

The Truth About Grief

*The Myth of Its Five Stages
and the New Science of Loss*

Ruth Davis Konigsberg

Simon & Schuster
New York London Toronto Sydney

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Introduction



The Idea That Won't Die

In 2008, after Barack Obama opened an irretrievable lead over Hillary Clinton in the Democratic presidential primaries, Lanny Davis, a die-hard Clinton supporter who had also served as special counsel in her husband's administration, said that he was so distraught that he had Googled Elisabeth Kübler-Ross's five stages of grief. "Denial, yes," he said. "Anger, definitely. Bargaining, well, O.K. And depression, that's definitely what I was going through." It wasn't until Obama's acknowledgment of Hillary Clinton in his speech at the convention that Davis said he reached the last stage, acceptance.

In 2009, after an investigation found that a large debt col-

lection agency had been pursuing outstanding payments of people who had recently died by calling up their next of kin, the company's CEO defended the practice in the press. After all, his team of three hundred collectors, he said, were "all trained in the five stages of grief."

In 2010, after NBC dumped Conan O'Brien as the host of *The Tonight Show* and reinstalled Jay Leno, Conan joked on his subsequent comedy tour that visits to a psychiatrist helped him to see that there were stages to the loss of a talk show not unlike the stages of grieving. That same year, commentators invoked the stages to describe our emotional reactions to everything from the TV show *Lost* going off the air to the damage to the Gulf of Mexico after the BP oil spill.

Once you start looking, the stages seem to pop up everywhere. They've become a stock reference in popular entertainment, turning up in episodes of *Frasier* and *The Simpsons*, and more recently *The Office*, *Grey's Anatomy*, *Scrubs*, and *House*. They're continuously employed as a literary device—Frank Rich has used them in his *New York Times* opinion column no fewer than five times, such as his remark in 2008 about the occupation of Iraq that "this war has lasted so long that Americans . . . have had the time to pass through all five of the Kübler-Ross stages of grief over its implosion." There's even an acronym to help you remember their sequence: Dabda. In 2008, Sotheby's auctioned a large painting by the British artist Damien Hirst titled *D,A,B,D,A* that consisted of five different colored panels overlaid with real butterflies. (Kübler-Ross

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loved butterflies and often likened death to a butterfly shedding its cocoon.) The painting sold for \$2,650,818.

The stages are so pervasive that they have become axiomatic, divorced from the specific time and place of their origin, but they made their debut in 1969 with the publication of Elisabeth Kübler-Ross's first book, *On Death and Dying*, in which she argued that all people grapple with the end of life by traversing denial, anger, bargaining, depression, and acceptance. If you ignored or repressed the stages, you risked getting stuck with unresolved and painful emotions. But if you plunged yourself through them, you would eventually emerge on the other side stronger and wiser, a reward that was particularly appealing in the 1970s as the self-help movement with its promises of personal transformation was sweeping the country. The book was a surprise bestseller, and Kübler-Ross, then a staff psychiatrist at Billings Hospital in Chicago, became an overnight sensation, attracting hundreds to her speaking engagements. Her theory was soon taught in medical and nursing schools and undergraduate classes, and helped launch the new academic discipline of death education.

Kübler-Ross was heralded as a revolutionary who shattered the stoic silence that had surrounded death since World War I, and her efforts certainly lowered barriers and raised the standard of care for dying people and their families. But she also ushered in a distinctly secular and psychological approach to death, one in which the focus shifted from the sal-

vation of the deceased's soul (or at least its transition to some kind of afterlife) to the quality of his or her last days along with the well-being of the survivors.

The hospice movement was already under way, pioneered by a British doctor named Cecily Saunders, who founded St. Christopher's, the first modern center devoted to the dying, in London in 1967. Florence Wald, the dean of Yale Nursing School, spent a year at St. Christopher's and subsequently opened the first hospice in the United States in New Haven in 1971. These two women championed the need for a humane setting in which the terminally ill could prepare themselves for death, and their contributions undeniably changed end-of-life care for the better. But it wasn't long before a solution was put forth to help bereaved families as well, one promoted by an entirely new professional group specializing in the task of mitigating grief's impact. As I explain in Chapter 5, counseling for grief, though well-intentioned, does not, on average, seem to hasten its departure, and some even think it can harm instead of heal. (This doesn't mean that no one is ever helped by counseling, but that it doesn't measurably benefit its recipients overall when compared to groups that don't receive formalized help.) In retrospect, the practice suffered from becoming popular before there was enough solid research on normal grief to base it upon (most of the existing literature consisted of extreme case studies drawn from clinic populations). From the 1970s to the 1990s, thousands entered the field, setting up healing centers and offering individual

