

## 8 Trajectories of Grief

I have emphasized how the course of grief is shaped and regulated by processes that are interpersonal and social in nature. This chapter will consider the implications for how we conceive of differences between *typical* and *pathological* forms of grief. I begin by remarking on the diversity of grief and the consequent difficulties that accompany any claims about what is typical or appropriate. Then, I turn to the issue of whether and how typical experiences of grief might be distinguished phenomenologically from clinically significant depression. An important difference, I suggest, is that depression lacks the dynamism, perspective-shifting, and openness to new possibilities that characterize most grief experiences. Associated with this contrast are different ways of experiencing and relating to other people. Whereas depression involves a pervasive sense of estrangement from others, the ability to feel *connected* to others is retained during typical grief, even when one happens to feel isolated from the majority of people.

I go on to discuss forms of grief associated with the labels “complicated,” “prolonged,” “persistent,” “traumatic,” and “disenfranchised.” What distinguishes pathological from typical grief, I propose, is a lack of dynamic engagement with one’s loss of possibilities. This involves being cut off from interpersonal and social processes that contribute to the temporal structure of grief. I identify three broad ways in which grief can depart from a “typical” trajectory: (a) retention of a life structure that is no longer sustainable; (b) inability to replace life structure that has been lost; and (c) adoption of new projects and pastimes without revision of prior structure. I also show how these forms of grief are inextricable from ways of experiencing and relating to the person who has died. Crucial to the course of grief, I suggest, is the extent to which one remains able to *trust* other people. Where

trust is eroded or absent, so is access to interpersonal and social processes that contribute to comprehension and adjustment. The chapter concludes by considering the notion of “resilience.” I observe that even profoundly unsettling grief experiences are compatible with resilience. I also suggest that resilience, too, should be conceived of in terms of current and past interpersonal relations, rather than as an internalized trait.

### 8.1 The Diversity of Grief

Discussions of pathological grief generally assume that not all grief is pathological and that pathological forms of grief are thus to be distinguished from “typical” grief. But what does typical grief consist of? In seeking to distinguish the two, the first problem we face is that typical grief encompasses considerable diversity. Hence, it is not at all clear that a straightforward distinction can be drawn between two broad types of grief. In the preceding chapters, I described a phenomenological structure common to experiences of grief. That structure includes disturbances of one’s experiential world and of one’s relations with other people (the living and the dead). The relative prominence of the two factors can vary considerably. Caring deeply for someone does not require substantial integration of that person into one’s current projects and pastimes, as with family members who live far away. So, there can be a pronounced sense of personal loss and tensions involving the significance of various memories, without major disruption of current life structure. Conversely, someone might be integrated into one’s life despite a relative lack of concern *for* that person, as when they provide regular support of various kinds.

Both aspects of grief encompass further variety. Exactly how one’s experiential world is affected by a bereavement will depend on the unique way in which one’s projects, pastimes, and habitual expectations are organized and how they involve the deceased. At certain points in my discussion, I have focused more specifically on how an experiential world can come to implicate a long-term partner. Relationships of other kinds often involve similar *degrees* of interdependence, but it is also important to acknowledge qualitative differences. For instance, the world of a young child has a simpler organization than that of a typical adult. The latter is shaped by a more elaborate arrangement of values, projects, and significant possibilities, often stretching many years into the future. In addition, the child’s world

is more fragile than that of most adults. Its sustenance and ongoing development depend on interactions with a small number of caregivers, who mediate a developing sense of who and what to trust and, with this, the ability to negotiate various situations. Early abilities are thus scaffolded by relationships in ways that later abilities are generally not. Insofar as a child's world depends on a parent in a distinctive way, it will also be affected in a distinctive way by the parent's death. This also extends to how children understand and respond to what has happened. A young child's world is organized around daily and weekly routines that are managed by caregivers, more so than by long-term projects and plans. It has been suggested that this involves a conception of time that is more "circular" than "linear," impeding the ability to comprehend irreversible changes such as deaths (Dyregov 2008, 17).<sup>1</sup> Things do not end irrevocably; they happen again and again, often at regular times. How could a particular person and everything that they do be *gone forever*?

Likewise, there are distinctive ways in which children are integrated into the worlds of loving parents. The parent's own life structure involves furthering that of the child; it is oriented toward possibilities that extend beyond the lifetime of the parent. Hence, a child's death can involve losing a future that transcends one's own, upon which one's values, commitments, projects, and hopes depended. As Rando (1986, 11) observes, parents who grieve over the death of their child are also faced with "the need to relinquish all the hopes, dreams, and expectations that they had for and with that child."

The personal aspects of grief vary too. For instance, types of relationships and their more specific qualities will influence how the *style* of the person who died affected and continues to affect one's world. In any given case, many other factors will also contribute to how grief is experienced: the circumstances of the death (e.g., whether it was avoidable, premature, or violent); relations with others (including family, friends, and colleagues); social and cultural context; gender; ability to understand what has happened; and various personal circumstances (e.g., health, education, financial situation, and other past, ongoing, and/or anticipated life events). Even where bereavements are in most respects comparable, the process of experiencing, comprehending, and engaging with a loss of possibilities is compatible with different coping styles. For instance, Martin and Doka (2000, 2) identify a broad distinction between "intuitive" patterns of grieving, which involve expressing emotions and seeking emotional support,

and “instrumental” patterns, which involve focusing on practical tasks. Most grief experiences fall somewhere on a spectrum between the two. However, a tendency toward instrumental patterns is more typical of men, a difference that Martin and Doka attribute to gendered socialization patterns. They add that there is insufficient evidence for the view that one of these responses involves a better way of adjusting to loss than the other.

Throughout my discussion, I have focused on bereavements that affect people profoundly, where there is both a pervasive disturbance of the experiential world and a pronounced sense of personal loss. Nevertheless, my account applies equally to experiences of grief that are not so pronounced or prolonged. Here, the relevant phenomenological changes will be similar in kind, but more localized, less conspicuous, and/or shorter-lived. Much of what I have said also extends to experiences of loss that do not stem from bereavement, including losses of bodily capacities, interpersonal relationships, and employment. All involve experiencing and engaging with losses of possibilities. In the case of bereavement, there is often a stark contrast between “before” and “after”; the loss of possibilities originates in a specific event—the death. But not all experiences of bereavement are like this. Sometimes, there is no single moment, no stark contrast, no unambiguous transition. By conceiving of grief as a temporally extended engagement with a variably cohesive loss of possibilities, we can accommodate a diversity of loss experiences.

Consider, for instance, the notion of “anticipatory grief.”<sup>2</sup> We might think of this as a form of grief elicited by the *expectation of loss*, as when one knows that someone has a terminal illness. More generally, though, the emotions associated with expecting something tend to differ in kind from those elicited by its actual occurrence. For instance, we do not ordinarily dread what has already happened, feel guilt over what we have not yet done, or feel relief as we look forward to completing a demanding task that we have just started. Given this, one might question whether what is experienced in anticipating bereavement itself amounts to grief. However, if grief is a temporally extended engagement with a loss of possibilities, then it is clear that people can indeed experience grief in these circumstances. The anticipated loss of possibilities is also an actual loss of possibilities. In knowing that someone does not have long to live, we recognize that certain possibilities have been extinguished—we will never buy that house by the sea together; she will not be there for my graduation; he will never meet his

grandchildren. Even before the death, those possibilities are already experienced as gone (Doka 2002, 12). While certain possibilities may be lost due to the fact that a person will soon die, others may be lost due to their declining health and abilities: “caring for someone with dementia for so long has made me think about losing that person for a very long time. . . . She was there in body, but not the person she once was” (#168). Thus, losses of possibilities can be traceable to sequences of events that stretch out over a long period, rather than to a single moment with a “before” and an “after.”

