Grief, Health, and Medicalization

by

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Star Friendship

There is probably a tremendous but invisible stellar orbit in which our very different ways and goals may be included as small parts of this path — let us rise up to this thought!

Friedrich Nietzsche, *The Gay Science*, Aphorism 279

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Abstract

This dissertation is comprised of three chapters:

Chapter 1 intervenes in debates about the medicalization of grief, focusing on the recent addition of a grief-specific disorder – Prolonged Grief Disorder (PGD) – to the DSM. Opponents of medicalization have been primarily concerned with potential negative looping effects – ways that classificatory processes like medicalization (treating something as a disorder) contribute to harmful social practices or distortions of a person's self-conception. Contrastingly, I call attention to unappreciated beneficial looping effects that might be achieved by medicalizing (some) experiences of grief. Alongside this, I highlight that the concerns about negative looping effects rest on the philosophically significant and conceptually optional assumption that "normal" parts of human experience should not be medicalized. Consequently, I argue that rather than removing PGD from the DSM, the better path forward is to help grievers reconceive the role of diagnostic categories by moving away from a background understanding of health conditions as pathologies.

Chapter 2 develops an account of healthy grief as a constructive dialectical process – rather than either a state or a healing process aimed at "recovery". On the account I develop, it is not a condition of healthy grief that it dissipates over time. Endless grief can be both appropriate and compatible with flourishing. In this respect, my account departs from various well-known accounts of grief (of which perhaps the most illustrious is Freud's in *Mourning and Melancholia*). In addition, my account sets itself apart from others in that it includes respect-for-the-lost-one as a central component of the dialectics of grieving. This move is pivotal, as it sets the stage for a picture of grieving on which grief is a positive component of living a flourishing life. In addition, the account I develop here has implications for our understanding of health, medicalization, and disorder; most notably it reinforces the case against conceptions of health that reduce health and human flourishing to merely the absence of pathology, dysfunction, or disease.

Chapter 3 extends the account of grief developed in the previous chapter to other forms of loss, with a particular focus on anticipatory grief. Considering multiple forms of loss elucidates two notable features of grief (i) object plenitude: in grief, there is never just one object of loss; the objects stand in intimate and overlapping relations with each other such that there are not always boundaries between them and (ii) object generation: the process of grieving partially determines which things are seen as losses. Having elucidated these features, I show how my account sheds light on some of the different ways that we can become "stuck" in our experiences of grief. Finally, I consider the practical (clinical, social, and interpersonal) upshots of my account.

Chapter 1 The Looping Effects of Medicalizing Grief

Prolonged Grief Disorder (PGD) was approved as a diagnosis by the American Psychiatric Association (APA) in 2020; it was included in their official guidelines, the *DSM-5-TR*, in 2022. Similarly, the World Health Organization (WHO) approved a new diagnosis of PGD in 2018; it was added to their official guidelines, the ICD-11-TR, which came into effect in January 2022. Although the *DSM-5* and ICD-11-TR diagnostic guidelines for PGD differ in some minor respects, such as with regards to the specificity of their criteria for PGD, the two converge in their agreement that grief of a certain duration and intensity is a mental disorder. In other words: *current official diagnostic guidelines assert that grief can be a mental disorder requiring treatment*.

Mental disorder classifications are interactive kinds (Hacking, 1999). Interactive kinds are classifications in which the classification schema may interact with the thing classified and vice versa. So, to say that mental disorder classifications are interactive kinds is to say that our social understanding of any particular mental disorder interacts with, and changes, both the expression of that disorder, who counts as having it, and how people (including those diagnosed) perceive those with the diagnosis. These interactions are commonly referred to as "looping effects"[1]. That looping effects are relevant for determining the costs and benefits of classifying a particular constellation of symptoms as a disorder (this process of classification is known as "medicalization") has been noted in the literature. However, their significance with regards to the addition of PGD to the DSM has not been adequately explored.

When thinking about the looping effects of medicalizing grief, philosophers have tended to focus on potential negative ramifications, with many concluding that the DSM should not include PGD as a new diagnosis. One prominent concern is that medicalizing grief will alter the stories we tell about ourselves as grievers in such a way that our ability to authentically engage with the loss(es) in question is hampered. For example, Michael Cholbi (2021, p.183) argues that medicalizing grief

[1] (Hacking, 1999)

may alienate grievers from their experiences of loss[2]. I think that this concern is well-founded: the medicalization of grief has the *potential* to alter the stories we tell about ourselves as grievers in a way that hinders our ability to authentically engage with loss. However, it is also crucial to note that the nature and impact of the looping effects associated with including PGD in the DSM depend on two underappreciated factors:

[1] Whether the looping effects of being diagnosed with PGD are better or worse than those associated with the alternatives. We cannot draw conclusions about the value of including PGD in the DSM until we compare the potential looping effects of both its inclusion in and its exclusion from the DSM.

