

# The Medicalization of Grief in America

by

Gary L. Ebersole

筆者ゲイリー・L・エバソール氏は、1970年代にシカゴ大学の宗教学（History of Religions）専攻においてジョセフ・キタガワ、フランク・レイノルズ等に師事し、シカゴ大学で教鞭をとった後、ミズーリ州立大学宗教学センター所長、同歴史学科長を現在まで務めている。専門は日本の宗教だが、ピューリタン捕囚物語、リチュアル・ウィーピング（「泣き女」のように儀礼的に泣く行為）等、研究関心は多岐にわたる。この寄稿論文は、アメリカにおけるグリーフ・カウンセラーの資格化、またそのビジネス化を、宗教学の観点から批判的にとらえたもので、日本の読者向けに書かれている。グリーフ・カウンセリングの出現は、聖職者の影響力の低下や死の非日常化・疎遠化だけでなく、認知科学や進化論的生物学・遺伝学の台頭にも関係があるという指摘は、大変示唆的である。本来は宗教文化の中に埋め込まれていたグリーフ（悲嘆）のプロセスが、過去1世紀余の間にいかに社会的に再構成されていったかという歴史を大胆に記述している。ダーヴィン、デュルケム、フロイトから始まるグリーフ論・観の系譜学である。

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In the last-third of the twentieth century, a brand new type of health care professional emerged in the United States--the grief counselor. Unlike physicians, grief counselors are specially trained to deal with the psychological health of the terminally ill and, after a death, with the mental health of the grieving survivors. In a relatively short period of time, hospitals across the country had grief counselors on staff, local school districts had grief counselors on call, seminaries began offering classes and degrees in pastoral counseling, and many communities had established twenty-four-hour hotlines that people grieving the death of a loved one could call for assistance.<sup>(i)</sup> Overnight, on-line professional training programs in grief counseling proliferated, while programs in grief counseling were also started in junior colleges, colleges, and medical schools. Professional academies were established to set professional standards for grief counselors, to provide over-sight of their training, and, finally, to certify or license them.<sup>(ii)</sup> That said, the field of grief counseling

remains fairly open and loosely regulated. Grief counselors are rarely physicians. As part of the professionalization process, specialized journals began to appear, with titles like *Bereavement* (1988), *Loss, Grief & Care* (1986), *Bereavement Care* (1993), and *Journal of Personal and Interpersonal Loss* (1996-2000), which became *Journal of Loss & Trauma* (2001-). A flood of books, handbooks, how-to guides, and internet resources on the grieving process has followed. Grieving, which throughout human history had been a part of religious funerary rites, had suddenly been medicalized.

How and why did this happen? How did grieving become a social problem in the United States in the first place--a problem that, it was then decided, was best managed and controlled by medical professionals? How did handling grieving become a new—or, better, a renewed—lucrative industry? In this essay, I will briefly sketch the outlines of this episode in the history of death and dying in late-twentieth-century America. I write as a historian of religions and, as such, seek to reflect critically upon these developments from outside the medical field. I will argue that, from the perspective of cultural history, the coincidence of a number of different cultural developments led to this medicalization of grieving. These included, but were not limited to:

1. the growth of psychiatry and psychology as medical fields, conjoined with advances in evolutionary biology and genetics;
2. the emergence of cognitive science in psychology in the 1960s and early 1970s, which, contra behavioralism, legitimized the scientific study of thoughts, ideas, and emotions<sup>(iii)</sup>;
3. a decline in the cultural authority of ministers in American society, conjoined with the rising authority of medical professionals, which led to the creation of pastoral counseling courses, informed by psychology, in seminaries;
4. a growing dissatisfaction in the American public with the treatment of the terminally ill in hospitals, coupled with fear that family bonds were weakening and nostalgia for what Philippe Aries would come to call “the tame death.”

While the emergence of grief counseling as a profession occurred fairly rapidly in the late twentieth century, the seeds for this growth were planted much earlier in other fields, including biology, psychology, and sociology/anthropology. It is worth noting that the impetus did not come from physicians, many of whom were, in fact, initially quite hostile to the very idea of grief counseling. Moreover, as I will suggest, the shape of the nature/nurture debates in the late-nineteenth- and early twentieth-century would set the

contours of the assumptions informing the opposite poles in the cultural contestation surrounding grieving a century later.

