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—DANIEL GILBERT,

*Professor of Psychology, Harvard University and author of *Stumbling on Happiness**

The Other Side of Sadness



What the New Science
of Bereavement Tells Us
About Life After Loss

GEORGE A. BONANNO

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Emotions

The Other Side of Sadness



What the New Science
of Bereavement Tells Us
About Life After Loss

GEORGE A. BONANNO



A Member of the Perseus Books Group
New York

For Maria Bonanno, my mother, my friend, and my hero.

Author's Note

With the exception of Sondra Singer Beaulieu, the names and personal details of the people described in this book have been changed to protect confidentiality.

CHAPTER 1

The Worst Thing That Could Ever Happen

Heather Lindquist was in the kitchen cleaning up after lunch when she heard a dull thud. It sounded like it came from the hallway, and it was just a little too loud to ignore. “Boys!” she yelled. “What are you up to?” There was no answer. She found her two boys playing quietly on the couch in the living room. They giggled. “You jokers,” she said with a smile. “What was that sound?” They shrugged. “Where is your father?” Without waiting for an answer, she ran toward the hallway. She cried out in fear when she found her husband, John, writhing on the floor. John had severe asthma. He was taking new medication, and it had seemed to be working, but suddenly he had collapsed in the worst attack he’d ever had. Heather tried everything she could think of to save her husband’s life. Then she called an ambulance. The rest was a blur. John died of cardiac arrest on the way to the hospital.

Heather was thirty-four years old. Her boys were five and seven. At that moment, John’s death felt like the worst thing that could ever have happened to her.

Most of us are so fearful of harm coming to those we love that we find it difficult even to think about. With time, though, we have no choice. Surveys on stressful life events put the death of a loved one right at the top of the list.¹ We imagine grief to be a relentless shadow that can lock onto us and follow us everywhere. Grief, as we imagine it, turns light into dark and steals the joy out of everything it touches. It is overwhelming and unremitting.

Grief is undeniably difficult. But is it really always overwhelming?

Heather Lindquist had lived her entire life in the same quiet suburban community in northern New Jersey. She and John had been high school sweethearts. They married and purchased a small ranch-style house. They had children. They got a dog. The schools were good and the community was stable. Heather thought that the television was on more than it should be, but other than that, everything seemed in order.

Then John died and she had to rethink it all.

Now she was a single parent. She had to find new ways to earn money and also find extra time to be with her boys. And somehow she had to contain everyone’s anguish. She found strength she didn’t know she had. It was lonely and painful at times. But Heather found meaning and vigor and even joy in the idea that she was going to make it.

“I expected to collapse. I really did. That’s what I wanted to do. That would have been the easiest thing to do,” Heather explained. “But . . . I couldn’t. Each day I got up and did what I had to. The days passed and somehow it was OK. The boys were great. They were upset in the beginning, of course. We all were. They hung in there. And we stayed together. I love those boys so much. John would have been proud of them.”

* * *

Heather's story illustrates a curious irony in the way we think about grief and mourning. We can help but know that the pain of loss is inevitable. Death and taxes, as the saying goes. Eventually, grief confronts everyone, and probably more than once in a lifetime. Yet, despite its ubiquity, most people know next to nothing about what to expect. Even people who have already suffered a major loss often do not know whether the grief they experienced was normal or whether they will experience anything remotely similar if they have to go through it again.

The questions we might ask are endless: What does it really mean to lose someone? Does grief feel the same each time? Is it the same for everyone? Is it always dominated by pain and anguish? How long does it last? How long should it last? What if someone doesn't appear to grieve enough? What if someone talks about having an ongoing connection to the person who died? Is that normal? These are all big and important questions. If we understand the different ways people react to loss, we understand something about what it means to be human, something about the way we experience life and death, love and meaning, sadness and joy.

There is no shortage of books on grief and bereavement. Most take a surprisingly narrow perspective, avoiding the bigger questions. One reason is that many of the books on grief are written by medical practitioners or therapists. This is not surprising, but it does create a bit of a problem when we try to understand grief in broader terms. Grief therapists are apt to see only those bereaved people whose lives have already been consumed by suffering, people for whom professional help is the only chance of survival. These human dramas may be compelling, but they do not tell us much about what grief is like for most people.

Self-help books tend toward the same end of the spectrum. They portray grief as a paralyzing sadness, an anguish that removes us from the normal path of life and makes it difficult to function as we once did. The bereaved, in these books, can hope only to gradually wrench themselves from half-conscious despair. Self-help books embody this dramatic representation in titles like *Returning to Life* or *Awakening from Grief*.²

Overwhelming grief experiences are not trivial, to be sure, especially for the people who suffer through them. But they are not the experiences most people have when they lose a loved one. While researching bereavement, my colleagues and I have interviewed hundreds of people. As part of our research, we ask people to explain their personal story, how they have experienced loss and what the grief was like. Many who volunteer for our studies make the point that they tried to read up on bereavement. They quickly add, however, that they couldn't seem to find anything in their reading that matched their own experience. They often tell us, in fact, that they wanted to participate in our research just to have the chance to show the so-called experts what grief looks like on the inside.