Experiences of loss can also remain conflicted for prolonged periods (in ways that may or may not reflect the realities of one’s situation). The sense of loss remains incomplete or inconclusive, due to the persistence of a competing system of anticipation—perhaps my relationship with him is not over after all; she might still recover from this; maybe they will change their minds about terminating my employment contract; there’s still a chance I will get pregnant. Such conflict can also arise in the context of bereavement. Pauline Boss has introduced the term “ambiguous loss” to refer to losses that remain “unclear, indeterminate” (Boss 1999, 5–6). There are two broad types of ambiguous loss. In one type of case, a person who is still alive and physically present has changed radically due to circumstances such as chronic illness or serious injury. In the other, a person is physically absent, but lingering doubts remain over whether, when, and how they died. For instance, they may have been involved in a war, accident, or natural disaster, after which no body was ever recovered, or they may have simply disappeared (Boss 1999, 8–9). Ambiguous loss thus spans a range of very different circumstances. Some involve not knowing what has happened or what will happen, while others involve a current situation that is challenging to make sense of—is this still the person I love, or isn’t it? But central to all cases is the persistence of competing possibilities—maybe she’s not dead; perhaps that’s still him after all. So, in thinking of grief in terms of lost possibilities, it should be added that this sometimes involves an enduring sense of uncertainty or indeterminacy concerning what might have happened or what is now the case. In these circumstances, one can vacillate between hope and resignation for an indefinite period. The process of moving between worlds is therefore impeded and, in part at least, suspended. To the extent that a current situation remains unclear, uncertainty also remains over which aspects of one’s world are no longer sustainable, how to make sense what has happened, and how to reorganize one’s life accordingly.

Hence, various different experiences can be thought of in terms of losses of possibilities that we recognize, comprehend, and engage with over time. I have suggested that bereavement differs qualitatively from wholly impersonal forms of loss. Although the latter can involve comparable disturbances of the experiential world, they lack the distinctively interpersonal elements described in chapters 5–7. That said, the phenomenological boundaries are often unclear, as when losing a job also involves losing multiple friendships or when a loss of bodily capacities contributes to the collapse of a relationship. Experiences of bereavement often involve a distinctive sense of *someone else's lost possibilities*. Nevertheless, they still have much in common with other forms of personal loss, such as relationship breakups, being unable to have children, and experiencing a significant change in someone we love. In all these cases, we lose access to distinctive ways of affecting and being affected by another person.

My account of grief is thus intended to be broad in scope, accommodating the full range of loss experiences.<sup>3</sup> When it comes to understanding a *particular* experience of grief or loss, it can serve as an interpretive framework for approaching experiences of the type in question, through which we can then proceed to discern features that render a person's grief distinctive. So, offering generalizations to the effect that "grief consists in  $x$  and  $y$ " is not intended as a substitute for the important task of engaging with grief experiences in their particularity. Even so, the nature of any particular experience of grief can only be adequately understood once the phenomenological profundity, complexity, and diversity of grief in general is acknowledged. This then enables us to appreciate what makes someone's grief distinctive, how it reflects the unique structure of the person's life.

A further issue that arises in contemplating the diversity of grief is that of whether, when, and why grief or certain kinds of grief are *inappropriate*. Different categories of norms inform such judgments. In chapter 2, I noted that grief not only *ought to* proceed in certain ways, but that it *must* do, if there is to be eventual reconciliation between what has happened and one's life structure. So, if that endpoint is assumed to be desirable, we can distinguish forms of grief that are appropriate, insofar as they follow a route toward it, from others that deviate. It should be added, though, that matters are not always so straightforward. For instance, in a case of ambiguous loss, it may be unclear whether, when, or how to reorganize one's life.

It has also been suggested that grief is responsive to moral norms (Solomon 2004b; McCracken 2005). However, as discussed in chapter 6, it is doubtful that there is any general obligation to grieve. Rather, people have a host of different obligations to those who have died, stemming from the particularities of their relationships, specific commitments that were made, and more widely accepted social and cultural norms. None of these are straightforward moral obligations *to grieve*. Nevertheless, experiences of grief and their course are indeed influenced by shared moral norms, as well as by religious norms, norms of etiquette, and norms attaching to culturally diverse rituals and practices. One might respond that these are all norms of “mourning” rather than “grieving.” However, we have seen how the temporal structure of grief depends on regulatory processes that are interpersonally and socially distributed, rather than wholly internal to the individual. Given this, it would be untenable to maintain that the full range of norms associated with bereavement influence mourning (construed as participation in practices and rituals) but not grieving (construed as a temporally extended emotion process). For instance, whether shared narratives and practices emphasize severing or retaining bonds with the deceased will influence how experiences are interpreted (by the bereaved and by others), whether certain experiences are sought or avoided, and the kinds of interpersonal support that are available.

There are also norms relating to emotions in general. Emotions with identifiable objects are sensitive to reasons, as they gauge the significance of events and situations in relation to a life structure that incorporates certain values (Helm 2001). So, an emotional experience of loss is situationally inappropriate where it involves responding to something that does not matter relative to one’s values or failing to respond in a certain way to something that does matter. An emotional response can also be appropriate in kind but not proportionate in its intensity or duration, either inadequate or excessive in relation to its object. In all such cases, one’s emotional experience lacks integration; it fails to reflect the structure of one’s life. Szanto (2017) thus refers to experiences of “emotional self-alienation,” where emotional responses to situations and events become decoupled from one’s overall “evaluative outlook” and may even conflict with it. Another form of impoverished emotional experience involves what Milligan (2008) calls “false emotion,” as when people appear to grieve intensely over the deaths of public

figures. According to Milligan, often they are not actually grieving, even though they may believe that they are. Their emotions do not have appropriate objects and their desires differ from those indicative of genuine grief. Hence, what we have is not a form of grief that fails to respect certain norms but an emotional experience that differs from grief in virtue of its departure from those norms. Milligan suggests that “false emotions” are sometimes to be regarded in an epistemically and morally positive light; the false emotion elicits activities that reshape one’s evaluative tendencies, leading to other, genuine emotions. A similar point applies to “alienated” emotions, which have a potential role to play in reorganizing one’s world. Emotions that are initially estranged from one’s values could facilitate a shift in those values over time, whereby new things are experienced as important.

As grief is sensitive to various kinds of norms, a number of different questions can be formulated concerning its appropriateness and proportionality. Most of these do not pertain to the specific issue of whether, when, and why an experience of grief is *clinically* pathological. For instance, our emotions can deviate from our reasons without being “pathological” in that sense of the term. Likewise, departures from moral, religious, and cultural norms are not ordinarily deemed necessary or sufficient for pathological status, or even relevant to it in many instances.<sup>4</sup> Nevertheless, it has been suggested that some forms of grief do deviate from specifically medical norms. The claim is not merely that certain *token* grief experiences are inappropriate or disproportionate to their objects. Rather, certain *types* of grief are said to be inherently pathological, irrespective of the circumstances in which they arise. My focus in this book has been on more profound experiences of grief, which unfold over long periods of time. These sometimes resemble forms of experience associated with psychiatric diagnoses and, in particular, clinically significant depression. Other grief experiences are considered plausible candidates for pathological status without their meeting the diagnostic criteria for an established psychiatric condition. It has therefore been suggested that *disorders of grief* should be added to psychiatry’s inventory of diagnostic categories.