Charles Darwin was one of the first scientists to broach the questions of whether grieving was a uniquely human response to death or not, whether grief was a universal expression, and whether emotions were innate or learned. In *The Expression of the Emotions in Man and Animals* (1872), Darwin argued that high primates experience some emotions much as humans do.<sup>(iv)</sup> More importantly, he claimed that emotional expressions, especially facial expressions, are universal and innate, not learned. By and large, they are spontaneous responses, which have served an evolutionary adaptive function. Although Darwin did not focus much attention on collective or ritual expressions of grieving, confining himself primarily to physiognomic expressions, his work prepared the ground for twentieth-century developments in evolutionary biology and psychology, as we will see. Perhaps because of the ways Darwin's evolutionary theory was used and twisted by political ideologues in order to promote racist programs, his work on emotional expressions was largely ignored for ninety years, being rediscovered by scientists only in the 1960s and 1970s.

In the late nineteenth and early twentieth centuries, theorists in the emerging social sciences of sociology, anthropology, and psychology largely shaped the academic discourse on emotions, including grief. Let me use a few well-known works as exemplars of broader cultural developments. The long-term influence of the theoretical work of two very different thinkers—Emile Durkheim and Sigmund Freud—is well known. Less recognized is the way their different explanations of grieving behavior helped to fix the two poles of the discourse around this down to the present. In his seminal study *Les Formes Elementaires de la Vie Religieuse* (1912), Durkheim explored the roles that collective rites, including mourning and ritual grieving, play in human societies.<sup>(v)</sup> For our purposes, it is enough to note that he denied that mourning behavior is an individual response to the felt emotion of grief:

“One initial fact is constant: mourning is not the spontaneous expression of individual emotions. If the relations weep, lament, mutilate themselves, it is not because they feel themselves personally affected by the death of their kinsman... Mourning is not a natural movement of private feelings wounded by a cruel loss; it is a duty imposed by the group. One weeps, not simply because he is sad, but because he is forced to weep. It is a ritual attitude which he is forced to adopt out of respect for custom, but which

is, in a large measure, independent of his affective state.”<sup>(vi)</sup>

Let us recall that Durkheim argued for the “double nature” of humankind, by which he meant an organic or biologically unique identity and a second social one. He also posited the existence of the conscience collective, which he defined as “the totality of beliefs and sentiments common to the average citizens of the same society.”<sup>(vii)</sup> For our purposes, his inclusion of shared or collective sentiments in conscience collective of society is of importance. Collective sentiments created collective beliefs, acts, and social facts. For instance, concerning the criminal act, he wrote, “We do not reprove it because it is a crime, but it is a crime because we reprove it.”<sup>(viii)</sup>

Many readers of Durkheim latched on to Durkheim’s statement on mourning cited above to argue that ritual acts of mourning (e.g., tearing one’s clothing, pulling out hair, weeping, wounding oneself) are affected states--that is, a kind of play acting. Other scholars have sought to distinguish mourning from grief, defining the former (ritual mourning or bereavement behavior) as public customary behavior, while grief is taken to be a real interior emotion anterior to any public or even facial expression. Durkheim, however, was not interested in distinguishing between authentic and inauthentic emotions.

Unlike Darwin, he did not assume that grief was a natural emotion with a biological origin, nor did he argue that mourning behavior was a response to “natural” or innate emotions. Rather, he argued strongly that collective rites of mourning in specific states of social development evoked specific emotions that were important for the maintenance of social solidarity. Such “customary” emotions were collectively deemed to be appropriate to the time, place, and individual involved. In other words, for Durkheim, social or collective activities produced individual human emotions, most especially moral emotions, not the other way round. Thus, he argued that people cried in funerary rites not because they were sad, but rather in order to produce the socially affirmed feeling of sadness in the wake of a death.

