss that is also paradoxical,

alinear and composed of qualities that are both unique and recurrent, enduring and discontinuous.

Recognizing and coping with these paradoxes seem to begin very early on, along with the development of a relational, embodied self, and a cognition (perhaps meager, at first) of metaphor, or of one thing (a memory or mental representation) standing for something, or someone, else. Both the dialogical nature of self (Hermans et al., 1992; Modell, 1993) and the notion of object constancy and related ideas explains how it is that we can recognize a dead person is gone and in some sense "relinquish" her or him, yet also maintain both the person and the relationship. Further, the notion of a dialogical, embodied self explains how self and other are co-constructed and how the self continues to reconstruct an other even if the other is absent. Paradoxically, it is when the other is absent that an "enduring presence" (Modell, 1993) is most likely to be constructed. The capacity to be alone stems from knowing that "someone else is there" (Winnicott, 1958).

The oscillation in movement between the real and the symbolic in some way compare with the oscillations of knowing the dead beloved is gone, and recreating him or her within ourselves, experiencing their presence, and then again, experiencing their loss. There is, overall, a paradoxical sense that they are both "here" and "not here." In many ways, they continue to shape and influence our lives; in others, we acutely feel their absence and lack. The notion of a dialogical, embodied self is essential to understanding grief as its development is founded on our earliest negotiations with presence and loss. This self/other relationship can be best understood in terms of object relations, relational, and intersubjectivity theory.

Further, the ongoing experience of grief is explained by how memory functions with the above paradoxes, and how emotions and memory function with the process of "going on" in life and integrating and reintegrating all that has gone before. "All that has gone before" includes of course highly significant events such as death and loss, and constitutes a "past." However, this "past" is also "present" as it is reconstructed in the present and affected by ongoing circumstances. Moreover, from the point of view of adaptation to ongoing circumstances, a reintegration of material would seem essential. Such an integration could be explained by viewing emotion as a continuous (Izard, 1979; Zajonc, 1984) and regenerating (Lazarus, 1991) experience, as well as operating on multiple levels of meaning from the most tacit to the most explicit. Grief is complex not only because of the individual's complex interwebbing of self and other with loss, but because it emblemizes a complex, nonlinear experience, awareness, and use of time, memory, and emotion which interacts with the person-environment (Lazarus, 1991) as well as knowledge of existential givens, and because this "regeneration" may occur at various and changing levels of awareness.

In Chapter 7, I discuss the proposed relational theory of grief and examine the meaning of a revised outlook for both clinical practice and societal support, including issues of pathology and non-pathology. In prevailing theory, the bereaved's psychological health and coping ability are measured not only by his or her going through the appropriate sequences of stages, but are fundamentally tied to the relinquishment of the dead person. Without a final acceptance of loss, and a final despair, the bereaved cannot be said to have "worked through" or resolved his or her

grief. The proposed theory, in contrast, suggests that the relationship does not necessarily end, especially if it played an important role in the bereaved's psychic world.

The necessity for "cure" or "resolution" of grief is not recognized in the model I propose. However, what might be considered "growth" or "development" occurs in that both grief and the relationship with the lost other continue to be transformed and that coping processes evolve. What might be construed as "healing" first has to do with the bereaved's ability to cope with the trauma of loss. A major "difficulty" (which can be both immediate and ongoing) is for the bereaved to be able to experience and express his or her sense of loss, whatever that may be, with as little negative interference and as much positive support as possible. A major issue is making sense of and in some way integrating loss through death, and also achieving a partial mode of buffering from the horror of traumatic reality.