Judgements of pathology are no doubt informed by wider assumptions concerning what is and is not appropriate during grief. For instance, whether one adopts a continuing bonds perspective is likely to influence one’s thinking (Sanger 2009). There is also considerable cultural variation in what people take to be “normal” or “typical” of grief (Eisenbruch



1984; Kleinman 2012). A further complication is that there is no consensus regarding the criteria that need to be met in order for something to qualify as a medical condition or, more specifically, a psychiatric disorder.<sup>5</sup> In the remainder of this chapter, I will not endorse any specific conception of “pathology” or, for that matter, of “pathological grief.” Instead, my approach will be to consider forms of bereavement-related experience that have *already* been identified by others as candidates for pathological status and to ask what, if anything, distinguishes them from the full range of “typical” grief experiences.<sup>6</sup> Hence, I do not seek to determine whether or not these experiences are indeed pathological. My question is this: if they are pathological, which characteristics identify them as such? The answer, I will suggest, relates to the temporal structure of grief. Typical grief involves a dynamism and openness to new possibilities, which is lacking in those experiences identified as pathological. This temporal structure is inextricable from how we experience and relate to other people. It follows that the distinction between typical and pathological forms of grief—if it is to be endorsed at all—should be conceived of in relational terms.

## 8.2 Depression

My task in this section is to determine whether and how grief experiences that are intense and long-lasting, but nonetheless “typical,” might differ from experiences that are consistent with clinically significant depression and, more specifically, major depressive disorder. Following this, I will turn to the view that there are forms of pathological grief that differ from both typical grief and depression. The issue of how to distinguish grief from major depression became especially prominent during development of the fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The fourth edition of the manual, or *DSM-IV*, acknowledges that the symptoms of grief overlap with those of depression. Nevertheless, a depression diagnosis is excluded where those symptoms are “better accounted for by Bereavement” (American Psychiatric Association 2000, 356). So, although the two may be phenomenologically similar, they can be distinguished causally. Where a symptom arises in the context of bereavement and is commonly associated with bereavement, it should not be attributed to depression. The proposal that this clause be removed from *DSM-5* proved controversial, partly due to worries about pathologizing

typical grief. For example, Wakefield and First (2012) supported retention of a revised bereavement exclusion clause, arguing that “bereavement-related depressions” should be distinguished from major depressive episodes in many of those cases where symptoms would otherwise meet the diagnostic criteria for depression. In contrast, Zisook and Shear (2009, 70–71) insisted that the vast majority of bereavement experiences do differ from experiences of major depression. Furthermore, where the two do not differ, their trajectories and responses to treatment do not differ either. An exclusion clause, they argued, is unwarranted, given that a person can surely be both bereaved and depressed.<sup>7</sup>

In light of such exchanges, the importance of phenomenological research into this matter is clear. If the phenomenology of “normal” or “typical” grief cannot be reliably distinguished from that of major depression, then any proposed distinction must be based exclusively on nonphenomenological criteria. On the other hand, if there are significant phenomenological differences between the two, additional or alternative criteria may not be required. This need for phenomenological clarification is not limited to the *DSM* classification system. The questions of (a) whether and how depression and typical grief differ phenomenologically from each other and (b) whether any phenomenological differences are associated with different trajectories and outcomes are relevant to *any* attempt to classify, better understand, and respond to grief and depression, in clinical contexts and more widely.

Ultimately, *DSM-5* settled for something that I find somewhat unsatisfactory. It is stated that, although a response to loss may appear “understandable or appropriate,” a depression diagnosis should still be “carefully considered” where symptoms overlap. This requires the “exercise of clinical judgment,” something that should take individual history and the specifics of the situation into account. In a footnote, there is also an attempt to draw some phenomenological distinctions. Grief, it is noted, involves “feelings of emptiness and loss,” whereas depression involves “depressed mood and the inability to anticipate happiness or pleasure.” Positive emotions still occur during grief, while depression is more pervasive and persistent. In addition, grief usually involves retention of self-esteem, which sets it apart from the worthlessness and self-loathing typical of depression.<sup>8</sup> Thoughts of dying also differ in content; the depressed person may feel that she does not deserve to live, while the bereaved person is more likely to think of joining the deceased (American Psychiatric Association 2013, 161).

Why is this unsatisfactory? First of all, we should note the frequent use of qualifications such as “likely to,” “tend to,” and “generally,” which appear eight times in the footnote.<sup>9</sup> That an instance of condition X tends to or is likely to involve symptoms *p*, *q* and *r*, while an instance of condition Y is less likely to or tends not to involve those symptoms cannot facilitate a confident diagnosis of X and not Y, or vice versa. Furthermore, this lack of confidence is difficult to avoid, given that the diagnostic criteria for a major depressive episode admit considerable variety. A range of different predicaments could qualify as “major depression” by meeting at least one of the two principal criteria (depressed mood and diminished interest in activity), plus at least four of seven supplementary criteria. Indeed, three of the supplementary criteria are disjunctive: weight loss or gain; insomnia or hypersomnia; and psychomotor agitation or retardation (American Psychiatric Association 2013, 160–161). Such problems continue to apply if we instead appeal to different but closely related diagnostic labels, such as “clinically significant depression” or “severe depression.” Regardless of which diagnostic system and which diagnostic categories we adopt, a particular grief experience might be easy enough to distinguish from a depression experience of one or another type, but not from all of the other experiences compatible with clinical depression.

First-person accounts of depression and grief can indeed look very similar. In both cases, there may be a lack of interest in activities, a sense of estrangement from other people and social situations, feelings of meaningless and hopelessness, bodily discomfort, fatigue, and changes in the experience of time, among other things. Nevertheless, where cursory diagnostic criteria fall short, there remains the possibility of a more detailed, discerning phenomenological analysis succeeding. What we will not end up with is a neat boundary, with typical grief on one side and depression on the other; boundaries will always be blurred and there will be plenty of in-between cases. A degree of idealization is therefore unavoidable. However, that there are cases involving features of both X and Y does not detract from the claim that X and Y are structurally very different, any more than the existence of hills detracts from the distinction between mountains and plains. The ability to make clear, principled phenomenological distinctions can therefore assist in determining whether certain cases fall into one or the other category, even if uncertainty remains over others. As Pies (2012) acknowledges, an “in depth understanding” of the phenomenology is needed, of a kind that “symptom checklists” do not facilitate. Many clinicians are no

doubt already operating with something like this, in ways that have not been codified. But this does not detract from the need for explicit phenomenological work, at least under the assumption that it is desirable to be able to conceptualize and communicate the basis for one's clinical decisions and to agree upon shared standards for diagnosis.

In addressing the comparative phenomenology of typical and pathological grief, it is important to keep two issues distinct: (a) whether and how typical grief differs from major depression and/or other psychiatric conditions, and (b) whether typical grief itself involves a kind of medical disorder. Even if typical grief is distinguishable from all forms of psychiatric illness, it could still be regarded as pathological. For instance, Wilkinson (2000) suggests that grief is comparable to an injury such as a burn; in both cases, medical support may be required. But there is a need for caution here. The appropriate comparison is between *bereavement* and injury, rather than *grief* and injury. I suggested in chapter 3 that we could think of bereavement as an injury to the self and, more specifically, to a person's practical identity. That being the case, grief is comparable to the healing process, with typical grief corresponding to normal, healthy healing and pathological grief to disrupted or delayed healing. Even so, we could think of profound grief as akin to a healing process that is challenged by the severity of injury. In both cases, it is appropriate to consider forms of support, perhaps including medical intervention, rather than accepting that something can be left alone on the basis that it is "normal" or "typical" under the relevant circumstances. Nevertheless, I am concerned with a different issue here: whether a distinction can be drawn between cases where grief *itself* proceeds in a typical or appropriate manner and where it goes somehow wrong.