Freud’s version of how human societies (he preferred the term “civilization” ) evolved and developed was much different. In *Totem und Taboo* (1913), Freud used some of the same sources Durkheim had, supplemented by many others that focused on totemism and exogamy, but he came to very different conclusions. In recounting his imagined scene of primordial patricide, Freud reversed the causal order of collective rites and emotions that Durkheim had posited. In Freud’s retelling, immediately after the sons in the primordial horde had slain their Father, they collectively experienced an

over-powering ambivalent emotional response, including “filial remorse” and guilt. As Freud described the origin of the universal Oedipal complex, the sons had long felt strong sexual/incestuous desires, but the fulfillment of these desires was frustrated by the Father, who monopolized sexual access to the women. As a result, the sons both hated and admired their Father.

According to Freud, the sons’ horror at their murderous act led to a fateful and fruitful psychological displacement, with the collective or clan totem replacing the Father in the ritual reenactment of the primordial murder in the form of a collective totemic meal. Moreover, the Father’s prohibition against the sons having sexual relations with women in the horde was collectively reinforced by the establishment of the incest tabu. To over-simplify Freud’s argument, this origin of totemism and the totemic sacrificial meal marked the origin of religion, while the social demand that males sublimate their incestuous desires was the first step towards civilization. While no one takes Freud’s family romance seriously as historical reconstruction today, his implication that emotional responses to death are inherited and have played important evolutionary functions has continued to find favor among many scientists.<sup>(ix)</sup>

Throughout the first half of the twentieth century, behavioral psychologists dominated the field, arguing that biological inheritance was less important than learned behavior. From the 1930s, partially in opposition to Social Darwinian and Nazi racial theories, a growing number of anthropologists, including Margaret Mead, argued for the malleability of human nature based on ethnographic reports from around the globe that provided evidence of great cultural variability. Writing in 1935, Mead clearly downplayed the importance of biological inheritance: “We are forced to conclude [from the comparison of available evidence from three cultures] that human nature is almost unbelievably malleable, responding accurately and contrastingly to contrasting cultural conditions.”<sup>(x)</sup> Theories of the social construction of reality followed and, eventually, theories concerning the social construction of emotions began to appear. This movement culminated in the 1980s with Catherine Lutz’s *Unnatural Emotions: Everyday Sentiments on a Micronesian Atoll and Their Challenge to Western Theories*.<sup>(xi)</sup>

Still, most ordinary men and women remained convinced that their own internal feelings were spontaneous and natural responses to external stimuli. That is, although it may bruise the egos of academics, the truth is that few laypersons were really affected by academic discussions of emotions. Instead, they were much more deeply affected by representations of animals and their emotional lives in the mass media. Walt Disney

nature films and even animated features, such as “Bambi,” all portrayed animal families as having emotional lives akin to those of human beings. Indeed, the story line of such films was the same as the family romance genre, centered on the affective bonds of the nuclear family and monogamous marriage. Among other things, viewers got the message that grieving for loved ones was natural in the animal kingdom, as well as among humans.

This message was reinforced by numerous of long-term studies of animals in the wild in the 1960s, including Jane Goodall’s studies of chimpanzees, that demonstrated the affective social bonds found in the animal kingdom. Television and film brought these findings into the living rooms of all Americans. Joy Adamson’s story of the lioness, Elsa, and her pride (children), presented first in a series of books and then in the film “Born Free” (1965), transformed the popular perception of the divide between humans and other living species. Adamson and her husband, George, presented a heartwarming picture of nature and the world in which man and beast shared a common nature and emotional bonds. If this was a fantasy, it was nevertheless embraced as reality by the reading and viewing public. With the literary and cinematic portrayal of Elsa, the public became convinced that animals had individual personalities and complex emotional lives. These stories and cinematic tales did not present theories about emotions or the grieving process. Theories were not required by the average viewer. Nature films, such as “Born Free,” provided clear documentary evidence for them of the intimate social relations in the animal world. As a result, for many people the fears once associated with Darwin’s theory of evolution melted away in response to the comforting sentimental tales of the emotional lives of animals. For my purposes here, the critical point is that the naturalness of grieving the death of a loved one, even in the animal kingdom, was clearly communicated. More than any formal academic theory or scientific finding, this helped to prepare the way for the acceptance of the idea of a biological origin for the grief and, thus, open the way for the ready acceptance of the assumptions underlying modern grief counseling.