Further development might be conceived as concerning the dynamic and relational internalization of the lost other, which provides not only a "firming up" of what has already been internalized but a dynamic interconnection with the griever's continued reconstitution of the world. As her or his life changes, the perspective of relationship (and loss) also changes. The depth or amount of this internalization and reconstruction, however, depends on the nature of the individual relationship the griever has with the deceased. Development may also involve recognizing one's human limitations regarding death and loss, and being able to negotiate and renegotiate both the acceptance and difficulty of accepting a paradoxical reality involving loss, death, absence and presence. Such a process, however, should not be considered linear and is not achieved in a step-wise fashion; rather, it oscillates as described above, and must continue to

be renegotiated and dealt with. Although all of the above aspects of grief may recur or continue, integrating, buffering, and coping emphasizes the traumatic aspect of loss, whereas internalization, humility, and ability to deal with ambiguity characterize both the response to trauma and the longer-term response to loss and death.

The implications and benefits of an alternate grief model are discussed. Bereavement is associated with risk of physical illness, altered immune system efficiency and neuroendocrine changes, as well as increased mortality. Lack of support has been attributed to a variety of bereaved people's psychological, adjustment and health problems (Maddison, 1968; Maddison & Walker, 1967; Parkes, 1987; Sheldon et al., 1981; Vachon et al., 1982) as well to their subjective distress (Gorer, 1965). A growing body of literature emphasizes that social support is helpful if not crucial in affecting a person's responses to bereavement (Bruce, Leonard, & Bruhn, 1990; Fowlkes, 1991; Maddison & Walker, 1967; Parkes, 1987; Rando, 1984; Raphael, 1973, 1981). However, social support and understanding of grief are often inadequate and at times detrimental (see, e.g., Feifel, 1990; Fowlkes, 1991; Ericsson, 1993; Gorer, 1965; Rando, 1984).

Because of the prevalence of the linear stage/phase approach to grief, individuals in pain often look to this "recipe" for help, and may be not only disappointed but disempowered, viewing themselves as flawed or "crazy" for not following the proper maps of grief experience. As Fowlkes (1991) asserts, we can construct melancholy, or depressive loss of self-regard, in the mourner, through inadequate social regard. Socially and culturally biased constructions of grief have multiple consequences. The proposed approach to grief aims to:

1. Extend the care and support bereaved people receive;

2. Validate and positively construe grievers' views of themselves and their experiences;

3. Sensitize us to problems related to death and dying (e.g., AIDS, inadequate health care, war, poverty);

4. Promote existential recognition of death and increased appreciation of the meanings of life and death;

5. Aid us in understanding psychotherapy clients' needs and the relevance of grief and loss to different areas of their lives; and

6. Help us avoid pathologizing, normalizing, or depersonalizing individual, familial and cultural differences.

Ongoing exploration is needed to deepen our understanding of idiosyncratic and cross-cultural conditions of grief. The main thrust of this book is to shadow forth a relational model of grief that differs significantly from the predominant sequential step and "breaking bonds" approaches by depathologizing grief and emphasizing the enduringness of relationship. A relational approach includes recognizing both that the lost other is an ongoing part of our existence, and that the *processes* of relationship continue to be reintegrated, transferred, rejuvenated, and transformed. These relational processes are part of a verbal and nonverbal, tacit and conscious narrative that help us reconstruct our selves and our lives in the experience of profound loss.

Notes

1. Although not a theory of grief but one of death and dying, Kubler-Ross' (1969) work is often interpreted by layperson and scientist-practitioner alike as applying to the bereaved and is referred to in light of this usage.

2. Another recent development, for instance, Prigerson and Jacobs' (2001) proposal that "traumatic grief" be established as a distinct clinical entity meeting DSM-IV criteria for a mental disorder. Although taxonomy can be helpful, this proposed classification seems to reflect the tendency outlined in this chapter to pathologize grief that does not meet certain requirements of intensity and duration.

3. Depression appears to be one of the frequently considered alternative diagnoses to pure, "uncomplicated" bereavement (e.g., Briscoe & Smith, 1975; Kim & Jacobs, 1991; Jacobs, Hansen, Berkman, Kasl, & Ostfeld, 1989; Zisook & Shuchter, 1991), and other psychiatric disorders (e.g., anxiety, phobias, dissociation) have also been considered (Jacobs, Hansen, & Kasl, 1990; Raphael, 1983).