I am doubtful that clear phenomenological distinctions between typical and pathological forms of grief can be drawn by appealing to symptoms that might be experienced at a particular time, along with their duration. A more dynamic perspective is needed, emphasizing the movement of experience and the experience of its movement. When we attend to the temporal structure of grief and its dependence on interpersonal relations, it becomes clear that some phenomenological similarities are superficial and that there are in fact marked phenomenological differences. This is what we find in comparing typical grief to major depression, where three principal differences can be discerned:

1. Grief involves losing what we might call *systems of possibilities*, while depression involves losing access to relevant *types* of possibilities.
2. Grief involves dynamic perspective-shifting, whereas depression involves a diminished ability to shift perspective.
3. Grief involves a continuing ability to relate to and feel connected with other people, the capacity for which is substantially diminished in depression.<sup>10</sup>

In both grief and depression, (1) to (3) should not be construed as separable components of experience that happen to accompany one another, and neither do they interrelate in merely causal ways. They are inextricable aspects of a unitary phenomenological structure. It should be conceded that major depression is heterogeneous, in ways that I have discussed at length elsewhere (Ratcliffe 2015). The same applies to typical grief, which spans a range of experiences. Nevertheless, depression experiences in general involve a pervasive sense of isolation, lack of dynamism, and loss of possibility.<sup>11</sup> This is quite different from the underlying structure of typical grief. *DSM-5's* remarks on comparative phenomenology are suggestive of the relevant differences and can aid differential diagnosis. Nevertheless, there is a risk of superficially similar symptom descriptions obscuring substantial differences in how people relate to others and to the world in general. A more detailed phenomenological analysis can yield insights into underlying structural differences between experiences of grief and depression, enabling more discerning interpretations of first-person reports.

We have seen how grief involves disturbances of one's world, to be understood in terms of changes in the experience of possibilities. Cohesive networks of possibilities, such as doing *p* in order to do *q*, so as to achieve *r*, break down, insofar as their intelligibility, sustainability, or value depends on the deceased. To lose projects and pastimes is to lose idiosyncratic systems of possibilities, which are sometimes central to *who* one is or was. At first glance, this appears similar to losses of possibility described by those with depression diagnoses. However, there is an important difference between losing a specific arrangement of possibilities and losing access to possibilities of those *types*. For instance, the hope that *p* may become unsustainable when *p* depends upon a project that has collapsed, but losing any number of token hopes is distinct from losing the capacity for hope. Similarly, there is a difference between no longer finding anything practically

significant in the ways one once did and losing the capacity to find anything practically significant.

In profound grief, it might seem that nothing matters or that all hope is gone. What may still endure, though, is an inchoate sense that life could one day be better than it currently is, that future goal-directed projects, enjoyable pastimes, and so forth remain possible.<sup>12</sup> What those with depression diagnoses often describe is something superficially similar to this, which likewise permeates how they experience and relate to the world as a whole. But depression involves a sense of stasis, inescapability, or irrevocability, which sets it apart from grief. Instead of losing a token *system* of possibilities, of a kind associated with specific projects and activities, one loses phenomenological access to possibilities of those *types*, eroding the sense that anything could ever differ from the present in a good way:

When I'm depressed life never seems worth living. I can never think about how my life is different from when I'm not depressed. I think that my life will never change and that I will always be depressed. Thinking about the future makes my depression even worse because I can't bear to think of being depressed my whole life. I forget what my life is like when I'm not depressed and feel that my life and future is pointless.

When depressed I feel I have no future and lose any hope in things improving in my life. I just feel generally hopeless.

There seemed to be no future, no possibility that I could ever be happy again or that life was worth living.

Life will never end, or change. Everything is negative. I lose my imagination, in particular, being able to imagine any different state other than depression. Life is a chore.<sup>13</sup>

Having “no future” is also a prominent theme in many accounts of grief. However, there is a difference between an inchoate, uncertain future that is bereft of possibilities once taken for granted and a future that no longer incorporates possibilities for certain kinds of positive change.<sup>14</sup> It can be added the experience of losing a system of possibilities in grief *is* at the same time the experience of a particular person's irrevocable absence. In chapter 2, we saw how the deceased is not merely an entity within one's world, which one cared about and continues to care about deeply, but also a condition of intelligibility for one's world. So, fully recognizing the loss of that person *implies* a pervasive phenomenological change. The death of a system of possibilities is inextricable from the death of that individual;

a singular experience is both localized and all-enveloping. Given this, the world of grief has a particularity to it that the world of depression lacks. An inability to experience certain *types* of significant possibilities is not implied in the same way by anything that might have happened; it does not reflect the loss of anything or anyone in particular.

Of course, it might be objected that, in practice, depression will also be diagnosed in some of those cases where systems, rather than types, of possibilities are lost. That is surely so. But the problem then lies with current diagnostic criteria and practices, which are insensitive to substantial differences between forms of experience, rather than with phenomenological analyses that draw attention to those differences. If categories such as “major depression” do, in practice, accommodate experiences of both kinds, then it seems reasonable to propose that they be applied in more restrictive or discerning ways, so as to distinguish depression experiences where types of possibility are lost from superficially similar experiences, including some of those associated with bereavement.

The distinction between losing systems and types of possibilities relates closely to the process structure of grief, which involves negotiating a disturbance of one’s world over time. Although losing systems of possibilities is consistent with that structure, losing access to certain types of possibilities involves a sense of being unable to escape one’s current predicament, which appears neither contingent nor temporary. It could be objected that depression also has a process structure. Although the world might appear bereft of the potential for meaningful, positive change, people still become depressed, recover from depression, fall back into depression, and experience different degrees and kinds of depression at different times. However, my emphasis is on the phenomenology—grief is *experienced* in a more dynamic way. In more severe forms of depression, one’s world no longer includes possibilities for significant, positive change and therefore seems inescapable. One cannot adopt a perspective outside of it; one cannot relive or imagine something that contrasts with it. Grief, on the other hand, involves an intensification of interaction between different and often conflicting perspectives. It is not simply that, with one’s explicit acknowledgment of the death, a system of possibilities vanishes instantaneously. As discussed in chapter 2, the bereaved person continues to anticipate things in habitual ways, drifting into patterns of activity and thought that implicate the deceased. These are then disrupted by moments of recognition.

There is an ongoing tension between contrasting ways of finding oneself in the world, as illustrated by passages such as the following:

Later, at the motel, I stand in the darkened living room and stare out at the dark ocean—a stretch of beach, pale sand—vapor-clouds and a glimpse of the moon—the conviction comes over me suddenly *Ray can't see this, Ray can't breathe*. . . . As I've been thinking, in restaurants, staring at menus, forced to choose something to eat *This is wrong. This is cruel, selfish. If Ray can't eat*. (Oates 2011, 244)

The bereaved person also continues to remember what the world was *like* before the death and can imagine a counterfactual world where the death did not occur. So, her current predicament is experienced as contingent; it could have been otherwise. We should not conceive of these conflicting and contrasting perspectives as wholly separate from one another; it is not simply that perspective *c* follows *b*, which follows *a*. Perspectives overlap, interact, and are reshaped in the process. In chapters 2 and 6, I mentioned Peter Goldie's comparison between the dynamic, tension-riddled structure of autobiographical memory in grief and free indirect style in literature, a way of writing that combines internal and external perspectives on a situation. As he writes, "When you grieve, you often look back on the past, on your time together with the person you loved, knowing now what you did not know then: that the person you loved is now dead, and that you now know the manner and time of the dying" (Goldie 2012, 65). The gulf and conflict between worlds past and present are thus integral to one's current experience. When recalling time spent with the deceased, memories are infused with the present. Yet they also include a sense of one's current perspective as a contingent one; things as they are differ in pronounced and important ways from how they once were and how they might have been.