In 1968, almost a century after Darwin’s work on emotions that had fallen into obscurity, the social psychologist James R. Averill argued, without acknowledging Darwin’s work, that grief had a biological origin. According to Averill, grief is a universal psycho-somatic syndrome among many social species, not just humans. Grief is “ a stereotyped set of psychological and physiological reactions of biological origin,” whose “adaptive function...is to ensure group cohesiveness in species where a social form of existence is necessary for survival.”<sup>(xii)</sup> Averill may be taken as representative of the growing number of medical professionals who once again confidently claimed that

emotions had a biological origin. Thanks to developments in popular culture and the mass media noted above, this message had a profound resonance this time.

Averill shares Durkheim's view that collective mourning rites function to re-establish social solidarity, but he relegates such collective behavior to the epiphenomenal realm of culture. Like others before him, Averill argues that bereavement behavior has two components—mourning and grieving—both of which function to reinforce the social structure. But, then, taking the passage from Durkheim cited above out of context, he summarily distinguishes mourning from grieving. He defines mourning as culturally sanctioned ritual behavior in the wake of death. Having a cultural origin, mourning behavior is, thus, variable. Grieving, on the other hand, is asserted to have a biological etiology. As such, grieving is held to be almost universal behavior that is based upon the innate emotion of grief. Unlike mourning, which is culturally variable, grieving is parsed by Averill as a universal biologically grounded psycho-physiological response to the threat that death presents to the continuity and well-being of the social body.

Bereavement behavior, Averill writes, “may be viewed from cultural, biological, and psychological perspectives.”<sup>(xiii)</sup> Of these, only the latter two are of real interest and import for him, however. It is worth noting that, like most psychologists, he does not consider the possibility of a historical perspective on grieving practices. The reasons for this are not difficult to discern. In arguing for the primacy of a biologically based origin for grieving, psychologists and evolutionary biologists assume grieving to be a universal psycho-somatic substrate of human nature across time and space. While cultural, religious, and even historical differences in grieving practices might be found, these are considered by most psychologists to be epiphenomena.

Building on the object relations theory of psychology developed by John Bowlby, Averill argues that, across time and space, the grieving process had a core tripartite structure.<sup>(xiv)</sup> Grieving individuals move from a psychological state of (1) shock, disbelief, and denial to (2) despondency and despair, and, finally, to (3) a state of accommodation to, and acceptance of, the reality of the death, as new object relations were reestablished. This proposed tripartite structure of the grieving process bears some resemblance to the tripartite structure of rites of passage, including funerary and mourning rites, discerned by Arnold van Gennep (1873-1957) in his classic study *Les rites de passage* (1909).<sup>(xv)</sup> The difference between the two is of utmost significance, however. Whereas Van Gennep focused on the social dimensions of funerary rites, including, grieving practices, Averill exemplifies the twentieth-century shift in the health sciences to

a focus on the psychology of the individual in the wake of a death. In other words, while van Gennep focused on the structured process of the multiple re-makings of a person's social identity over a lifetime through collective rituals, psychologists in the late-twentieth century focused on grieving as an internal and natural psychological process.

One additional point bears notice at this time. As psychologists came to talk more and more about a natural or normal psychological process of grieving, this necessarily implied the existence of the opposite—unnatural or abnormal grieving. All individuals who were emotionally attached to a recently deceased person, it was held, necessarily had to pass through the grieving process. However, when individuals did not grieve in the now medically sanctioned step-by-step process in order or when they failed to move through the respective stages in a “healthy” time schedule, psychologists and other medical professionals came to describe—or, better, proscribe—their behavior as pathological. But this is getting ahead of our story.