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counseling or hosting support groups at hospitals, churches, and even funeral homes. These counselors introduced their own theories, turning anecdotal descriptions into treatment plans and modifying Kübler-Ross's stages into a series of phases, tasks, or needs that required active participation, as well as outside professional help. In this increasingly complex emotional landscape, grief became a "process," or a "journey" to be completed, as well as an opportunity for growth. Few questioned the necessity of a large corps of private counselors dedicated to grief, despite the fact that no country other than the United States seemed to have one. Our modern, atomized society had been stripped of religious faith and ritual and no longer provided adequate support for the bereaved. And so a new belief system rooted in the principles of psychotherapy rose up to help organize the experience. As this system grew more firmly established, it also became more orthodox, allowing for less variation in how to approach the pain and sorrow of loss. By the end of the 1990s, it had become conventional wisdom that people had to explore and give voice to their grief or else it would fester.

Paradoxically, this close examination and enumeration of grief did not bring much greater clarity to specific characteristics of the experience. In 1984, an Institute of Medicine report concluded that a lack of a reliable way to measure grief was a major barrier to being able to help the bereaved. Since then, practitioners have struggled to catalogue all the manifestations of the emotional and psychological upheaval

that occurs after a loved one dies. There are now more than twenty different “instruments” (questionnaires) out there—from the Texas Revised Inventory of Grief to the Hogan Grief Reaction Checklist—with anywhere from six to sixty-seven different “items” (symptoms) on them, such as “I have little control over my sadness” or “I frequently feel bitter” or “I am stronger because of the grief I have experienced.” This lack of an agreed-upon definition for grief did not slow down the stream of theories on how to best manage the suffering it caused.

Such was our environment when, on September 11, 2001, terrorist attacks killing almost three thousand people irrevocably transformed grief from a private experience into a public, communal one. The loss of those lives was collective: we were all attacked, and we all mourned, attending candlelight vigils, leaving flowers and other tokens of sympathy at spontaneous memorial sites, displaying bumper stickers and T-shirts and baseball caps with the refrain, “Never Forget.” The government harnessed this mass mourning to gather support for invading Afghanistan and later Iraq, but soon grief became the source for antiwar protest, as mothers of slain soldiers such as Cindy Sheehan demanded that the president justify her sorrow, challenging the wartime ideology that her son’s death, in the service of his country, was for the greater good.

This new emphasis on the public expression of individual loss came to dominate civilian grief as well. Sociologists (and

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state highway officials) noted an increase in makeshift shrines such as those found at car crash sites on the sides of roads, or spray-painted on the walls of inner city streets, inviting an audience from any and all passersby. Web memorials and online obituaries where people without any relationship to the deceased could post their condolences further blurred the public and private domains of grief. (A 2002 survey of the guest book entries at Worldwidcemetry.com found that 42 percent had been written by strangers.) First-person accounts of widowhood such as Joan Didion's *The Year of Magical Thinking* and Kate Braestrup's *Here If You Need Me* had lengthy stays on bestseller lists. A number of novels and TV shows with a focus on death and the afterlife became popular: *The Lovely Bones*, *The Five People You Meet in Heaven*, *The Shack*, *Six Feet Under*, *CSI*, *Rescue Me*.

Traffic in personal grief narratives became increasingly congested as ordinary citizens, given a voice by new media, began disclosing their own experiences on blogs, podcasts, and Internet radio shows. These accounts, while genuine and moving, were also based on the assumed therapeutic value of such public airing. "Telling your story often and in detail is primal to the grieving process," Kübler-Ross had advised. "You must get it out. Grief must be witnessed to be healed."

Entrepreneurs seized on the commercial possibilities of this mandate and opened up grief retreats, where you can get grief massages or do grief yoga. And the self-improvement shelves of the bookstore grew heavier not just with advice on

how to survive loss but also grief workbooks and journals, illustrating just how prescribed our emotional behavior after the death of a loved one had become. As Tony Walter, a British sociologist, has written, “Contemporary bereavement is a matter of self-monitoring, assisted by advice from family and friends, bereavement books, counselors and mutual help groups. In this, bereavement is like contemporary marriage and child-rearing in which partners and parents are always asking how well they are doing, consulting the baby books to see if their child’s development is above or below average.” We never seemed to notice how grief had been shaped by all these social and cultural forces, in part because we had been told that our way of grieving was natural and instinctual, and therefore the best way.

The first I heard of Kübler-Ross’s five stages was in 1985, in a high school psychology class, although we were not actually assigned to read *On Death and Dying*. (The teacher was moonlighting from his usual role as wrestling coach.) If I had read the book then, I would have learned that Kübler-Ross was actually writing about the experience of facing one’s *own* death, not the death of someone else. It was other practitioners, having found the stages so irresistibly prescriptive, who began applying them to grief in the 1970s, a repurposing that Kübler-Ross did not object to. “Any natural, normal human being, when faced with any kind of loss, will go from shock

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all the way through acceptance,” she said in an interview published in 1981. “You could say the same about divorce, losing a job, a maid, a parakeet.” Decades passed before Kübler-Ross decided that it was finally time to properly claim the stages of grief as well. Her nineteenth and final book, *On Grief and Grieving*, was published in 2005, a year after her own death.