Depression, in contrast, is characterized by a diminished ability to move between and combine perspectives in this fashion. One cannot *see outside*; things could not be otherwise. Although one might remember *that* things were not always like this, one remains unable to rekindle a sense of what it was like for them to be different or to imagine what it would be like. So, diminished or lost access to types of possibilities applies not only to experiences of one's current predicament but also to memories, imaginings, and expectations. The narratives of those who are depressed therefore lack, to varying degrees, a movement between points of view that we find in first-person accounts of grief and also in autobiography more generally. Byrom Good (1994, 153–155) notes this difference in contemplating illness



narratives. Such narratives, he observes, usually include “multiple perspectives and disparate points of view,” concerning both what has happened and what might happen. However, the “quality of subjunctivity and openness to change” is lacking in “narratives of the tragic and hopeless cases.” Similarly, grief involves a sense of contingency that is diminished in depression. Indeed, the gulf between before and after is especially pronounced in grief, as is the movement between divergent perspectives.

A more profound loss of possibility need not involve greater distress. The grieving person remains capable of imagining a world where the death did not happen. She might run through events in detail, wonder how they could have turned out differently, what could or should have been said and done. Counterfactual thinking of this kind can be highly distressing (Neimeyer, Pichot-Prelorentzos, and Mahat-Shamir 2021). Furthermore, the repeated negation of numerous habitual expectations makes the gulf between worlds past and present painfully conspicuous. Of course, depression also involves pervasive feelings of absence and lack. Nevertheless, the movement between perspectives that we see in grief is distinct from the erosion of that movement, and the recognition of its erosion, in depression.

In the cases of both depression and grief, the phenomenological changes that I have described are inextricable from interpersonal experience and relatedness. In grief, the interplay between conflicting perspectives involves a continuing appreciation of what it is relate to someone in a certain kind of way, to *feel* connected to them. In depression, the sense of being able to relate to anyone in that way is diminished; there is an insurmountable isolation from others in general: “when we experience everyday sorrow, we generally feel—or at least are capable of feeling—*intimately connected with others*. . . . In contrast, when we experience severe depression, we typically feel outcast and alone” (Pies 2008, 3). This isolation is inseparable from an experiential world that is bereft of possibilities for meaningful action. Almost all of our activities implicate other people in some way and, without any prospect of the relevant kinds of interpersonal relations, they become unsustainable. This is not to suggest that the bereaved invariably continue to *feel connected* to people in general. One might feel profoundly isolated from everyone or almost everyone. Even then, though, some form of connection with the person who died may remain. Grief also involves various ways of experiencing the absence of the deceased. As we have seen, there is an intricate, dynamic interplay between presence and absence. But,

throughout all these experiences, what is retained is the capacity for a certain *type* of connection with others, of a kind that I have described in terms of being affected by the *style* of another person. What is lacking, and experienced as lacking, is the ability to relate to a specific individual in ways that one once did. In contrast, a consistent theme in first-person accounts of depression is the experienced inability to relate to people in that *type* of way, to feel connected to anyone:

There is the realization you have never connected with anybody, truly, in your life. Family are self-centred and shaming, either ignore comments which don't fit with their picture of how things should be going or they decide that shaming you into "pulling yourself together" will sort it out.

People change from being people who I love and am connected with to being hosts of a parasite—me. I can't see why anyone would like me, want me, love me.<sup>15</sup>

A depression narrative might well refer to relationships with particular individuals. However, there is also a wider-ranging change in the structure of interpersonal experience, a loss of access to interpersonal relations of the kinds that more usually sustain one's projects and imbue the world with meaningful possibilities. One way of putting this is to say that depression involves a change in *existential feeling*, which is qualitatively different from any such change that we find in typical grief. "Existential feeling" is a technical term that I introduced to refer to a felt sense of reality and belonging, which varies interpersonally and temporally in ways that can be subtle or more profound. For instance, people sometimes talk of feelings of unreality, heightened reality, unfamiliarity, homeliness, being lost or adrift, being at one with things, and so on. I have suggested elsewhere that this aspect of experience can be analyzed in terms of the *kinds* of possibilities that we are open to. A change in existential feeling could thus involve everything appearing bereft of practical significance, imbued with an air of threat, or accessible to other people but not to oneself (Ratcliffe 2005, 2008, 2015). Depression involves lost or diminished access to types of possibilities that are retained in typical grief, and often an experience of one's world *as* bereft of those possibilities. While grief may involve losing a system of hopes that depended upon the deceased, depression involves an erosion of the capacity for hope, of one's sense that the world incorporates the possibility of positive change (Ratcliffe 2015, chap. 4). Typical grief involves changes in existential feeling as well, but these changes are importantly different. In profound grief, the types of possibilities that one loses access to are those

that depend on having a structured, temporally stable experiential world. With the world in flux, with pervasive experiences of tension and indeterminacy, what is lacking from experience as a whole is a sense of confidence, dependability, and familiarity. This amounts to a wide-ranging and prolonged *feeling of being lost*, something that is incompatible with experiencing things in certain ways, those that involve confident anticipation of significant possibilities that relate to an established, stable life structure.

Of course, experiences of grief can differ markedly from one another, depending in part on how one relates to others, both the living and the dead. In some instances, the boundary between grief and depression will be clearer than in others. Nevertheless, an informative phenomenological distinction (one that admittedly involves some degree of idealization and also allows for borderline cases) can be drawn between losing a particular person, along with an associated system of possibilities, and losing types of possibilities. This distinction may not map onto current diagnostic categories. But, if that is so, then phenomenological research can contribute to a case for revision, at least if diagnostic practice is geared toward identifying differences that are pragmatically relevant. Those differences surely include features of a condition that interfere with the ability to contemplate or seek positive change.

### 8.3 Pathological Grief

I have suggested that the stasis of depression distinguishes it from the dynamism and openness of typical grief. However, it is important to acknowledge that certain grief experiences also lack dynamism, while still differing from depression. Unlike the inescapability of depression, which involves feeling disconnected from others in general, the stasis of grief can originate in a way of relating to a particular individual—the person who has died. In chapter 6, I drew attention to a form of grief that involves an enduring connection with the deceased and an associated detachment from the dynamic world of the living. As Riley (2012, 60) writes, “In essence you *have* stopped. You’re held in a crystalline suspension.” Insofar as one’s world is bereft of certain kinds of meaningful transition, this experience resembles depression (Ratcliffe 2015, chap. 7). Even so, the two remain importantly different. The loss of possibilities for positive, meaningful change that we find in depression is inextricable from an inability to be affected by others,

to relate to them in ways that open up new possibilities. In contrast, what Riley describes is an enduring connection with a particular person, which involves recognizing that person's irrevocable absence and somehow participating in their complete loss of possibilities.

Should experiences such as Riley's be regarded as pathological? My intention here is not to arbitrate. Instead, I am concerned with whether phenomenological differences can be discerned that set apart those grief experiences identified as candidates for "pathological" status from the full range of "typical" grief experiences. An enduring preoccupation with the deceased, involving disengagement from the social world, is central to what has often been termed "complicated grief."<sup>16</sup> Grief of this kind is identified as pathological due to its association with heightened, prolonged distress and long-term impairment of social function. According to Prigerson et al. (1995, 68–70), who devised a measurement scale called the Inventory of Complicated Grief, the principal symptoms include "preoccupation with thoughts of the deceased, crying, searching and yearning for the deceased, disbelief about the death, being stunned by the death, and not accepting the death." Other symptoms mentioned include "distrust and detachment from others," avoidance of reminders, hallucinations of the deceased, and feelings of emptiness, anger, guilt, loneliness, bitterness, and envy (of those who have not endured comparable bereavements).<sup>17</sup> In conjunction with these symptoms, the *duration* of complicated grief is said to set it apart from typical grief. It is a "psychopathological diagnostic entity" involving a set of symptoms that are "slow to resolve" and may "persist for years if left untreated" (Lichtenthal, Cruess, and Prigerson 2004, 637).

