Recognizing Normal Grief

by Pauline Boss, PhD

Note: I am writing this for *Coalition News* in advance of my talk at the annual conference (with Ted Bowman) and in advance of the December 14 publication of *The Myth of Closure: Ambiguous Loss in a Time of Pandemic and Change* (W. W. Norton, 2021). This article is a glimpse of what I write about in that new book.

Pauline Boss, PhD

Just two months after my husband of 32 years died, I was in a medical clinic for a routine visit. As usual, upon intake, I was asked: Do you feel safe at home? "Well, yes, as safe as one can feel during a pandemic!" Do you feel depressed? "I am grieving." The nurse looked up and said, "We have no place for that on the form. Do you mean you are depressed?" I said, "No, I am grieving."

Later when I spoke with the doctor and said my husband died recently, they suggested there was medication for that. Did I want some? I said, "No! I am sad, of course, but functioning—also writing again." The doctor said, "Let me know if you change your mind."

What we know is that the mission of MCDES is to provide education, networking, and support to professionals and volunteers who care for the dying and grieving. What we didn't know is how severely we would be taxed by this time of pandemic, now in its second year, with at this writing over 4 million deaths worldwide, and another spike due to an even more lethal mutation, the Delta variant. Most of us have experienced some personal loss during this time of pandemic, thus adding to our professional stress as we try to help others who are grieving. And yet, we are missing a major point.

Because of its urgency and frequency right now, I share a glimpse of a chapter in my new book about something I am passionate about: recognizing normal grief, what it is, how it differs from depression, and how sadness can be normal after a death in the family.

Our society, in particular, still has a denial of death, a denial of suffering, and a denial of ambiguity. We like certainty, winning, not losing. Unlike much of the rest of the world, we have slipped into the pathologizing of grief and thus the medicalizing of it, so it is cured, fixed, out of our view. We do not want to witness public suffering. Grief is meant to end, to have closure, and get back to normal.

While some mourners do indeed need medical help, the majority of mourners need information and support for the management of their grief. They also need to know there is no timeline, that we live with loss and grief, and that closure is an impossible goal. Instead, we search for meaning and new hope, not a final ending to the sadness. As professionals, we need to know that people grieve differently, that culture and religious beliefs matter, and that the environment or context in which the loss occurred matters.

What is Normal Grief?

Normal grief is defined as a "natural and expected response of deep sorrow and pain after losing someone or something you love." (Boss, 2021, p. 93; also see Boss, 2011, p. 27).

Someone or something to whom you have been deeply attached. There were vast differences in how Freud wrote about grief in his personal letters than in his academic writings. But I will paraphrase what he wrote, even professionally, early on: that while mourning was something different, it never occurred to him to regard it as a pathological condition that needed medical treatment (Boss, 2021, p. 89).

Any of us who have lost someone dear to us knows that it hurts physically and emotionally. The symptoms of normal grief start out similar to those of complicated grief (Shear et al., 2021), except with normal grief, the oscillations of pain and sadness grow farther and farther apart, with less intensity over time. They never go away, but research shows that most people can find joy again and can live well despite the occasional sadness of grief.

Closure is a good word for the closing of roads during a flood or closing a real estate deal, but it is not a good word for the ending of a close human relationship. Normal grief is ongoing, with ins and outs, ups and downs. It does not need closure nor do many people want it. A friend wrote of his wife's death that he knew he had to go on with his life and take care of their children, but he received comfort from feeling she was present in his heart and mind, the idea that she was with him in

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spirit, and in the kids' faces and mannerisms, in their DNA. He didn't want closure on that.

Where did I learn that closure was a myth and that many people can nevertheless move forward despite the complications of that loss? I learned this from 40 years of clinical experience, working with individuals and families, who, through no fault of their own, must live with agonizing ambiguous losses where family members have been kidnapped or disappeared, with no verification of life or death. From this clinical work and from working with therapists, humanitarian workers, and families of the missing around the world and across cultures and religions— in New York after 9/11, in Fukushima after 3/11, in China, Russia, Kosovo, Tbilisi, Ukraine, Mexico, Ireland, United Kingdom, Italy, Switzerland, Australia, among others— I learned that closure is a myth and that families are more resilient than I thought. Not all, but many showed me that they can live with losses, clear or ambiguous, if given human connection, social support, and understanding by professionals that the pathology lies in a social context of ambiguity, not in the mental health deficiency of people who experience it.

What surprised me most is that the majority of people I worked with were able eventually to move forward and experience some joy again, even though they were living with unanswered questions. They learned to live with "not knowing" by increasing their tolerance for ambiguity. This builds resilience!

I saw this with families of kidnapped children, missing-in-action solders, the disappeared, and even with more common ambiguous losses, such as adoption and divorce or living with a spouse who has dementia or a terminal illness. Here, but gone. While the ambiguity doesn't go away, it does not need to immobilize those left behind.

I have always thought that fishermen and fisherwomen are especially good at tolerating ambiguity, as are hikers who go off the trail, or people who travel to foreign countries without knowing the language. All demonstrate a high tolerance for ambiguity, a good indicator of mental maturity and the ability to withstand the stress and anxiety of the troubled times of uncertainty, such as now, with the pandemic and the changes it brings.

Indeed, as professionals, we know how to intervene with both ambiguous and clear losses. But first, we must increase our own tolerance for unanswered questions; not an easy task for those of us who come from cultures that value precision and control—and winning.

Whether losses are clear, like a validated death, or ambiguous, like the lingering of someone who is missing physically or psychologically, the other lesson from current research is that we need to find some meaning in the loss of a loved one. That happens more readily if we can find some purpose in dealing with the loss, such as working for a cause to prevent the illness that took them from us. Or it may be parenting well because your deceased partner could not continue to do that. I highly recommend the book *Continuing Bonds* (Klass et al., 1996), for that is what normal grief is: we do not forget, we remember our loved ones and continue the bonds—now changed, transformed, more spiritual. As I say it: "Gone, but still here in our hearts and minds."

In my new book, *The Myth of Closure*, there are more details about interventions, but suffice it to say here, that we in MCDES need to pay as much attention to normal grief as we do to the symptoms of grief that require medical treatment. And please, if you are grieving, and the doctor asks if you are depressed, say that you are grieving. Know the difference between normal grief and needing medical treatment. Grief is not automatically depression.

References and Suggested Readings

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