* * *

Not long after obtaining my PhD in clinical psychology in 1991, I received a curious job offer: the chance to direct a research study on grieving at the University of California in San Francisco. I say curious because at the time I knew almost nothing about bereavement, either professionally or personally. I had experienced only one major loss: My father had died a few years earlier, and I had explored our relationship as part of my training to become a therapist. But since then, I hadn't given much thought to my own grief reactions. I confess that I found the idea of studying bereavement a bit unsettling. I wondered if it might be too depressing a topic to study. I wondered if I might become

depressed.

~~Delving into books and papers on grief, however, quickly piqued my interest. Although bereavement is part of the fabric of life, something almost everyone must deal with, it had received surprisingly little systematic study or attention.~~

At the time I got interested, though, that lack of attention was just beginning to change.

The Vietnam War had generated a great deal of interest in the idea of psychological trauma. Initially, most of the research had been limited to war trauma. Then, gradually, the scope widened to other types of adversity, like natural disasters, rape or physical assault, and, eventually, bereavement.

Surprisingly, those early bereavement studies provided only modest support for the traditional picture of mourning. Some of the research even seemed to suggest that the accepted ideas about bereavement were actually wrong. Even more intriguing, two prominent scholars, Camille Wortman and Roxanne Silver, published a paper in 1989 with the bold title “The Myths of Coping with Loss.” They argued that many of the core assumptions about bereavement were, in fact, wrong. The more I looked into the subject, the more I tended to agree. The “state-of-the-art knowledge” about bereavement, it seemed, was woefully outdated. How interesting, and how inviting, for a new researcher! In spite of my reluctance because it seemed a capricious thing to do, I decided to take the job offer. I moved to San Francisco.

I assumed I would study bereavement for only a few years at most, moving on eventually to bigger and better things. To my surprise almost two decades later, bereavement is still the focus of my career. The reason is simple: So little was known about bereavement that every new study and even new question seemed to unearth something. Often the discoveries that my colleagues and I made were unexpected, simply because we had asked questions about bereavement that had not been asked before.

Our approach was straightforward. The originality, if there was any, was that we simply applied standard methods from other areas of psychology to the topic of bereavement. Grief experts had assumed, for example, that it was essential to express one’s pain after a loss. Yet they had never actually tested this idea. Mainstream psychology offered us myriad possible tests. We used experimental paradigms, for example, in which we asked recently bereaved people to tell us about their loss and about other important events in their life, and then we compared the two. As our subjects talked, we recorded their facial expressions and their autonomic nervous system activity as a way of measuring their emotional responses. We also transcribed what our subjects said so that we could measure how often they talked about the loss and how much they described their emotional reactions when they did so. None of these techniques was innovative in itself, but none of them had ever been used before to study the grieving process.

The fact that I knew so little about bereavement turned out to be a big advantage. Although my naïveté could have been a problem, and sometimes it was, for the most part it gave me a fresh perspective. I had few preconceived notions about what we should expect to find, and for that reason I tended to ask simple questions that had not yet been addressed.

I wondered, for example, what the typical course of grief looked like.

Until recently, most theories about grief and bereavement viewed grief as a kind of progressive work that takes a long time to complete. Bereavement experts have, in fact, used the phrase “grief work” to describe the extensive process that they assume all bereaved people must go through before they can successfully resolve a loss. They have fleshed out this idea in elaborate detail. Books and journals on bereavement often include charts and lists showing the various tasks and stages that comprise the normal mourning process. “Successful” grieving, it is often argued, depends on the

tasks and stages, and failure to complete them will lead to more pain.

Inherent in the lists and charts is also the assumption that grief is more or less the same for everybody and that there is something wrong when people overcome their grief quickly or when they appear to have skipped some of the “stages” of mourning. Armed with these ideas, it is easy to become suspicious when a bereaved person seems too happy or at ease. “Is this some sort of denial?” we might wonder. Or worse, maybe the person never really cared about the loved one in the first place? Or maybe, without help to get in touch with the grief, she or he will suffer some sort of delayed reaction years from now.

Remarkably, though, after many years of studying bereavement, I’ve found no evidence to support any of these ideas. A good deal of what my colleagues and I have found, in fact, suggests a completely different picture of grieving.

One of the most consistent findings is that bereavement is not a one-dimensional experience. It is not the same for everyone and there do not appear to be specific stages that everyone must go through. Rather, bereaved people show different patterns or trajectories of grief reactions across time. I’ve depicted the three most common patterns in [Figure 1](#). Some bereaved people suffer from *chronic grief* reactions. The pain of loss simply overwhelms them, and they find it all but impossible to return to their normal daily routine. Unfortunately, for some, this kind of struggle can endure for years. Others experience a more gradual *recovery*. They suffer acutely but then slowly pick up the pieces and begin putting their lives back together.