Other terms, descriptions, and diagnostic criteria have also been proposed in recent years for referring to and reliably identifying pathological grief. The category "Prolonged Grief Disorder" appears in the current version of the World Health Organization's *International Classification of Diseases (ICD-11)*. This condition is described as a "persistent and pervasive grief response," which lasts for at least six months and does not conform to cultural norms. It involves preoccupation with or longing for the deceased, accompanied by a range of painful emotions. There is also disengagement from social activities and "significant impairment in personal, family, social, educational, occupational or other important areas of functioning."<sup>18</sup> Initially, *DSM-5* opted instead for "Persistent Complex Bereavement Disorder" as a diagnosis to be considered for inclusion in future editions

(American Psychiatric Association 2013, 789–790). However, with the conclusion of discussions that began in 2019, it was instead agreed that the diagnosis “Prolonged Grief Disorder” would appear in the 2022 text revision of *DSM-5* (with diagnostic criteria that are similar but not identical to the *ICD-11* criteria).<sup>19</sup>

Another term that sometimes features in discussions of pathological grief is “traumatic grief.” As with talk of complex, persistent, or prolonged grief, this is intended to identify something distinct from both typical grief and depression. It is also said to differ from posttraumatic stress disorder, given that the symptoms of the two conditions overlap rather than coincide (Neria and Litz 2004). Furthermore, application of the term “traumatic grief” is not always limited to bereavements that we might classify as especially traumatic because of the closeness of a relationship and/or the circumstances of a death. It can refer to a type of grief experience that is identified independently of such causes. What distinguishes this from traumatic experiences more generally is traumatic grief’s preoccupation with separation and loss (Prigerson et al. 2000).

In contrast, others have argued that a separate diagnostic category for pathological grief is not needed at all and that established diagnostic categories such as major depressive disorder suffice for clinical purposes (Bonanno and Kaltman 2001). However, I have already indicated that pathological grief and major depression are sometimes phenomenologically distinguishable, as they can involve different ways of relating to other people. Instead, I want to suggest that conceptions of pathological grief continue to accommodate some importantly different forms of experience and may therefore be insufficiently discerning. The principal phenomenological differences between typical and pathological grief will not be captured by appealing to a distinctive pattern of symptoms that might be present at a particular time and to how long those symptoms last or how frequently they occur. Instead, we again need to focus on the *temporal structure* of experience.<sup>20</sup> Integral to typical grief, but lacking in those grief experiences identified as pathological, is a dynamic engagement with one’s loss of possibilities, which involves eventually coming to inhabit a world that is largely consistent with the death. Neimeyer (2006, 143) thus emphasizes the failure of “integration” in pathological grief and how this amounts to a “crisis in meaning that simultaneously deprives the survivor of a significant past, a comprehensible present, and a purposeful future.”<sup>21</sup>

However, experiences of different kinds are compatible with this lack of dynamism and integration. As we have seen, one of these involves experiencing, thinking about, and relating to the deceased in such a way that one becomes detached from the social world and from shared time. Another form of experience is characterized by an inability or reluctance to acknowledge the death and its implications. Instead, one preserves a world that is no longer sustainable by turning away from areas of one's life that serve as reminders of loss. This could involve avoiding thoughts of the deceased altogether. But it is also consistent with thinking of the deceased as though they were still alive and sometimes acting in associated ways. What is important, then, is not just *whether* and how often one experiences and thinks about the person who has died but *how* one does so. There is a failure to fully acknowledge that one's relationship with that person, and with the world as a whole, has to change. We can thus distinguish three ways of relating to the deceased: (a) integrating the loss into one's life structure and altering one's relationship with the deceased accordingly; (b) experiencing, thinking about, and relating to the person who has died in a way that acknowledges the death but removes one from life; and (c) continuing to relate to the deceased and the surrounding world in ways that do not acknowledge the death. Typical grief involves variants of (a), whereas pathological grief may encompass various different combinations of (b) and (c), with one or the other predominating at any given time.<sup>22</sup> Although acknowledgement and denial of loss are seemingly opposed, (b) and (c) can interfere in complementary ways with the reorganization of an experiential world.

A different type of experience, which is equally compatible with certain descriptions of pathological grief, consists of a pronounced and pervasive sense of indeterminacy (of the kind identified in chapter 4), combined with lack of access to interpersonal and social processes that might otherwise enable one to navigate it. This does not involve holding onto a world that is past and neither does it require a continuing relationship with the deceased. Instead, there is a loss of life structure, combined with an inability to assemble new structure. So, although one no longer resides in a world that has been rendered unsustainable by the death, what this predicament shares with a world that resists revision is a lack of meaningful transition and consequent prolongation of suffering. As discussed in chapter 7, pervasive indeterminacy also amounts to a lack of regulatory structure for one's emotions, including emotions concerned with the person who has died.

Hence, it can involve habitually and repeatedly “seeking” support from the deceased.

It is not always clear how the relationships between differing descriptions of “traumatic,” “complicated,” “persistent,” and “prolonged” forms of grief are to be thought of. Although the various diagnostic criteria that have been proposed are similar, they are not identical and could therefore pick out different but overlapping sets of phenomena. Instead, though, they tend to be construed as competing ways of identifying the same condition. For instance, Jacobs, Mazure, and Prigerson (2000, 188) regard the term “traumatic grief” as “less vague” than “complicated grief” and thus better able to identify a distinctive form of grief. Similarly, Prigerson et al. (2009, 2) take the terms “prolonged grief disorder,” “complicated grief,” “complicated grief disorder,” and “traumatic grief” to have a common referent. However, I suggest that all of these terms are compatible with importantly different forms of experience. Among the diagnostic criteria for traumatic grief proposed by Jacobs, Mazure, and Prigerson (2000, 189) is a “shattered worldview” involving a “lost sense of security, trust, or control.” Various descriptions of complicated and prolonged grief similarly identify pervasive distrust, negative beliefs about the world, and detachment from other people as symptoms (e.g., Prigerson et al. 1995; Boelen, Van den Hout, and Van den Bout 2006; Neimeyer, Pitsch-Prelorntzos, and Mahat-Shamir 2021). Wide-ranging loss of trust is also a prominent theme in discussions of “traumatic experience” more generally.<sup>23</sup> But what impact would this have in the context of bereavement? Consider an experience involving substantial loss of life structure, with nothing to replace it yet. When combined with distrust in other people, this would amount to an even more profound sense of being lost—the way forward is unclear *and* there is no prospect of reliable guidance from elsewhere. In chapter 7, I suggested that we think of such experiences in terms of lacking access to regulatory processes that are interpersonal and social in nature, processes upon which the *movement* of grief depends. With pervasive lack of trust or active distrust, there is little or no prospect of anything new and meaningful in one’s life. This is because almost all actual and potential projects depend for their viability on others behaving—for the most part—in dependable and benevolent ways. So, one is stranded in an indeterminate realm between old and new worlds. This is different from being cut off from other people and from processes of change because of an ongoing connection with the deceased (although an experience of grief

could include both). It also differs from a grief that involves preserving an unsustainable world. In the latter case, however, the two forms of experience are incompatible; retaining a world is to be contrasted with leaving it behind and having nowhere else to go.