Let me turn finally to the most influential work on the ways Americans came to understand the grieving process. In 1969, Elisabeth Kubler-Ross, M.D. published a book for a popular readership entitled *On Death and Dying*.<sup>(xvi)</sup> Written in a down-to-earth style and without medical jargon, the practical advice Kubler-Ross proffered was destined to change medical practice in the United States in relation to the treatment of the terminally ill. It was especially important in expanding the hospice movement, which allows terminally ill patients to die at home or in more home-like surroundings. While *On Death and Dying* focused on the dying patient, it also quickly came to inform the role of grief counseling for the survivors. Ironically, although Kubler-Ross repeatedly wrote that she was not advocating that only medical professionals were qualified to deal with death and dying, that is precisely what, in large measure, was to occur.<sup>(xvii)</sup>

In the mid-1960s, Kubler-Ross was a new faculty member in the Department of Psychiatry at the University of Chicago Billings Hospital. There she regularly encountered terminally ill patients. She reports being struck at the time by the dilemma posed by the rapidly increasing number of elderly patients. More and more people survived to old age due to medical and technological advances, while suffering from chronic diseases and pain. The medical system forced them into hospital settings, where they spent their last days largely separated from their families. Early in her book, Kubler-Ross presents her memory of the way the impending death of a farmer was handled in Eastern Europe of her childhood. It is a perfect example of what Philippe Aries in the next decade was to come to call “the tame death.”<sup>(xviii)</sup> The scene Kubler-Ross recounts fed (and continues to

feed) the nostalgia for a simpler time, when families were still intact and technology was not intrusive:

“I remember as a child the death of a farmer. He fell from a tree and was not expected to live. He asked simply to die at home, a wish that was granted without questioning. He called his daughters into the bedroom and spoke with each one of them alone for a few minutes. He arranged his affairs quietly, though he was in great pain... He also asked each of his children to share in the work, duties, and tasks that he had carried on until the time of the accident. He asked his friends to visit him once more, to bid good-bye to them, Although I was a small child at the time, he did not exclude me or my siblings. We were allowed to share in the preparations of the family just as we were permitted to grieve with them until he died.” <sup>(xix)</sup>

Although Kubler-Ross's study was based on only two-and-a-half years of interviews with terminal patients in one urban university hospital, with a relatively homogenous patient population, this did not deter her from making sweeping claims about the grieving process of all human beings and offering sharp indictments of American culture and the health care system. <sup>(xx)</sup>

Significantly, the original impetus for the project that led to *On Death and Dying* came from four theology graduate students at the Chicago Theological Seminary, a private church-affiliated school just off the main quad of the University of Chicago. Why would these young men in training for the ministry seek assistance from a clinical psychiatrist on how to counsel individuals who were mourning the loss of a loved one? For centuries, this had been the purview of Christian ministers. Although we do not have any writings from these young seminarians as to why they turned to Kubler-Ross for her psychiatric expertise, we can surmise that they found traditional religious methods lacking in some way. Coincidentally, it was at this time that courses in pastoral counseling began popping up in seminaries across the country. Indeed, within two years, Kubler-Ross's informal seminar was an accredited course at both the University of Chicago hospital and the Chicago Theological Seminary.

Kubler-Ross was brutally blunt about her views on religion. Organized religion had once offered hope by providing the prospect of an afterlife and an explanatory framework within which suffering and death had meaning, but that day was past. Kubler-Ross shared the assumption of many social scientists that religion was in retreat as science, reason, and

secularism spread in American society. Fewer and fewer people believed in an afterlife, she claimed (This has not been borne out by subsequent polling in the United States over the decades since.). Ultimately, she believed, the various religious constructions of death, dying, and the afterlife had to give way to the recognition of the universal grieving process. Kubler-Ross confidently asserted that “man has not basically changed” over the ages. Human nature is unchanged. Human beings have always grieved and need to do so today, she said. “What has changed is our way of coping and dealing with death and dying and our dying patient.” — and here, she felt, we fell woefully short.<sup>(xxi)</sup> In modern times, to our own detriment, we denied death, refused to think or talk about it, and turned it over to hospital professionals.<sup>(xxii)</sup>