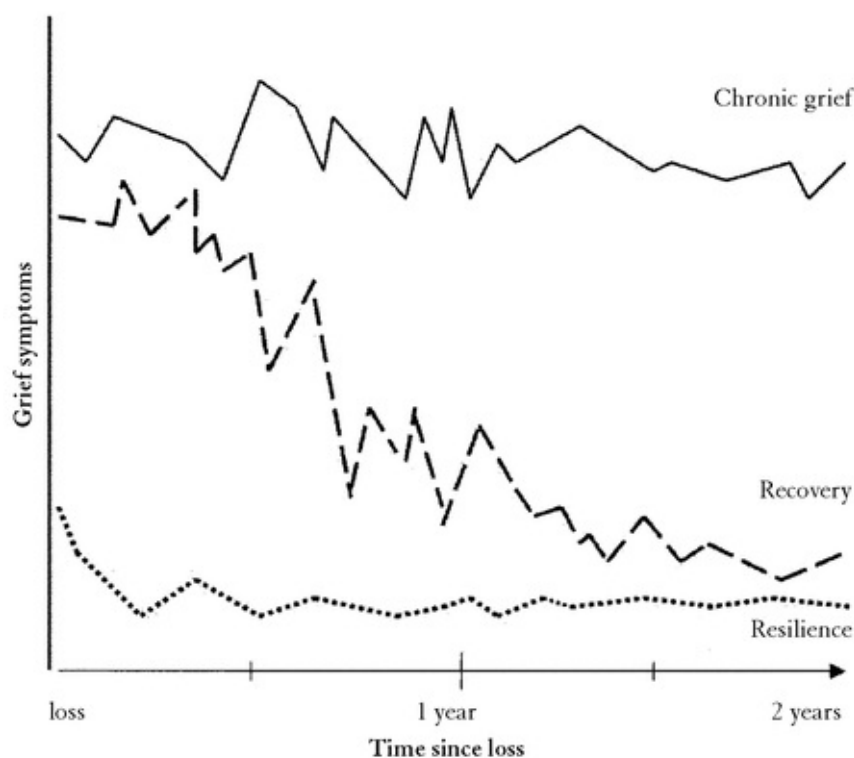


FIGURE 1. —The three most common patterns of grief reactions. Adapted from G. A. Bonanno, “Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Adverse Events?” *American Psychologist* 59: 20-28.

The good news is that for most of us, grief is not overwhelming or unending. As frightening as the pain of loss can be, most of us are *resilient*. Some of us cope so effectively, in fact, we hardly seem to miss a beat in our day-to-day lives. We may be shocked, even wounded, by a loss, but we still manage

to regain our equilibrium and move on. That there is anguish and sadness during bereavement cannot be denied. But there is much more. Above all, it is a human experience. It is something we are wired for, and it is certainly not meant to overwhelm us. Rather, our reactions to grief seem designed to help us accept and accommodate losses relatively quickly so that we can continue to live productive lives. Resilience doesn't mean, of course, that everyone fully resolves a loss, or finds a state of "closure." Even the most resilient seem to hold onto at least a bit of wistful sadness. But we are able to keep on living our lives and loving those still present around us.

Another thing my research has shown is that bereavement is not all Sturm und Drang. Sadness is, of course, a big part of grief. I'll explore sadness in some detail in Chapter 3. For example, I'll explain why we may experience it so profoundly during bereavement and what purpose it may serve in helping us deal with loss. I will also show that bereaved people are able to have genuinely pleasurable experiences, to laugh or indulge in moments of joy, even in the earliest days and weeks after loss. Most of the early literature about bereavement tended to gloss over these kinds of positive experiences, which were often dismissed as examples of avoidance or denial. My research has suggested the opposite. Not only are positive experiences common, but they also tend to have an affirmative impact on other people and may actually help the bereaved recover more quickly after the loss.

I will focus most of this book on the natural resilience of bereaved people, but I don't want to minimize the great suffering some people experience after a loss. Actually, by taking a perspective that includes both severe pain and healthy resilience, we see these extreme reactions in even starker contrast, and we are better able to examine why some people suffer more than others and what, if anything, can be done about it.

When we put the full range of grief reactions on the table, we also see that there is usually more grief than simply getting over it and moving on. Bereavement is a powerful experience, even for the most resilient among us, and it sometimes dramatically shifts our perspective on life. Under normal circumstances, most of us cruise through our busy days without the slightest thought of life and death and those other annoying existential questions, like where we came from and where we stand in the grand scheme of the universe. The death of a loved one tends to peel back the curtain on those existential questions, at least temporarily, and begs us to take a larger view of the world and our place in it.