[2] How grievers (and society more generally) conceive of the domain of healthcare.

I explore both [1] and [2]. With regards to [1], I argue that if a consequence of removing PGD from the DSM is that people experiencing complex grief are more likely to be diagnosed with a disorder such as depression or Post-Traumatic Stress Disorder (PTSD) *instead* of PGD then this might be of greater detriment to their ability to engage with the relevant loss[3]. Broader diagnostic categories, in virtue of their breadth, have the potential to alter the stories we tell about ourselves even more significantly than fine-grained categories such as PGD[4]. In other words, the looping effects resulting from broadly defined diagnostic categories may be more harmful than the those associated with specific diagnoses such as PGD. Thus, there may well be greater costs incurred by

[2] He suggests that we would be better off restricting grief to "V-code" status. Considerations with V-code" status are patient-affecting stressors that clinicians should keep in mind due to their ability to contribute to the development and prognosis of mental disorders. Restricting grief to "V-code" status, rather than removing it from the DSM entirely, reinforces that it is of importance to clinicians in that they should still take a patient's grief into consideration when making treatment decisions (whilst acknowledging that the grief itself is not the condition that is being treated).

[3] The suggestion that if PGD is removed from the DSM then people experiencing complex grief are more likely to be diagnosed with a disorder such as depression *instead* is plausible given that "the main differential diagnostic considerations for complex grief include normal acute grief and major depression, and, if the death is violent, PTSD" (Shear, 2012, p.123)

[4] If subsuming part of one's identity to a particular medicalized conceptual category reduces the authenticity of one's self-conception, then it seems plausible to suggest that the larger the subset of experiences brought together under this label, the greater the reduction in authenticity.

opposing the DSM's inclusion of highly specific conditions (such as PGD) than those incurred by its inclusion.[5]

With regards to [2], it is crucial to note that the concept of *medicalization,* though not an interactive kind in Hacking's sense*,* is interactive in a similar way. When we medicalize something, we treat it as a condition best managed with the expertise of medical or healthcare professionals**.** *The looping effects of medicalizing a condition, such as complex grief, will thus depend on how we conceptualize the domain of medical and healthcare professionals.* Similarly, what we end up medicalizing will shape our conception of the domain of medical and healthcare professionals. So, what we choose to medicalize and our conception of the domain of medical and healthcare professionals interact with each other. As our conception of the domain of medical and healthcare professionals changes – which it can and does – so too will the looping effects associated with medical diagnoses. This raises the following question: *how should we conceptualize the domain of medical and healthcare professionals if our goal is to minimize looping effects that alienate people from their experiences in detrimental ways**?***[6]

I will argue that a promising response to this is to adopt of a *modified* institutional framework[7] for conceptualizing the domain of healthcare. Moreover, a case can be made that if an institutional conception of health is adopted then the inclusion of PGD as an official diagnosis in the DSM would do more than simply minimize adverse looping effects on the self-conception of the one who received this diagnosis: it would actually help to orient those diagnosed with PGD towards

[5] The discussion here sets up a binary: either add PGD to our classificatory schema for mental disorders or remove it. A third option is theoretically available: move away from classificatory schemas that focus on the categorization of mental disorders in favor of a dimensional approach.

[6] This question assumes that we can intentionally shift our understanding of the domain of medical and healthcare professionals and, moreover, that such a conceptual shift could be widely adopted. It is worth bearing in mind that how we conceive of the domain of medical and healthcare professionals has wider ranging consequences than its impact on looping effects. Widespread adoption of a conception of this domain that minimizes detrimental looping effects may benefit people in terms of increased authenticity in their lived experiences but may well have other significant drawbacks (or benefits). Consequently, before endorsing a particular conceptualization of the domain of medical and healthcare professionals and encouraging its widespread uptake we should consider if such a conceptual shift would be best all-things-considered – not just in terms of minimizing detrimental looping effects.