“Once the patient dies, I find it cruel and inappropriate to speak of the love of God,” Kubler-Ross wrote. Why? Because, “When we lose someone...we are enraged, angry, in despair; we should be allowed to express these feelings.”<sup>(xxiii)</sup> According to her, in so far as religion blocked people from expressing their real emotions, it was unhealthy. Most importantly, Kubler-Ross gave voice to growing popular concerns about the alienation of death and dying in the modern world. “The more we are making advances in science, the more we seem to fear and deny the reality of death,” she wrote.<sup>(xxiv)</sup> “Dying becomes lonely and impersonal because the patient is often taken out of his familiar environment and rushed to an emergency room,” where children and family members are excluded. Instead of being surrounded by loved ones and friends in a familiar environment, the terminally ill patient is isolated in a cold spare hospital care unit. There the patient's dignity suffers as tubes are inserted in her body, she is hooked up to myriad mechanical devices, and care is given by strangers.

Kubler-Ross presented no sociological analysis of this alienation of death, only descriptions. Nor did she offer any deep reflections on the social causes of this new American way of death. Others, echoing in some ways Durheim's lament over the spreading social anomie in the modern world, had already done so, most famously David Riesman in *The Lonely Crowd* (1950).<sup>(xxv)</sup> For her part, Kubler-Ross presented grieving as a universal psychological process with five stages: 1) denial and isolation; 2) anger; 3) bargaining; 4) depression; and 5) acceptance. All terminally ill individuals had to work through this process, as did survivors.<sup>(xxvi)</sup> No longer was grieving to be seen as collective social rites as in Durkheim; nor was it to be understood primarily as a religious activity. Rather, grieving was re-presented as primarily an individual psychological process with an inherited biological origin. As such, grieving was best monitored by trained psychologists

or, at least, by ministers or social workers with some psychological training.

*On Death and Dying* struck a nerve in the American public. It has been in print ever since, along with a series of subsequent books by Kubler-Ross. It spawned a new industry, as it altered and fixed the discourse about grieving. Readers of Kubler-Ross' works, including medical professionals, accepted her presentation of the grieving process as the gospel truth, if you will. That is, like biblical literalists, her work has been taken literally by millions of people. Today, individuals who successfully move step-by-step through Kubler-Ross' five stages of grieving are held to have reached a healthy psychological state. Those who do not do so often have their behavior categorized in pathological terms. They literally need help.

Professional grief counselors emerged in the late twentieth century to enforce a new psychological—not a cultural or religious ritual—protocol for those in mourning. It is my hope that better understanding how and why grieving was medicalized may tell us more about the shifting loci of authority in American society. For good or for ill, Americans have largely ceded the authority to police grieving behavior to medical professionals. To be sure, religious leaders still play a significant role in dealing with those in mourning, but, by and large, in doing this they have adopted the psychological paradigm offered to them.

Durkheim was perhaps right to argue that society forced people into specific forms of bereavement behavior and emotional expressions. But “society” is too nebulous a term here. A more careful and fine-grained historical study will, I believe, reveal the contributory roles played in the prevalence of grief counseling in contemporary America by: mass media peddling fantasies to feed cultural nostalgias; peripheral medical professionals (psychiatrists and psychologists) who were anxious to increase their social and professional status (and incomes) taking advantage of severe criticism of the treatment of the terminally ill by physicians; religious professionals who, struggling to remain relevant in the lives of parishioners, adopted psychological paradigms of grieving; and those writers and film makers who popularized and extended scientific theories into new areas and applications.