Bereaved people often find themselves wondering where their deceased loved ones have gone. Have they simply vanished, or is it possible that they still exist elsewhere in a different form? Many bereaved people actually experience a strong, perceptible connection with deceased loved ones, something like an enduring bond, as if the person were still alive and communicating from an alternative reality. Such experiences can be comforting, even wondrous, but Western cultural norms about scientific objectivity may also make them deeply unsettling.

We don't see this kind of confusion in parts of the world where an ongoing relationship with a deceased loved one is commonplace, if not part of the very fabric of the culture itself. In some parts of Africa and in Mexico, for example, bereaved people participate in centuries-old rituals through which dead loved ones are allowed to return and walk among the living. In Chinese and other Asian cultures, ceremonies based on ritual communication with dead ancestors have endured for millennia and persist even to this day despite the wear of political upheaval and economic and cultural globalization.

What happens if we try to mix some of these cultural elements? Add a bit of the old in with the new? In Chapters 10 and 11, I ask the reader to accompany me in a bit of globe-trotting to explore these kinds of questions.

Before we do that, though, we need to start at the beginning. We need first to take a closer look

what happens in Western culture when someone important to us dies.

CHAPTER 2

A Bit of History

The death of a child is an unthinkable loss, an inversion of the natural order. Children are supposed to outlive their parents, not the other way around. Karen Everly had no reason to suspect that it would be any different for her. She and her husband had been good parents, and their children seemed to have turned out well. Their teenage son, Bradley, was studying art. He was confident and talented and would soon enter college. Their daughter, Claire, had finished college several years earlier and was well on her way to a successful career in finance. And then, in a flash, Claire was gone.

The day Claire died turned out to be a nightmare, not just for Karen Everly, but for thousands of people. The day was September 11, 2001. Karen Everly was on her way to work in Manhattan when she heard the news. Claire worked on one of the upper floors in the South Tower of the World Trade Center, the tower hit by the first plane. It was excruciatingly obvious, right from the beginning, that there was little chance she had survived.

The violent nature of Claire's death stunned Karen. She felt her heart sink. She heard the life rush out of her, and then, only silence. The emptiness of what had happened left her dazed and uncertain, unsure about what was real and what wasn't. She told me that one day, in the weeks after 9/11, she was alone on the terrace of a friend's eighteenth-floor apartment. As she looked out over the city, she felt something like the presence of God all around her. She was struck at that moment by a plainly obvious idea; all she had to do was leap from that terrace, allowing herself to free-fall to the ground below, and God would allow her daughter to come back. God was telling her this, she was certain. She could repair the tear in the universe, just like that, by taking her daughter's place. She felt her heart race and her face flush. Then she backed away from the edge of the balcony.

Karen Everly didn't listen to that voice. In fact, she did almost nothing irrational. Quite the opposite; she was the picture of responsibility.

When I first met Karen, I was impressed by her poise. This is obviously a person who gets things done, I thought. She was well dressed and confident, and even though she was beset by grief, there was something clear and to-the-point about the way she talked. Karen was also personable. And she held a managerial position in a large company. She was a hands-on kind of boss, taking pride in having good relations with the people who worked under her. None of that changed after September 11. Despite the anguish of losing her daughter in a violent terrorist attack, Karen was back on the job in less than a week. "This is what I do," she told me. "People at work needed me."

After Claire's death, Karen kept herself busy. She found it comforting to handle the details of the funeral services. She arranged a private memorial for family and friends and also organized a public event in Claire's name so that her life would be honored and remembered within the community she had grown up in. There was a steady stream of family and friends in the Everly household. Karen welcomed them. She welcomed the role of hostess, too. It helped her push aside the pain and reaffirmed her sense of belonging and purpose.

Above all Karen was determined not to let grief stop her from carrying on with her own sense

purpose in life. “Well, I don’t see great changes in our lives—in my life. I think my life will be as near as possible to what it would have been. Claire loved dogs. It was something we shared, and we were planning to open a small breeding kennel. I am still going to do that. I have had feelings that maybe I shouldn’t because I don’t have Claire to share it with. ’Cause she—you see, she was so good with animals, all animals, especially dogs. But I’m sure that, you know, if I had died first, before her, she wouldn’t have hesitated to go on with the kennel. And she would have told her family how much her mother loved dogs. So, I’m sure we will—I’ll still do that.”

She described other things in her life that were continuous, still part of her sense of purpose. She had lost her only daughter, but she still had a husband and a son, and her son was just beginning college. She talked about making sure she could continue to take care of her family, and she spoke about her future with joy. “Our lives are tremendously changed—of course they are. And they will never be the same. But in a way, I think I’m probably going to be a better person than I would have been had I not lost our daughter. And I guess that’s because you become more aware of how you deal with others, and how you think about others.”