[7] Quill Kukla (2014) offers an institutional account of health and health conditions. I use the term "institutional framework" because the account I have in mind diverges from Kukla's in several important respects (which I briefly elaborate on in *Section 5*).

their grief in a positive way. This is because institutional frameworks can help grievers to identify with their grief and to see it as something that needs engaging with. In other words, with regards to healthy engagement with grief, institutional frameworks promote authentic engagement of exactly the kind that is needed. The exploration of [2] will thus have two important takeaways:

1. Depending on how we conceptualize health and the domain of healthcare, the inclusion of PGD in the DSM may have positive looping effects in terms of encouraging authentic engagement with grief, and this should not be overlooked.

2. Institutional frameworks for thinking about health and health conditions have a novel benefit that deserves recognition: they help orient us towards our experiences in a way that encourages authentic engagement.

This paper develops these points as follows: *Section 1* discusses the *DSM-5* diagnostic criteria for PGD and the rationale behind adding a grief-specific disorder to the DSM; *Section 2* gives a more detailed account of Hacking's picture of mental disorders as interactive kinds. *Section 3* briefly articulates a few things about the nature of grief, explaining the distinction between state and process views. *Section 4* explores the suggestion that medicalizing some forms of grief will lead to detrimental looping effects, in particular that it will lead those who are grieving the loss of a loved one to experience this grief less authentically, i.e. this section will explore concerns, raised by others, that the medicalization of grief might alienate grievers from their experiences by insulting the dignity of their lost relationships, reframing their experiences in impersonal medical terminology, and leading to feelings of "passive victimhood"; *Section 5* considers the flip side of this: will refraining from medicalizing prolonged or complicated grief, and consequently subsuming this highly specific category of mental distress under a broader conceptual category result in an even more significant negative impact on authenticity of experience?; *Section 6* engages with the question of how we might minimize the adverse looping effects inherent in medical diagnoses of psychiatric conditions, introducing Kukla's institutional account of health conditions and drawing out the novel benefits of institutional frameworks for thinking about health conditions like PGD.

1.1 The decision to include Prolonged Grief Disorder as a mental disorder classification in the DSM

As previously noted, the two predominant classificatory systems for delineating mental disorders and guiding clinicians in their diagnosis (the *DSM* and the *ICD)* have both recently incorporated a novel diagnostic category: Prolonged Grief Disorder. Although the two systems carve up the symptomatology of the disorder slightly differently, they both converge on the underlying idea that grief of a certain duration and intensity is a mental disorder in its own right and not merely a contributing causal factor in the development of other, more conventionally established, mental disorders. Given this underlying similarity, I will not lay out both sets of diagnostic criteria in depth. I shall instead focus on the diagnostic criteria of the DSM: their definition of "mental disorder", how their approach to classifying symptoms of grief has changed in recent years, their description of the symptomatology of PGD and the motivations behind its inclusion in the DSM-5-TR.

The DSM, now in its fifth edition, serves as a guide to aide in the diagnosis of mental disorders. More specifically, the DSM-5 describes its purpose as: "fulfill[ing] the need of clinicians, patients, families, and researchers for a clear and concise description of each mental disorder". In other words, the classifications outlined in the DSM are designed to be utilized by both medical professionals and the wider public. The DSM defines a mental disorder as:

> a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. (American Psychiatric Association, 2013a).

It is worth noting that whether one's grief is considered a disorder will thus depend, in part, on whether one's pattern of grieving matches up with the expectations and norms of their wider social context.

The previous iteration of the DSM, the DSM-IV, contained a "bereavement exclusion" for the diagnosis of Major Depressive Disorder (MDD) (American Psychiatric Association, 2000). This exclusion was removed with the publication of the DSM-5 in 2013[8]. In 2022, the DSM-5 then underwent textual revisions which took the additional step of adding PGD as a diagnostic classification. The bereavement exclusion in the DSM-IV stated that a subset of individuals who have experienced a recent[9] bereavement are not eligible for a diagnosis of MDD. The rationale for adding the bereavement exclusion to MDD was based on empirical research observing significant overlap between symptoms of normal grief ("normal" in the sense that symptoms are typical of human distress reactions and typically subside on their own without psychiatric treatment) and symptoms of MDD (Clayton, Desmarais, and Winokur 1968). The bereavement exclusion was added, in part, to address the concern that grieving individuals would otherwise meet the threshold for a diagnosis of MDD and be liable to misdiagnosis and inappropriate treatment for MDD[10]. Typically, a diagnosis of MDD requires that an individual presents with five or more symptoms of the disorder. These symptoms include (among others) sadness, insomnia, fatigue, difficulty concentrating, decreased appetite, and loss of interest in usual activities – all six of which are also common symptoms of normal grief. The overlap between symptoms of "normal" grief and MDD is so wide that in studies by Clayton et al., 42% of participants with normal grief reached the DSM's symptom threshold for MDD (Hensley, and Clayton 2013). Consequently, the bereavement exclusion precluded the diagnosis of MDD in individuals with depressive symptoms whose symptoms are "better accounted for by bereavement". More precisely, a diagnosis of MDD was only indicated if the individual had not experienced a bereavement within the last two months or if their depressive symptoms were characterized by a subset of MDD symptoms that are not typically shared by grievers: marked functional impairment, morbid preoccupation with

[8] The removal of the bereavement exclusion was controversial and heavily criticized. See, for instance Wakefield, (2015) and Tekin (2015).