“One of the reasons for writing *On Grief and Grieving* was that everyone else had already adapted the stages of dying to the stages of grief,” her co-author, David Kessler, told me when I contacted him in 2007. “She always knew that the stages worked for grief, but it wasn’t something that she wanted to tackle until the end of her life.” When I asked Kessler whether Kübler-Ross had done any additional research on grief, he replied, “She didn’t make a distinction between one’s own dying and grieving the loss of someone else, because dying is grieving itself. It’s grieving the life you’re never going to have. She saw them as fluid.”

I had called Kessler to get his reaction to the news that a group of researchers at Yale University had decided to test whether the stages do, in fact, reflect the experience of grief. In the Kübler-Ross model, acceptance, which she defined as recognizing that your loved one is permanently gone, is the last and final stage. But the resulting study, published in the *Journal of the American Medical Association*, found that most respondents accepted the death of a loved one from the very beginning. The researchers interviewed 233 people between one to twenty-four months after the death of their spouses

by natural causes to assess their “grief indicators,” and across all points on the timeline acceptance was the indicator most frequently checked off. “Most bereaved individuals are capable of accepting the reality of the loss even initially,” says Holly Prigerson, co-author of the study and now the director of Psycho-Oncology Research, Psychosocial Oncology and Palliative Care at the Dana-Farber Cancer Institute. On top of that, participants reported feeling more yearning for their loved ones—a condition researchers called pining—than either anger or depression, perhaps the two cornerstone stages in the Kübler-Ross model. “What might explain the sustained, widespread and uncritical endorsement of the stage theory of grief? From a human interest perspective, it may reflect a desire to make sense of how the mind comes to accept events and circumstances that it finds wholly unacceptable,” Prigerson wrote in a subsequent editorial in the *British Journal of Psychiatry* in 2008. “Results from our study, together with enduring popular and scientific interest in the topic, suggest that it may be time to reevaluate stage theories of grief and consider their potential clinical utility.” (Kessler told me he had not heard of Prigerson’s study.)

Skepticism of the stages has been building steadily since the early 1970s, when Richard Schulz, then a twenty-four-year-old grad student in social psychology at Duke University, and his adviser, David Aderman, looked into the existing research to see if there was any support for the stages, which there wasn’t. “As fairly hard-nosed scientists, we wanted to

set the record straight by looking closely at popular ideas on death and dying,” recalled Schulz, who is now a professor of psychiatry and director of the Center for Social and Urban Research at the University of Pittsburgh. Thirty years later, however, the stages still hold sway with professionals and lay people—a 2008 survey of fifty hospices in Canada found that Kübler-Ross’s work was the literature most frequently consulted and distributed to families of dying patients, used by 75 percent of all respondents. When I asked Schulz why the stages seemed so resistant to debunking, he replied, “Because they have great intuitive appeal, and it’s easy to come up with examples that fit the theory.”

Kübler-Ross defenders say that she never intended her stages to be taken quite so literally (“it’s just a theory”) and that she herself warned that they don’t always happen in sequence. But their inculcation shows just how powerful theories can be, and Kübler-Ross herself frequently referred to them as if they were established fact, and not untested hypothesis. It’s not all Kübler-Ross’s fault. We are to blame too for embracing a doctrine that, as I will examine in Chapter 2, has actually lengthened the expected duration of grief and made us more judgmental of those who stray from the designated path. We have been misled by the concept that grief is a series of steps that ultimately deposit us at a psychological finish line, even while social science increasingly indicates that it’s more a grab bag of symptoms that come and go and, eventually, simply lift. “Stage theories of grief have become

popular and embedded in curricula, textbooks, popular entertainment, and media because they offer predictability and a sense of manageability of the powerful emotions associated with bereavement and loss,” says Janice Genevro, a psychologist who was commissioned by the Center for the Advancement of Health to do a report on the quality of grief services, and concluded that practitioners’ techniques were misaligned with the latest research.

And so, when someone we love dies, we continue to grapple with a model for grief that’s not only inaccurate but, at times, even punishing. Valerie Frankel, a novelist, recalls that in 2000, when she lost her husband, Glenn Rosenberg, to lung cancer, she found the stages (which she had “known about for forever, it’s just standard knowledge”) to be of no relevance at all.