Is there any reason we should doubt Karen’s words? Maybe this was all just some kind of denial: a rosy veneer to mask her deeply hidden pain. Karen returned to work remarkably soon after Claire’s death, but was she truly there to work? Perhaps what she really wanted was to hide from her anguish. What about her sense of purpose, the flurry of activity? Did they mean a genuine embrace of life, perhaps a desperate attempt to avoid dealing with the inevitable emptiness caused by Claire’s death?

Entertaining these kinds of suspicions when there has been a tragic death is not unreasonable. It is difficult to imagine the depth of pain someone has to endure after such a loss, let alone the possibility that they might actually push it aside and move on with life in short order.

But if Karen was in denial, it wasn’t a very effective denial. When I first interviewed her, a little over three months after Claire’s death, the sting of her loss was still obvious. She cried deeply and openly. Yet she was still able to talk at length about Claire and about her death, and she never seemed to shy away from my questions, no matter how difficult or penetrating they were. Even more important, when I administered a detailed clinical assessment, all the evidence pointed to only one conclusion: Karen was undeniably healthy and well adjusted.

Freud was once asked what he thought a normal, healthy person should be able to do well. His famous and often-quoted reply was “Lieben und arbeiten” (To love and to work).¹ Karen could do both. Even in the early months of bereavement she was able to concentrate, to do her job; she could control her emotional reactions, she slept and ate normally; and she still enjoyed mutually satisfying relationships with friends and neighbors, with her coworkers, and especially with her husband and son. Of course, she still thought about Claire and still continued to experience sadness from time to time, but it was always measured. She let those feelings bubble up for the most part only when she could afford to, at the end of the day when talking with her husband or when she was alone and had time for quiet reflection. But when she needed to get things done, Karen was almost always able to put Claire’s death out of her mind. In other words, although she had been deeply pained by her daughter’s untimely death, she had coped extremely well. There were occasional disruptions and emotional upheavals, especially in the first few weeks after Claire’s death, but Karen kept living her life pretty much as she always had, and she was moving beyond the tragedy of her loss.

End of story? Well, not exactly. No matter how well adjusted the bereaved might seem to be, no matter how quickly they might restart their normal routine, we still want to doubt them. Bereavement experts have turned this kind of misgiving into a fine art. It is almost as if we have inverted the “burden of proof.” Criminals are innocent until proved guilty, but bereaved people are suffering until

proved healthy.

Why so much suspicion? Where did it all come from?

The Curious Notion of Grief Work

In 1917, Sigmund Freud published a paper comparing grief and depression.² He was interested in the obvious parallels between these two afflictions. Both depression and bereavement, he observed, involve a longing for something that is lost.³ Yet they differ in important ways. Although both grief and depression involve suffering, we usually don't consider bereavement a pathological condition. Therefore, Freud surmised, suffering must be a normal part of the grieving process, part of "the work of mourning." That deceptively simple phrase, "the work of mourning," was destined to have an enormous impact on how future generations viewed the grieving process.

In Freud's view, grief work involved reclaiming the psychological energy that we'd invested in the deceased loved one, or, as he somewhat unpoetically put it, the "non-existent object."⁴ He thought that when we form a psychological bond with another person, we do so with a kind of primitive emotional glue, what he referred to as the "libido." This is the same motivational force that drives our reactions to everything else we care about, including, of course, sex. But the libido is more than sex, and it comes in a limited supply. Each of us has only so much psychological energy to invest, and we have to use it economically; what we invest in one person isn't available for anything else. In Freud's psychological mechanics, the death of a loved one causes suffering because not only does the mind function poorly when it's running on less psychic fuel, but we also find ourselves in a state of constant longing for someone who is no longer there. This state continues, Freud believed, until we do the necessary grief work and reclaim the energy that was bound up with that person.

Freud could have called it "the routine of mourning" or "the task of mourning," or even "the resignation of mourning," but he chose the metaphor of work because he believed that once we bond with something—a person or an idea—by investing our psychological energy, it really does act like glue. We find it difficult to let go. When a loved one dies, Freud observed, bereaved people cling to the memory of that person so intensely that "a turning away from reality ensues."⁵ This reaction has an almost hallucinatory quality, as if the bereaved cannot and will not accept that the person is gone, as if the person can be willed back into existence. Joan Didion described this desire in her best-selling memoir *The Year of Magical Thinking*: "I was thinking as small children think, as if my thoughts and wishes had the power to reverse the narrative, change the outcome."⁶

The only way, in Freud's view, to be free of the desire to have the deceased back, to reclaim the psychological energy, is to engage in an effortful review of "each single one of the memories and hopes which bound the libido to the object."⁷ Freud believed it necessary to review all memories and all hopes in, all thoughts of, and all longings for the lost loved one, "bit by bit." He understood that this process was time-consuming and "extraordinarily painful," but he felt it was the only way to break the bond with the deceased, detach the libido, and move forward.