[9] Within the last twelve months.

[10] It is worth noting here that, despite the symptomatic overlap between MDD and grief, different treatments work better for each (Shear et al., 2005) and (Shear et al., 2014). Consequently, misdiagnosing patients whose symptoms are connected to a bereavement harms not just those misdiagnosed but also harms patients with MDD: data about the efficacy of MDD treatments will be obfuscated if the reference class of depressed patients includes patients with another condition that does not respond as well to the treatment

worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation (American Psychiatric Association, 2000, p.356).

Despite the significant overlap in symptoms between grief and MDD, the bereavement exclusion was not carried over from the DSM-IV to the DSM-5. The stated rationale behind this was that its inclusion problematically suggested that individuals in the midst of acute grief were immune to simultaneously experiencing MDD when in fact they can co-occur. For instance, the APA noted that empirical and clinical evidence suggests that bereavement may precipitate major depression in people who are "especially vulnerable" and that MDD may lead to grief that is more severe and prolonged. Crucially, the removal of the bereavement exclusion was not intended to collapse the distinction between grief and depression, but, rather, to emphasize the possibility of their comorbidity. Instead of a bereavement exclusion, the DSM-IV contained notes cautioning clinicians to differentiate between normal grieving associated with a significant loss and a diagnosis of a mental disorder. Although the intent was not to collapse the distinction, opponents of the move were concerned (i) that it would lead to diagnostic inflation (ii) that grieving patients would be misdiagnosed with MDD and (iii) that it was part of an increasing trend towards an over-pathologization of the human experience (Cacciatore & Frances, 2022).

In 2022 the DSM's stance on grief changed again, with the introduction of PGD in the DSM-5-TR. The decision to introduce PGD as a novel diagnosis was supported by research indicating that people struggling with symptoms of depression in addition to a bereavement do not respond to standard depression treatments as well as those experiencing depression in the absence of bereavement do. Additional research indicates that grief-specific treatments are significantly more effective than standard depression treatments for those who fall into this grouping[11], which suggests that there would be benefits associated with creating a specific diagnostic category of PGD.

The inclusion of PGD in official diagnostic guidelines is controversial. One reason for this is that grief is a normal part of the human experience. Consequently, there are concerns that medicalizing certain forms of grief risks pathologizing a normal, and perhaps fundamental, aspect of our lives as human beings. The move to extend the duration of symptoms necessary for diagnosis from six

[11] See, for example, (Shear et al., 2005) and (Shear et al., 2014).

months to a year is a response to this concern. There are at least two substantive underlying assumptions in play here:

(i) Medicalization entails pathologization[12] and medicalizing "normal" parts of the human experience is bad (in other words, we should only medicalize abnormalities).

(ii) "Normal" grief is more likely to be limited in duration than "abnormal" grief.

These assumptions deserve highlighting as they should not slide by unquestioned. I will later argue that assumption *(i)* arises from a misguided, and unhelpful, understanding of the concept of a health condition (a category of which mental disorders are a subset). If we shift to a more apt – institutional – conceptualization of health conditions, then these concerns about medicalizing normal aspects of the human experience have no teeth[13].

[12] Here, "pathology" is used to indicate a fundamentally biological form of dysfunction or abnormality.

[13] Assumption (ii) depends on certain preconceptions about the nature of grief. In Chapter 2, I argue in favor of a particular kind of process view of grief. On this account, we have no reason to view temporally extended grief – even grief that goes on indefinitely – as abnormal.