It is therefore doubtful that the various terms and criteria proposed for identifying pathological grief succeed in isolating a singular phenomenon. All of these labels accommodate grief experiences of different kinds, where either stasis or indeterminacy predominates. Furthermore, changing emphases in diagnostic criteria can be more suggestive of one or the other. For instance, although most descriptions of pathological grief refer at some point to distrust or closely related themes (such as insecurity and negative beliefs about the world as a whole), the *ICD-11* description of prolonged grief does not. Lost or diminished trust is similarly absent from the *DSM-5-TR* diagnostic criteria for prolonged grief (see, for example, Prigerson et al. 2021, 112).<sup>24</sup> Nevertheless, symptoms such as “disbelief about the death,” “difficulty with reintegration into life,” and “feeling that life is meaningless” could equally be interpreted in terms of preserving an unsustainable world or being unable to navigate indeterminacy due, in part, to loss of trust. Hence, such criteria remain compatible with importantly different forms of interpersonal experience. For instance, “yearning” against a backdrop of indeterminacy could involve habitually and repeatedly seeking the support of a principal regulator, something that is very different from a “preoccupation” with the deceased that involves sharing in their loss of possibilities (as described in chapter 6).<sup>25</sup>

Given that grief’s trajectory is inextricable from how we relate to other people, differences between typical and pathological forms of grief should be conceived of in interpersonal and social terms. Bereavement, we have seen, can involve the erosion of habitual expectations concerning other people and the social world as a whole. Trust in others can be rendered fragile, as can a wider-ranging confidence in ourselves, the world, and the future. As Attig (2011, xlii) writes, “bereavement uproots our souls: We don’t know quite *how* to trust what remains of the familiar, make ourselves at home again in the world, or live with and love others who survive with us.” When we are in this situation, those trusting relations that remain intact have important roles to play in restoring a wider trust and confidence. However, such relations are often themselves more susceptible to disruption than usual, due to the same



circumstances that lead us to rely upon them. Their loss has significant implications for our ability to retain and revise life structure.<sup>26</sup>

The forms of experience that I have identified as consistent with descriptions of “pathological grief” all involve changes in the balance between retention, loss, and revision of life structure, in the movement between worlds over time. Such changes can be thought of in terms of an “oscillation” process that Stroebe and Schut (1999, 2010) identify as essential to coping with bereavement. Oscillation is central to their *dual process model*, which distinguishes between loss- and restoration-oriented coping. Loss-oriented coping is concerned with the person who has died and their absence from one’s life, whereas restoration-oriented coping is a matter of reorganizing one’s life. According to Stroebe and Schut (1999, 215), unremitting grieving would be too psychologically demanding and so we instead “oscillate” between loss- and restoration-oriented processes. However, it is not clear that this would provide any respite, as both types of coping can be very demanding. Furthermore, the process of engaging with loss cannot be separated cleanly from that of restoration. Revision of projects, pastimes, commitments, and habits that presuppose the deceased involves the repeated negation of expectations involving that person and, with this, a sense of personal loss. Nevertheless, loss and restoration can at least be construed as different—although interrelated—emphases that our coping activities have at different times. But there are also times when we disengage from both, by participating in familiar or new activities in ways that do not relate to the bereavement or its implications. So, it should be added that, as well as oscillating between loss- and restoration-focused activities, we oscillate between coping *per se* and respite from it. These movements are inextricable—the dynamic between retention and revision of life structure depends on how and to what extent we engage with aspects of life that have become unsustainable, which depends on how we relate to the deceased and vice versa. In fact, this more complex picture seems to be what Stroebe and Schut have in mind. For instance, they write, “At times the bereaved will be confronted by their loss, at other times they will avoid memories, be distracted, or seek relief by concentration on other things” (Stroebe and Schut 1999, 215–216). Elsewhere, they explicitly distinguish moving between loss- and restoration-oriented activities from “taking respite” or “time out” from both (Stroebe et al. 2006, 2443–2444; Stroebe and Schut 2010, 278).

With those qualifications in place, forms of pathological grief can be distinguished from one another in terms of an “oscillation” between retention and alteration of life structure, something that depends on a similarly dynamic relationship between personal and world-related aspects of grief. In one scenario, the bereaved person is so preoccupied with the deceased that she becomes disengaged from the present and from other people. There may also be times when she avoids reminders of loss and continues to think of the deceased in ways that are inconsistent with the death. Due to one or both of these factors, life structure is not revised over time in a manner that accommodates the death. There is what Stroebe and Schut (1999) call a “disturbance of oscillation.” A process that alternates between retention and revision is skewed toward the former, due to interrelated ways of engaging with the world and with personal loss.

Another scenario, which I have not so far considered, involves a form of “restoration” that does not take adequate account of what has been lost—one leaps into new projects, activities, and relationships. Although this might seem quite different from an enduring sense of *loss*, it is also potentially compatible with descriptions of pathological grief. The loss and its implications are not integrated into one’s world over time. With this, associated emotions do not change in ways that track a changing life structure. As Jordan and Litz (2014, 181) observe, “failure to fully face the reality of the loss may prolong emotional reactivity to loss reminders.” Although one might try to get on with things, the distress experienced when one does confront the loss fails to decrease over time in the more usual way.<sup>27</sup> What has happened is not recontextualized; it continues to appear significant in the same way and perhaps to a similar degree.

Both of these scenarios are to be distinguished from one where indeterminacy predominates. Stroebe and Schut suggest that the oscillation process can break down altogether, rather than gravitating toward a particular pole. This is consistent with a combination of indeterminacy and loss of trust. The prospect of trusting relations with others is a prerequisite for being able to envisage a positive, meaningful future for oneself (Ratcliffe 2017, chap. 5). Without a world into which the death might be coherently integrated, the phenomenological structure required for oscillation is lacking. There is no coherent vantage point from which to engage with and adapt to personal loss or its implications for one’s own life, leading to what Stroebe and Schut (1999, 218) call a “disturbance of the oscillation process itself.”

The roles of interpersonal and social relations in shaping grief over time are especially evident when we turn to *disenfranchised grief*, something that has been identified as a potential route to pathological grief. The term “disenfranchised grief” was coined by Kenneth Doka, to capture a form of grief “experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned or socially supported” (Doka 1999, 37).<sup>28</sup> Disenfranchisement can have a variety of causes, including the nature of a relationship (e.g., an extramarital affair), a form of loss that is not widely recognized (e.g., when a person whom one loves undergoes radical change), a way of grieving that transgresses established norms (e.g., due to cultural differences), or the circumstances of a death (e.g., bereavement by suicide and other violent losses can be associated with stigma and widespread discomfort). However, a common theme is that others fail to acknowledge or legitimate one’s grief, in ways that affect one’s access to processes that shape grief’s trajectory.<sup>29</sup> Central to disenfranchisement is a privation or alteration of interpersonal and social interactions that are more usually associated with bereavement.