If Freud was correct, any suspicions we might have about Karen Everly's mental health would be valid. Her seemingly picture-perfect health would have to be only a facade. She could not possibly have completed the "work of mourning" in such a short time and could be exhibiting only a kind of hidden grief. Sooner or later, she will have to complete the grieving processing and move on to

genuine resolution. She might not do so for a long period of time—one or two years, maybe longer—but eventually she will have to face it.

Although the language is archaic, the grief work idea does have a certain commonsense appeal. Bereaved people often painfully long for lost loved ones. Quasi-hallucinatory experiences are also not uncommon, like catching a glimpse of someone and, for a moment, thinking she is one's deceased wife, or hearing footsteps in a hallway and temporarily forgetting that a recently deceased husband is not actually coming home. There is some truth also to the idea that we have only so much energy to invest in intimate relationships. We can't go around forming close personal ties to every person we meet. That would be exhausting. So we limit our emotional investments, usually to family and chosen friends and lovers.⁸

But there is a surprising incongruity to Freud's ideas about mourning. For all the controversy his theories generated, Freud was quite a careful theorist, except when it came to bereavement. Freud's writings about grief work are uncharacteristically unformed, almost casual. And he was the first to admit it. When he introduced the grief work concept, Freud added several disclaimers about the speculative nature of his ideas.⁹ Indeed, Freud never specified how his emotional glue was supposed to work, or why it had to be unglued during bereavement. The idea of the "work of mourning" is vague and idealistic. It would be nice to be able to regain the psychological energy we have invested in someone simply by going through all the memories and thoughts associated with that person, as if people were like drawers of old papers: Clean them out, file them away, and be done with it. The only problem is that our mental life is almost limitless; there would be a lot of cleaning out to do.

We've come a long way in our understanding of memory and emotional bonding since Freud's day. From where we stand now, it seems that the kind of process Freud attributed to normal mourning would probably achieve the opposite aim; it would actually tend to *strengthen* the emotional bond with a deceased loved one. Memories of people and places are not objects in our heads. They are clusters of snakelike neurons, arranged in branching pathways throughout the brain. The strength of a memory has to do with the connections of the neurons, their links to other ideas and other memories. The more elaborated the memory, the easier it is to find its neural address.

Although we can't undo or erase a memory, we can weaken it.¹⁰ The way to do that, however, would be *not* to think about it, literally, to forget about it until it no longer circulates in our consciousness. When we don't think about something for a long time, traces of its neural pathway will still exist, but other memories and associations tend to obscure it, and to interfere with its retrieval. Its address becomes harder to find. The problem in applying this kind of process to bereavement, though, is that not thinking about something important or emotionally evocative, like a recently deceased loved one, is very hard to do. In actuality, the gradual obscuring of memories takes years, and for the kind of powerful, branched memories we have of our loved ones, even a lifetime is probably not enough to do the trick. We can't speed up the process either. When we intentionally try not to think about something, we usually end up making the memory easier to find, so that it becomes more likely to pop into our minds.¹¹

And what if we think hard about something, or think about it repeatedly, as prescribed in the "work of mourning"? This, too, would make our memories of a deceased loved one more accessible, more likely to dominate our consciousness. The more something is on our minds, the more we tend to strengthen its neural pathway. And when we think about different ideas together, we strengthen the connections to each other, the paths of association between them. The most likely outcome, then, of going through "each single one of the memories and hopes" tied up with a deceased loved one is that

will actually make those connections stronger.

~~Freud never expanded his preliminary statements about grief work. In fact, he never again considered bereavement in any detail. But despite his brief treatment, the grief work idea caught on. Only it wasn't Freud who made that happen. It was his followers.~~¹²

The Even More Curious Notion of Absent Grief

About twenty years after Freud first mused about the work of mourning, one of his psychoanalytic descendants, Helene Deutsch, published a paper bearing the odd title “The Absence of Grief.” Deutsch described her observations of four patients in therapy. Each suffered from seemingly mysterious symptoms that had no obvious cause or antecedent. For example, one patient was troubled by “compulsive weeping which occurred from time to time without adequate provocation,” while another had come to therapy “without apparent neurotic difficulties” but was unable to experience emotion or to show even the slightest interest in any aspect of his life. From her analysis of the patients, Deutsch concluded that the symptoms could be explained only as “absent grief.” Although she had no concrete evidence for the link, Deutsch believed that her patients had never finished the work of mourning and that the problems that had brought them into therapy must have been delayed expressions of unresolved grief reactions.

This general idea stems from a common element of the classic psychoanalytic approach. The unconscious mind is seen as primitive but, paradoxically, also autonomous and intelligent, like a clever but childish beast within us. If we deny the unconscious, it will get the best of us. It will find a way to express its needs, even if it has to be in cloaked form. When this view of the unconscious is combined with the idea that mourning is work, then grief becomes a kind of inner psychological need with a will of its own and the power to make itself heard.