The DSM-5-TR's diagnostic criteria for prolonged grief disorder

A. The death, at least 12 months ago, of a person who was close to the bereaved individual (for children and adolescents, at least 6 months ago).
B. Since the death, the development of a persistent grief response characterized by one or both of the following symptoms, which have been present most days to a clinically significant degree. In addition, the symptom(s) has occurred nearly every day for at least the last month:
    1. Intense yearning/longing for the deceased person.
    2. Preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death).
C. Since the death, at least three of the following symptoms have been present most days to a clinically significant degree. In addition, the symptoms have occurred nearly every day for at least the last month:
    1. Identity disruption (e.g., feeling as though part of oneself has died) since the death.
    2. Marked sense of disbelief about the death.
    3. Avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders).
    4. Intense emotional pain (e.g., anger, bitterness, sorrow) related to the death.
    5. Difficulty reintegrating into one's relationships and activities after the death (e.g., problems engaging with friends, pursuing interests, or planning for the future).
    6. Emotional numbness (absence or marked reduction of emotional experience) as a result of the death.
    7. Feeling that life is meaningless as a result of the death.
    8. Intense loneliness as a result of the death.
D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
E. The duration and severity of the bereavement reaction clearly exceed expected social, cultural, or religious norms for the individual's culture and context.
F. The symptoms are not better explained by another mental disorder, such as major depressive disorder or posttraumatic stress disorder, and are not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

1.2 Mental disorder classifications as interactive kinds

Ian Hacking introduces the notion of an interactive kind: a classification schema that interacts in a particular kind of way with the thing classified and vice versa. More specifically, a classification is interactive in the relevant sense when the act of classification impacts how those who are classified experience themselves and, in turn, how others perceive of them and treat them.

Consequently, this kind of interaction is possible when and only when the entities being classified are self-aware in the sense that they are *capable of acting under descriptions.* This is because the

relevant interactions result from changes in how individuals experience themselves in light of their classifications. In other words, interactive kinds are classifications that apply to people, and not inanimate objects, because people are the only entities capable of conceptualizing themselves under different descriptive classifications. Another way of putting this is to say that we experience ourselves in the world as being persons of various kinds (Hacking, 1999, p.103). For example, I act under the description "daughter" when I give my mother a card on Mother's Day. If I did not think of myself as a daughter (or, more generally, as someone who has a mother) then I would not perform this action. My action depends on my conceptualizing myself in a certain way and on my having a particular conception of how daughters act. Hacking summarizes the idea thus:

> "We are especially concerned with classifications that, when known by people or by those around them, and put to work in institutions, *change the ways in which individuals experience themselves—and may even lead people to evolve their feelings and behavior in part because they are so classified*. (Hacking, 1999 p.104; my emphasis).

The interactive nature of interactive kinds is not just a function of individuals changing their self-conception in response to learning that they have been classified as belonging to a particular kind. Classification also impacts (i) how others perceive those who have been classified and (ii) how institutions and practices pertaining to these classifications develop and change over time. Various institutions and practices are predicated on the classifications we use to categorize people, and so interactions also occur in "the larger matrix of institutions and practices" built around our classifications (*ibid*). For instance: I would not buy my mother a card on May 14th if we did not have the publicly recognized occasion that is Mother's Day. My understanding of myself as a daughter and my beliefs about the actions that a good daughter should perform are shaped by both my understanding of the classification "daughter" and the institutions and practices built around it (and vice versa).

To say that mental disorders are interactive kinds is to say that our understanding of these disorders interacts with, and changes, both the expression of the disorders diagnosed, who counts as having them, and how people (including the diagnosed) perceive those diagnosed. These interactions are referred to as "looping effects".

In a recent New York Times article, adapted from parts of her book *Strangers to Ourselves: Unsettled Minds and the Stories That Make Us*, Rachel Aviv (2022) illustrates several looping effects associated with the diagnosis of mental disorders. Taking a brief look at one of these examples provides some initial motivation for the claim that psychiatric disorders are interactive kinds and clarifies the phenomenon of looping effects. This example is not intended to constitute an exhaustive or comprehensive illustration of all looping effects associated with psychiatric disorder classifications. Rather, it is intended to bolster the plausibility of the claim that psychiatric disorders are interactive kinds.

Aviv recounts that when new patients at a psychosis clinic began to learn about the definition of their diagnosis, the language they used to describe their experiences changed: "expert explanations replaced their idiosyncratic attempts to make sense of the world". This process may have some benefits in that it furnishes patients with concepts that may help them to make their experiences intelligible to others, but it might also have drawbacks. Aviv notes the following experience of a patient at the clinic who had been newly diagnosed with schizophrenia:

> "[she] studied the definition of schizophrenia in the Diagnostic and Statistical Manual of Mental Disorders and, over time, worried that she was inadvertently bending her own behavior to better fit the bounds of that category. She became self-conscious about the experience of thinking and began to wonder if she heard a soft voice behind each thought, until she felt she was hearing voices, a symptom of the disorder. *She was no longer sure what was her authentic experience and what had been suggested to her by experts*."
> (2022; my emphasis)

In this example, the looping effects appear to change not just the patient's self-conception but also the expression of her disorder (in terms of the symptoms she experiences changing). More precisely: here we see that being given a psychiatric diagnosis and learning about how that diagnosis is understood by the medical profession can shape how patients describe the symptoms they are experiencing. This then alters how they conceptualize and relate to their experiences.