As an illustration, let us return to the example of grief over involuntary childlessness (discussed in chapter 6). First-person accounts describe a widespread failure to acknowledge this type of loss, which influences how it is experienced and interpreted over time. There is usually nothing to mark the loss—no specific date, no event, no ceremony, and no memorial. This contributes to lack of recognition on the part of others that there has even been a *loss*:

No one can understand what it’s like to carry this loss. In their minds, no baby meant no loss. (#209)

I raged, and still sometimes rage, at the obliviousness of most people to childless grief. (#223)

For the most part, the loss is unrecognized, there have been few people who have treated being childless as a loss and have acted sensitively. (#262)

To start with nobody got it. My grief was invisible. (#251)

Others’ lack of understanding may be compounded by one’s own inability to comprehend and articulate the nature of the loss, due to a lack of shared interpretive resources: “I couldn’t find the vocabulary for my unexplained emotions because I had never experienced grief before” (#226); “I never realised this was grief until I found others in a similar situation”

(#251). Some survey respondents explicitly refer to their grief as “disenfranchised” (perhaps having been introduced to the term via the support network Gateway Women).<sup>30</sup> The problem, they add, is not simply a lack of understanding on the part of particular people (including, sometimes, themselves); it also reflects engrained cultural attitudes that promote parenthood as a norm and include no acknowledgment of involuntary childlessness or the experience of exclusion it can involve:

People can be incredibly judgmental and ignorant around involuntary childlessness. It can be hard to talk about as often people just make throwaway comments “you’re lucky to have so much time” “I wish my house was this quiet!” or just don’t say anything. (#225)

Society does not make room for those women who are childless not by choice. (#221)

Thus, as with disenfranchisement more generally, these experiences stem from various sources, including lack of an identifiable date or event, inability to understand the nature of one’s loss due to impoverished interpretive resources, lack of acknowledgment by specific individuals and society as a whole, exclusion from a culture (where much is focused around parenthood), and the absence of practices, rituals, norms, and narratives for conveying and acknowledging losses of the type in question. This may prohibit people from participating in interpersonal and social interactions that are integral to engagement with loss, shaping the nature of grief and its course over time. Disenfranchisement can involve a growing sense of alienation and distrust, relating to particular individuals, groups, organizations, events, and perhaps society as a whole. This, I have suggested, will inevitably affect the temporal structure of grief, the manner in which one engages with lost possibilities.

#### 8.4 Resilience

A consideration of the interpersonal and social dimensions of grief can also inform our understanding of resilience. The structure and duration of grief processes is sometimes said to vary interpersonally in ways that reflect people’s differing degrees of resilience. Furthermore, most of us turn out to be more resilient than we might anticipate. Most notably, the work of George Bonanno has documented the surprising frequency of resilience in the face of loss.<sup>31</sup> Now, suppose that resilient grief is the most common form of bereavement experience and that it involves, as Bonanno (2004,

20) puts it, only “minor and transient disruptions” of functioning. On the basis of this, one might suppose that *profound* grief experiences, of the kinds that I have focused on, are in the minority. In fact, however, “resilience” appears to be consistent with substantial upheaval and distress. According to Bonanno (2009, 47), we are “surprised” by people’s resilience, given an expectation that the recently bereaved will “feel constant sadness and grief.” Contrary to this, he observes, they can still laugh, feel pleasure, and experience joy. Hence, it might seem that resilient grief is to be contrasted specifically with depression, a condition that involves the consistent diminution or loss of pleasure and joy. But there must be more to resilient grief than just *grief without depression*, since Bonanno (2004, 20–21) also distinguishes it from other grief experiences involving subclinical levels of distress.

It is not entirely clear what is to be excluded from the category of resilient grief. So, let us instead consider what it *does* include. Bonanno (2009, 8) acknowledges that, even for the resilient, grief can be a “powerful experience,” which “dramatically shifts our perspective on life” and may elicit “existential questions.” He adds that we may continue to experience “at least a bit of wistful sadness” for a long time. Later on, he writes that “most bereaved people” experience “some temporary confusion about their identity,” even “losing track of who they are or what their life means” (Bonanno 2009, 97). That resilient grief can involve “dramatic shifts” of this nature suggests that it is, after all, compatible with most of the grief experiences that I have described in this book, the only uncontroversial exceptions being “prolonged,” “persistent,” “traumatic,” or “complicated” forms of grief, and grief that involves depression. However, matters are not entirely clear, due to a consistent emphasis on people’s sustained ability to *function* in their personal and professional lives, rather than on their experience. Resilience, for Bonanno (2004, 20), is a matter of maintaining a “stable equilibrium” that enables one to achieve this.

In those cases where many values, projects, pastimes, and habits have been rendered unsustainable or even unintelligible by bereavement, resilience cannot involve continuing to engage with one’s surroundings in all or even most of the ways that one previously did. Under the assumption that resilience is possible under such circumstances, it presumably involves some combination of (a) being able to function in areas of one’s life that are relatively unaffected by the bereavement and (b) changing other aspects of life structure over time, so as to accommodate the implications of the death.

It can be added that an ability to function practically (according to one or another measure of “function”) in most or all aspects of life that remain viable is compatible with enduring considerable suffering and upheaval over a lengthy period:

I find it's actually going worse on some days as the realisation that this is my life is starting to set in. I'm functioning well, however. (#100)

In some ways it's a bit better and in others worse. I definitely miss my husband more as time goes on. I think this is something I didn't anticipate, but it makes sense, as it is longer since I saw him and spoke to him. If he was still alive, but I couldn't see him I would miss him more as time went by, so why should that be different because he's dead? On the other hand, I am a bit more functional, although my motivation has decreased. (#102)

Given this, the prevalence of resilient grief does not seem quite so surprising after all. Indeed, one might wonder who the “we” actually refers to, when “we” are said to have misleading intuitions concerning the usual trajectory of grief.<sup>32</sup> Furthermore, it looks as though the referent of “resilience” may turn out to be equivocal or unstable. What would indeed be surprising is if a significant bereavement involved swift adjustment, accompanied by a touch of transient sadness. But this is not, after all, what resilient grief amounts to; it encompasses a range of experiences, including profound forms of grief that unfold over long periods of time. The only consistent contrast is with a predicament involving the constant inability to feel pleasure or joy, combined with prolonged inability to engage with the practicalities of daily life.

Talk of resilience, combined with only cursory references to the phenomenology, thus risks understating both the complexity of emotional upheaval and the extent to which we are challenged by loss. There is a need to distinguish two importantly different scenarios. In one of these, a person's life is on a particular trajectory, is briefly knocked off course by bereavement or another form of loss, and then resumes its original trajectory. In the other, the person's life is knocked off course and she is then tasked with finding a new direction. So, where Bonanno and Kaltman (2001, 709) refer to a “common grief pattern,” involving “moderate disruptions in cognitive, emotional, physical, or interpersonal functioning during the initial months,” further detail is needed concerning what the associated experiences consist of. In the absence of this, it is unclear whether or to what extent these “moderate” impairments are consistent with substantial

disturbances of life structure. In those cases where a significant loss is ultimately integrated into one's life, I have suggested that a lengthy process of reorientation is not merely commonplace but required. Tensions between experiences of presence and absence, past and current perspectives, and one's own experiential world and that of others are unavoidable. Hence, if resilient grief were incompatible with all of this, it could not be true that people are generally resilient in that type of situation.

If resilience is compatible with navigating significant disturbances of one's world, then it is something that depends—at least in part—on interpersonal and social processes. Resilience, whatever it might involve, does not consist exclusively of internal psychological properties of the individual. How one responds to a bereavement depends to a large extent on one's interpersonal and social situation beforehand, along with how that situation changes during the time leading up to and following the death. This is not to suggest that other people and the wider social world are always principally responsible for determining the course of grief. Sometimes, a person will be largely impervious to any support that might be offered and, with this, to social processes that would otherwise regulate grief. Nevertheless, it remains the case that resilience is relational in nature; it consists partly in the ability or inability to access interpersonally and socially distributed processes. Furthermore, there will be many instances where interpersonal and social circumstances do have important roles to play, where it is misleading to think of resilience or its absence as enduring characteristics of individuals.<sup>33</sup> People also vary considerably in the extent to which they draw upon others for regulatory support and the ways in which they do so. In addition, some will rely on enduring social arrangements while others draw on relations that are more transient and less dependable. One person's "resilience" will therefore be fragile in ways that another's will not be. Given all of this, in conjunction with the diversity of "typical" grief experiences, it is unclear whether "resilience" is consistently associated with any one individual trait. A range of different factors contribute to a person's capacity to navigate loss on any particular occasion.





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# **Grief Worlds**

## **A Study of Emotional Experience**

**By: Matthew Ratcliffe**

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