“I simply felt depression,” she says. “I wasn’t angry at God about Glenn’s death, although I did fly into a rage about something stupid that the doctors said. I don’t think I did any of that bargaining stuff. And as for acceptance, well, you don’t really have a choice.” But it wasn’t just stage theory that Frankel found misleading. Her father, a doctor, told her that it takes at least six months to two years for a person to recover from such a tragedy, and one of the books she read advised against starting any new romances for at least a year because her emotions were too unstable and might lead her into inappropriate or unhealthy relationships. After seven months, however, she joined an online matchmaking site

and met a man named Stephen Quint. “We started having a lot of fun together and it was really life-affirming,” she says. Six months after their first date, they got engaged, although Valerie says that despite the rapidity of their courtship, “It’s not like [her husband Glenn’s death] magically disappeared. Steve was really fantastic about understanding the whole transition.” She is now happily remarried and says that, contrary to everything she’d heard and read about widowhood, beginning a relationship with Stephen so soon after the death of her husband was a stroke of good timing.

Compared to the way widowhood is typically portrayed, Frankel probably sounds like an unusual case. A six-month recovery window was thought to be unrealistic, until recent research conducted by George Bonanno, a psychology professor at Columbia University Teachers College, showed that it was more the norm than the exception. Bonanno has laid bare many assumptions about bereavement by following groups over long periods of time and using standardized questionnaires to measure their reactions (as opposed to Kübler-Ross, who spoke to her subjects once and asked open-ended questions). Bonanno and his colleagues tracked elderly people whose spouses died of natural causes, and the single largest group—about 45 percent—showed no signs of shock, despair, anxiety, or intrusive thoughts six months after their loss. Subjects were also screened for classic symptoms of depression, such as lethargy, sleeplessness, anhedonia, and problems in appetite, and came up clean on those as well. That didn’t

mean that they didn't still miss or think about their spouses, but by about half a year after their husbands and wives had died, they had returned to normal functioning, contradicting the often repeated saying about widowhood that "the second year is harder than the first." A much smaller group—only about 15 percent—were still having problems at eighteen months. An even smaller group, about 10 percent, exhibited a "recovery" pattern with grief symptoms moderately high about six months after the loss but almost completely gone by eighteen months. In addition, some respondents fell into two additional groups—people who were depressed before and after their loss whose troubles seemed to be a pre-existing condition, and people whose depression improved following the loss, suggesting that the death of their spouse actually relieved stress instead of causing it.

Many Americans who lose a loved one are more resilient than we give them credit for. The dominant grief culture in America today asserts that it's perfectly normal to get mired in a long and protracted reaction, when in fact this happens to only a small minority whose debilitating symptoms last considerably longer than six months and who might be suffering from a syndrome clinicians are now starting to call Prolonged Grief Disorder. (As I discuss later in the book, this subset is the only group that seems to be helped by grief counseling—the rest of the population does just as well on its own without

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it.) Our grief culture also defines grief as a project that must be actively tackled by identifying and vocalizing one's darkest feelings. The opposite may actually be true—one of George Bonanno's studies found that recently bereaved individuals who did *not* express their negative emotions had fewer health problems and complaints than those who did, suggesting that damping them down might actually have a protective function. Our grief culture maintains that "everyone's grief is unique," and then offers a uniform set of instructions. In fact, while researchers haven't come up with a universal description for grief (and in all likelihood, they never will), they have identified specific patterns to its intensity and duration. And while there are many factors that may make bereavement harder on some than others (such as the suddenness or cause of death, or the age of and relationship to the person who died), probably the most accurate predictors of how someone will grieve are their personality and temperament before the loss. Back in 1961, Edgar N. Jackson, a Methodist minister and popular author, suggested as much when he wrote the following in a little guide called *You and Your Grief*: "If one has always met life's problems with strength and assurance, it is reasonable to assume that he will meet this experience the same way. One who has been easily distressed by circumstances may be so disturbed by the encounter with death that he will need guidance and special help." Today, that kind of relativism is anathema. Instead, grief is portrayed as an abstract state that uniformly descends upon us.

Although I have lost people dear to me in my own life, this book did not grow out of personal experience but rather a journalistic desire to understand how we arrived at certain norms that don't seem to be serving us particularly well. In contemporary America, mourning conventions such as wearing black armbands or using black-bordered stationery have mostly disappeared, but they have been replaced by conventions for grief, which are more restrictive in that they dictate not what a person wears or does in public but his or her inner emotional state. Since these rules use a psychological model, they have an empirical gloss, when in fact they are largely myths, or, to borrow a term from two pioneers in debunking those myths, "clinical lore" that misinforms practitioners and the general public. The bigger question, one that I will try to answer in this book, is why we continue to look at grief through such a distorted lens.

My intention is not to diminish grief, which is painful and must be respected as such, but to reframe it in a way that may ultimately be liberating, both for those who have yet to face it and those who are currently in its throes.