It is important to note that the claim that mental disorder *classifications* are interactive kinds is neutral regarding the ontology of mental disorders. For example, saying that the classification "depression" is an interactive kind is compatible with both pure social constructionist and

biological "natural kind" accounts of the *underlying mechanisms* that occur with depression. This is because it is merely our *concept* of depression that is an interactive kind - any underlying biological state/s that the classification picks out need not be similarly interactive. Hacking appeals to the externalist semantics of natural kind terms to elucidate this distinction[14]. Meaning has two components: *sense* and *reference*. The sense of a term corresponds to our understanding of it and is thus malleable as it is determined by contingent facts about us. Contrastingly, when it comes to natural kind terms, their references (extensions) – the kinds that the terms pick out – exist independently of us and are not impacted by changes in our understanding. The claim that mental disorder classifications are interactive kinds is compatible with natural kind accounts of mental disorders because it is a claim about the "sense" of these disorders and not their referents. Consequently, my subsequent appeals to the potential looping effects of the classifications of depression and PGD do not commit me to a social constructivist position regarding the underlying causal mechanisms that correspond with these classifications.

1.3 Grief as a process that unfolds over time

Before investigating the potential looping effects of medicalizing grief, we first need a basic picture of what helpful grief narratives, or healthy engagement with grief, might involve. Philosophical accounts of grief are divided in their understanding of the phenomenon. On one hand, we have accounts claiming that grief is a particular kind of mental state or mental event (either a non-cognitive feeling, or a cognitive state of some kind). On the other hand, there are views which describe grief as a multifaceted process that unfolds over time[15]. I will follow in Peter Goldie's footsteps and appeal to the following extract from C.S. Lewis's *A Grief Observed,* in which Lewis characterizes what it is like to grieve, to motivate and support the intuitive plausibility of process views:

> In so far as this record was a defence against total collapse, a safety-valve, it has done some good. The other end I had in view turns out to have been based on a misunderstanding. I thought I could describe a state; make a map of sorrow. Sorrow, however, turns out to be

[14]In particular, Hacking draws on the semantics of Kripke and Putnam, presenting meaning as an ordered tuple (part of speech, category, and extension) to explain this (Hacking, 1999).

[15] For examples of process views see (Na'Aman, 2021), (Cholbi, 2021), and (Goldie, 2012). For further discussion of the distinction between state and process views, see (Goldie, 2012). For concerns with process views, see (Marušić (2018, pp.13-16).

> not a state but a process. It needs not a map but a history, and if I don't stop writing that history at some arbitrary point, there's no reason why I should ever stop. There is something new to be chronicled every day. Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape. As I've already noted, not every bend does. Sometimes the surprise is the opposite one; you are presented with exactly the same sort of country you thought you had left behind miles ago. That is when you wonder whether the valley isn't a circular trench. But it isn't. There are partial recurrences, but the sequence doesn't repeat. (1961, p.50)

While I think that process views of grief are more plausible than mental state/event views, my goal is not to argue decisively for this here (nor do the points I make depend on taking a particular stance). That said, the points I raise in this paper do align better with, and lend support to, process views[16]. If we view grief as a process, then a diagnosis of PGD suggests that grievers are struggling with aspects of the complex interplay of emotions, behaviors and actions that occur in the wake of a bereavement. On the other hand, if we view grief as a mental state, then this suggests that those with PGD are struggling in virtue of the state that they are in. Therapeutic interventions designed to support those struggling with PGD (such as PGDT, discussed in *Section 6*) are often designed to help grievers *engage differently* with their experiences of loss. This suggests that those experiencing PGD may be struggling, in part, due to features of the way that their grief is unfolding over time (in particular, due to the way/s that they have been engaging with their experiences of loss). This insight aligns better with process views which, unlike state views, prioritize the *dynamics* of grief. Relatedly, whether one views grief as a process or a state may impact the looping effects associated with PGD. For example, if someone views grief as a state rather than a process then a diagnosis of PGD may render her more vulnerable to experiencing the harmful feelings of passivity discussed in *Section 4*.