At first blush, it seems unlikely that Deutsch's account would have much of a lasting impact. Four patients is a small number to base such a provocative theory on. Perhaps Deutsch was only fishing. Perhaps she was hard-pressed for an explanation of what might otherwise be viewed as failed therapy cases. The loss of loved ones is a fact of life. It would not be uncommon to find bereavement lurking somewhere in almost any patient's past. Linking these earlier losses to a patient's current unexplained symptoms offered a convenient way to explain the case and provided a rationale for the analytic treatment. But this link was also highly subjective and couldn't be verified. This small detail didn't seem to matter. In fact, Deutsch's paper became something of a classic. By the time of its publication, the mental health world generally regarded psychoanalysis as the preferred method for penetrating the deeper recesses of the human mind. And no research was yet available to refute Deutsch's claims.

Nonetheless, the idea of absent grief might still have vanished into the scholarly waste bin if it wasn't for another paper that appeared just a few years later. In 1944, American psychiatrist Erich Lindemann published what is generally considered the first study on bereavement and a landmark exploration of the topic.¹⁴ Not only did Lindemann work with a much broader group of bereaved people, but many were survivors of the infamous Coconut Grove nightclub fire that had taken place in Boston in 1942. On the night of the fire, the club had been packed with boisterous celebrants from a Harvard-Yale football game, and nearly five hundred people lost their lives. It was a horrendous event and it gave Lindemann's work a bit of notoriety.

Lindemann was firmly anchored to the conceptual limitations of his era. He viewed grief primarily as a medical problem, and he championed the concept of absent grief that Deutsch had first introduced. But Lindemann took the idea a step further. Not only did he believe that psychological problems could be traced back to an earlier, unresolved grief reaction, but he also argued that even outwardly healthy responses to loss were suspect. Lindemann believed that no matter how healthy bereaved people might appear, or how much they might seem to have moved on, or even how long ago the loss occurred, a hidden, unresolved grief might still be lurking somewhere in their unconscious.

So what was the evidence for this bold speculation? Surprisingly, there was none. What Lindemann did was gather a group of bereaved people together, interview them, and then summarize his “psychological observations.” There was nothing particularly objective about his approach, and there was no way to substantiate his conclusions.

This is *not* how we do investigative research these days. The reason we rely so heavily on research evidence in developing psychological theories is that it provides a relatively objective picture, a glimpse of the “psychological truth” of whatever it is we are observing. Researchers today go to great lengths to demonstrate that the measurements they use and the observations they make are reliable—that is, that they will be the same each time, no matter who uses those measurements. It is also crucial that the methods used in a research study be described in great detail, so that other researchers can evaluate the quality of the study and replicate the findings to ensure they are valid. Lindemann followed none of these rules, and consequently we have no way of knowing whether his observations were accurate.

It was another fifty years before researchers got around to examining the issue of delayed grief. By this time, however, the standards of evidence had changed, and the newer studies that looked into the question of delayed grief, using reliable and valid measurements, found absolutely no support for its existence.¹⁵ People who were well adjusted after a loss were almost always healthy years later. Delayed grief simply did not occur.

Stages of Mourning

Despite the evidence, or I should say lack of evidence, the idea that not grieving enough will lead to delayed grief has somehow become a cultural given. Not only do most professionals still endorse the idea, but almost everyone else believes it as well. And although modern theories of bereavement are more detailed and broader in scope than the original writings of Freud, Deutsch, and Lindemann, they have nonetheless retained the idea that grief is work—work that is time-consuming and must be done before full recovery can take place. Modern conceptions of bereavement have simply filled in the spaces of Freud’s grief work idea. The work of mourning is now commonly viewed as requiring a series of tasks or stages.

Perhaps the most well-known stage model of mourning is that of Elisabeth Kübler-Ross.¹⁶ She believed that bereaved people pass through five distinct stages of mourning: denial, anger, bargaining, depression, and finally acceptance. Kübler-Ross assumed that each stage was an essential component of the mourning process and that most bereaved people work through the struggles inherent in each stage before moving on to the next one.

Kübler-Ross’s model was actually inspired by an earlier theory of British psychiatrist John

Bowlby.¹⁷ The peculiar thing about both Kübler-Ross's and Bowlby's stage theories is that neither was derived primarily from work with bereaved people. Kübler-Ross devoted her career to helping terminal patients confront their own death. Her idea about stages of grief was developed largely from observations of her dying patients. But grieving over the death of a loved one is not the same as facing your own death. There are some commonalities between dying and grieving to be sure, and we'll get into that a bit later. For the most part, though, it seems that facing one's own death is not the best experience upon which to model how people cope with the loss of a loved one.

Bowlby's beliefs evolved out of his own detailed observations of the attachment patterns of children and their caregivers. In the first half of the twentieth century, when Bowlby was developing these ideas, it was not uncommon for women in Western industrialized countries to be hospitalized for a week or longer following childbirth. Since most women had more than one child, a mother had to be separated from her other children while giving birth to a new baby. Bowlby observed that infants' reactions to separation seemed to progress through a series of stages, beginning with a protest reaction, followed by anger, then sadness, despair, withdrawal, and disorganization. He then modified these observations to fit what he presumed were similar reactions in bereaved adults. But again, the way infants react to separation from their mothers is not necessarily the same as the reaction of an adult trying to come to terms with the death of a loved one.