In this essay I have been able to do no more than present a very rough outline of the social historical construction of the grieving process. As I end, the words of Emile Durkheim a century ago on the prestige of science in the modern world echo in my ears:

“Today it is generally sufficient that [truth claims or ideas] bear the stamp of science

to receive a sort of privileged credit, because we have faith in science. But this faith does not differ essentially from religious faith. In the last resort, the value which we attribute to science depends upon the idea which we collectively form of its nature and role in life; that is as much to say that it expresses a state of public opinion. In all social life, in fact, science rests upon opinion.”<sup>(xxvii)</sup>

- (i) For one example of a hospital web site on the grieving process, see: <http://www.memorialhospital.org/library/general/stress-THE-3.html>.
- (ii) See, for example, the American Academy of Grief Counseling web site <http://www.aihcp.org/aagc.htm> and the American Academy of Bereavement @ <http://www.cmieducation.org/AAB.aspx>. The AAB was founded in 1993.
- (iii) Paul Ekman, a leading scientific student of facial expressions, has offered a brief idiosyncratic history of the disputes in the scientific world raised by Darwin’s work on emotions and why it was largely ignored for ninety years. See “Afterward: Universality of Emotional Expression? A Personal History of the Dispute” in *The Expression of the Emotions in Man and Animals*, Third Edition (New York & Oxford: Oxford University Press, 1998), pp.363-393.
- (iv) London: Murray, 1872. For one example, among many, of a popular work that argues that animals feel emotions and, more specifically, grieve over the death of a loved one, see Jeffrey Masson, *When Elephants Weep: The Emotional Lives of Animals* (New York: Delacorte Press, 1995).
- (v) Paris: Alcan, 1912. All quotations are from the English translation, *The Elementary Forms of the Religious Life* (New York: MacMillan, 1915).
- (vi) Ibid., p. 397.
- (vii) *The Division of Labor* (1893), p. 79.
- (viii) Ibid., p. 81.
- (ix) *Totem und Tabu*. Vienna: Hugo Heller, 1913. I have used the James Strachey English translation that appeared the same year.
- (x) *Sex and Temperament in Three Primitive Societies* (New York: William Morrow & Co., 1935), p. 280. This work has been in print ever since.
- (xi) Chicago: University of Chicago Press, 1988.
- (xii) “Grief: Its Nature and Significance,” *Psychological Bulletin*, Vol. 70, No. 6

- (1968) 721-748; quote from p. 721.
- (xiii) Ibid., p. 721.
- (xiv) See John Bowlby, *Attachment and Loss*. New York: Basic Books, 1969. This influential study eventually grew into three volumes.
- (xv) It is significant that the English translation, *The Rites of Passage* (Chicago: University of Chicago Press, 1960) appeared in the same decade as other developments I will sketch out. The original French title more clearly expresses the scope of van Gennep's work, as well as his focus on the ways societies facilitated the transformation of an individual's social identity. See Arnold van Gennep, *Les rites de passage* Paris: E. Nourry, 1909.
- (xvi) New York: MacMillan Publishing Co, 1969.
- (xvii) See, for example, "By help [in the grieving process] I naturally do not assume that this has to be professional counseling of any form; most people neither need nor can afford this. But they need a human being, a friend, doctor, nurse, or chaplain--it matters little. The social worker may be the most meaningful one, if she has helped with arrangements for a nursing home." Ibid., pp158-159.
- (xviii) See Philippe Aries, *The Hour of Our Death* (New York: Alfred A. Knopf, 1981), pp. 5-92; originally published as *L'Homme devant la mort*. Paris: Editions du Seuil, 1977.
- (xix) *On Death and Dying*, p.5.
- (xx) See "Preface" in *ibid*.
- (xxi) Ibid., p. 4.
- (xxii) Philippe Aries shared this view, even citing Kubler-Ross and lauding her work. See *The Hour of Our Death*, Chapter 12, "Death Denied," pp.559-601.
- (xxiii) *On Death and Dying*, p. 156.
- (xxiv) Ibid., pp. 6-7.
- (xxv) David Riesman, with Reuel Denny and Nathan Glazer, *The Lonely Crowd: A Study of the Changing American Character*. New Haven: Yale University Press, 1950. This work has been in print continuously since 1950, most recently reissued in a revised edition in 2001.
- (xxvi) Although Kubler-Ross posited a five-stage grieving process, not the three stages of Bowlby or Averill, they are essentially the same, with some elements, such as anger, given their own stage. Yet other authors argue for a seven-stage process. Regardless, all assume that there is a healthy process and deviations from this

are unhealthy.

(xxvii) *The Elementary Forms of the Religious Life*, pp. 486-487.