The key takeaway here is that, regardless of whether one ultimately adopts a process or state view, once we start thinking about the relationship between classifications and their looping effects then we can start to see that there are important consequences associated with how we conceptualize grief.

[16] There are also important considerations in support of process views that would support the arguments I make here; these will be discussed in Chapter 2.

1.4 Medicalizing prolonged grief and the potential for detrimental looping effects

Michael Cholbi delineates at least three potential adverse looping effects that may arise from the medicalization of grief (2021, p. 182):

1. *Medicalizing grief may mislead grievers diagnosed with PGD into viewing their condition as "fundamentally passive".*Seeing oneself as a passive victim of a medical disorder may lead grievers to wait for their disorder to abate, rather than encouraging them to engage actively in processing and engaging with their emotions.

2. *Medicalizing grief may lead individuals to identify themselves with their grief, labelling themselves as "grievers" in a way that assigns grief a lasting part in their identity*. He draws an analogy here with addicts using the locution "I am an addict" to render their addiction a permanent part of their identity. This is problematic in the case of grief, Cholbi claims, because it may lead to stagnation – impeding the resolution of acute or debilitating grief.

3. *Medicalizing grief may lead individuals to conceptualize and describe their experiences in the language of clinical psychiatry, rather than in their own words*. Using borrowed clinical language to articulate one's inner experience, Cholbi claims, may "stymie individuals' ability to adapt over time".

These three potential looping effects share a common feature: each raises the concern that medicalizing prolonged grief will negatively impact grievers' understanding of the relevant loss. In other words, the worry is that medicalizing prolonged grief will problematically distort the narratives that those diagnosed with PGD construct around their experiences. Or, for those who may be opposed to framing the worry in narrative terms: medicalizing grief may impact grievers understanding of what has been lost in a way that adversely affects their ability to engage with its value. If someone's attempts to understand the significance and value of her losses are impeded, then this can make it harder for her to engage with these losses appropriately. By way of analogy: if I think that the reason my car won't start is that it has a dead battery, when in fact it is out of gas, then directing my energy towards replacing the battery won't be helpful.

Cholbi concludes that these potential looping effects give us reason to *oppose* the inclusion of a grief specific mental disorder in the DSM (2021, p. 184). Others opposed to the inclusion of PGD in the DSM have suggested another potential adverse looping effect on patient self-conception:

4. Diagnosing grievers with a mental disorder "insult[s] the dignity of loving relationships" (Cacciatore & Frances, 2022).

This criticism echoes Cholbi's concern that being diagnosed with PGD might distort narratives surrounding grief in an undesirable way. In this case, the purported distortion seems to be that medicalizing prolonged grief might lead to grief narratives that inaccurately portray the significance of a griever's relationship with their lost loved one.[17] I think that this concern is just one aspect of a larger worry: it would not just be the significance of the lost relationship that is jeopardized, but, more importantly, the significance of the loss of the person themselves.

Although Goldie does not explicitly address the issue of medicalizing grief, his narrative process account of grief is congenial to similar concerns. Goldie emphasizes that *the way in which one narrates one's grief matters.* For instance, he cites empirical research indicating that impersonal narrating – a mode of narration characteristic of those with post-traumatic stress – can prevent people from being able to evaluate and respond in an emotionally appropriate way to past events (Goldie, p.70-72, citing Barclay, 1995, p.113) Eich et al. 20111) and Conway 2003, p.218). Cholbi's concern that medicalizing grief may lead individuals to conceptualize and describe their experiences in the language of clinical psychiatry, rather than in their own words, and that this may stymie their ability to adapt over time, seems particularly salient here.

1.5 PGD And looping effects: the (positive) flipside

In this section I motivate the following argument:

[17] Cacciatore and Frances highlight also suggest that including PGD in the DSM will lead to increased stigma and over-treatment due to diagnostic inflation. Increased stigma and over-treatment, if they occurred, would be looping effects of diagnosing PGD because they would result from shifts in our understanding, perception and treatment of grievers that occur once they have been diagnosed with PGD. I will not weigh in on the topic of stigma here, as the existence of different kinds of stigma complicates things (e.g.one may face an increase in some kinds of stigma whilst simultaneously experiencing a decrease in others).

P1. If the DSM removes the classification of a grief-specific disorder, then people experiencing complex grief will either *(i)* be diagnosed under a different, broader, classification (such as depression, attachment disorders, or PTSD) *instead*, or *(ii)* not be diagnosed at all.