There is something else rather curious about the "stages" idea: Like much of the conventional wisdom on bereavement, there is not much in the way of empirical evidence to support it. Admittedly, the stages concept has its appealing features. It serves as a neat and tidy way to think about grieving. It provides a comforting outline of what people might expect while they are going through difficult times. But one could argue that if the stages aren't accurate, then such an idea may be dangerous. Perhaps it does more harm than good.

The major problem with these ideas is that they tend to create rigid parameters for "proper" behavior that do not match what most people go through. As a result, they foster doubt and suspicion about successful coping, and when we cast suspicion on a bereaved person just because we think she coped with death too well or got on with her life too quickly, we only make her loss more difficult to bear. I've heard innumerable stories of well-meaning family and friends who've pressured otherwise healthy people to seek professional help so that they'll "get in touch" with their hidden grief. The fact is that most of the time, there is no hidden grief. There may be lingering questions about the relationship, or changes wrought by the death may have to be dealt with, but usually when grief has come and gone, that's it. Even if the anguish was short-lived, most of the time all that means is that the person has managed her or his grief effectively and is moving on with life.

“Maybe You Should See a Grief Counselor”

Julia Martinez's story shows the kind of unwarranted suspicion that often occurs when a bereaved person doesn't conform to common expectations about working through grief. Julia was home from college for the winter break. Her mother was in the kitchen preparing dinner. Julia heard the phone ring, then her mother's cry of anguish. Her father had been hit by a car while bicycling home from work. He was in critical condition in the hospital's intensive care unit. Julia and her mother arrived just in time to witness the hospital staff struggling, but ultimately failing, to revive him. They we

stunned.

“I don’t remember much after that,” Julia told me, “other than crying a lot.” In the days that followed, she withdrew from her mother and spent long hours alone in her room. She worried about the future and what might happen to her family, and she had trouble sleeping. When her brother came home from college, his presence made everything a lot easier for Julia. She and her brother were close, and they spent most of the few weeks after their father’s death together. They were quiet most of the time but found that they could go out, laugh, and forget about their troubles, at least for a little while. Finally, it was time to return to school. Other relatives were around to help their mother, and everyone agreed that it was best for Julia and her brother to maintain their grades.

Once back at college, Julia launched herself into her studies. She spent time with her friends. Whenever they asked her if she wanted to talk about her father’s death, she said that she preferred not to, that she would rather enjoy their companionship just as before. Things seemed to go pretty well for the next few months. Julia said that during this time she tried not to think too much about her father’s death. There were occasions when she felt sad and confused, and sometimes she cried, but at these times, she said, “I was mostly worrying about my mother, and my brother, too. He was having a difficult time in school.”

That summer, back at home, Julia got an internship at the local newspaper. She was excited about trying something new: “I thought everything was going to be OK.” Then one night, Julia’s mother said that she was worried because Julia seemed to have completely forgotten her father. She wondered maybe Julia had denied her grief.

“Maybe you should see a grief counselor,” said Julia’s mom, looking hesitant and worried.

“At first, I didn’t think she was serious.” Julia told me, “but she kept at it. Then I knew I was in trouble. Once my mother sets her sights on something, it gets done.” Rather than fight her mother, Julia agreed to see a counselor. The sessions with her therapist lasted eight weeks, and Julia hated every moment of that time. “He kept asking me about my father, what our relationship was like, and stuff like that. I mean, I’ve had some psychology in school, you know. I’m not stupid. I could see what he was getting at.” Julia told me she tried to “play along” but mostly felt bored and annoyed. She said there was no question in her mind that she had loved her father, but she resisted the therapist’s attempts to examine the relationship. The insurance coverage for the sessions eventually expired, and Julia’s mother agreed she could stop going.

Julia was probably wise to question a therapy that didn’t feel right to her, and her mother was probably wise to acquiesce in Julia’s stopping the therapy. Psychotherapy is helpful when it is used for the right kind of problem, but in my experience, someone’s not grieving “enough” is rarely a problem demanding psychotherapy, and in fact, it is rarely even a problem.

Like Julia Martinez, many people who suffer difficult losses exhibit a natural resilience. They hurt deeply, but the hurt passes, and relatively soon after the loss they can resume functioning and enjoying life. This is not true of everyone, of course. Not all bereaved people are lucky enough to cope so well. We’ll come back to this serious issue later. For now, though, we’ll stay focused on the empirical fact that most bereaved people get better on their own, without any kind of professional help. They may be deeply saddened, they may feel adrift for some time, but their life eventually finds its way again, often more easily than they thought possible. This is the nature of grief. This is human nature.

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