P2**.** A diagnosis of depression, attachment disorder, or PTSD has greater potential to harmfully distort the self-conception of individuals primarily experiencing prolonged grief than a diagnosis of PGD does.

C1. *If the removal of PGD from the DSM leads to an increase in the diagnosis of grievers under broader diagnostic classifications, then the removal of PGD from the DSM has greater potential to harmfully distort the self-conception of those experiencing prolonged grief than its inclusion.*

P3. If someone is struggling with prolonged grief and is not diagnosed with PGD or a similar grief-related disorder, then this will deprive them of assistance that could be of benefit to them.

C2. If *the removal of PGD from the DSM results in no diagnosis for people struggling with prolonged grief, then its removal will deprive these grievers of assistance that could be of benefit to them.*

Via P1, C1, and C2:

C3. *For those struggling with prolonged grief, the removal of PGD from the DSM would either lead to a greater potential for harmful distortions of self-conception or it would deprive them of access to assistance that could be of benefit to them.*

If PGD is removed from the DSM, then there are only two possible alternative diagnostic scenarios: either grievers will be diagnosed under a different classification, or they will not be diagnosed at all. P1 is thus un-controversially true. Which of *(i)* or *(ii)* is the more likely outcome is an open question, but the suggestion that if PGD is removed from the DSM then people

experiencing complex grief are more likely to be classified under broader diagnostic categories is plausible for several reasons. Firstly, as noted in *Section 1*, there is a large overlap between symptoms of prolonged or complicated grief and MDD. There is also an overlap between symptoms of PGD and PTSD, "the main differential diagnostic considerations for complex grief include normal acute grief and major depression, and, if the death is violent, PTSD" Shear, 2012, p.123). Interestingly, proponents of removing PGD from the DSM have suggested that patients struggling with prolonged or distressing grief symptoms who would benefit from psychiatric care are better served by the broader diagnostic classification of "attachment disorder" (Cacciatore & Frances, 2022). Consequently, it is at least plausible to think that, in the absence of a grief-specific diagnostic category, some grievers will be more likely to be diagnosed under broader diagnostic classifications. But, even if one is not convinced of this, the alternative is that grievers will not be diagnosed at all and, as we shall see in *subsection 5.1* and *subsection 5.2*, both options lead to the harmful looping effects suggested in P2 and P3.

1.5.1 Motivating P2

Firstly, looping effects 1 and 3 (that medicalizing grief may mislead grievers diagnosed with PGD into viewing their condition as "fundamentally passive" and that medicalizing grief may lead individuals to conceptualize and describe their experiences in the language of clinical psychiatry, rather than in their own words) will occur regardless of which psychiatric diagnosis is given to those struggling with grief. Consequently, if PGD is removed from the DSM and those struggling with prolonged grief are instead diagnosed with depression, an attachment disorder, or PTSD then these adverse looping effects will not disappear.

Considering looping effects 2 and 4 sheds light on why broader diagnostic categories may be more detrimental to grievers self-conception than grief-specific diagnoses. Recall looping effect 2, that medicalizing grief may lead individuals to identify themselves with their grief, labelling themselves as pathological "grievers" by assigning PGD a permanent role in their identity. This worry derives from an observation that patients can identify with their diagnoses in a way that shapes their self-conception. If a patient struggling with grief-related problems is diagnosed with depression, an attachment disorder, or PTSD instead of PGD then the diagnosis with which they identify (if they do identify with their diagnosis) will no longer be centered on the loss they have experienced. With these broader diagnostic categories, the patient's grief has fallen out of the label

altogether and thus the centrality of the loss will not be a component of the new label that the patient builds into their self-conception. In other words, an individual struggling with symptoms of prolonged grief who labels himself as depressed as opposed to a grieving is arguably even further alienated from his experiences by the former label than the latter.

A similar, and perhaps stronger, point can be made regarding looping effect 4 (the concern that diagnosing grievers with a mental disorder insults the dignity of loving relationships). I noted previously that the concern here seems to be that viewing prolonged grief as a medical condition might inaccurately portray, in particular it might *devalue*, the significance of a griever's relationship with their lost loved one. Firstly, I am not convinced that this is a genuine concern. A diagnostic category that puts one's grief front and center highlights that the patient is struggling precisely because of their difficulty coping with the loss of a loved one. However, even those who find this observation unconvincing can see that the worry has greater force when applied to the alternative diagnostic categories - broader diagnostic classifications such as depression. A diagnosis of depression has nothing essential to do with the loss that the person diagnosed experienced. This is evidenced by the fact that patients can be, and often are, diagnosed with depression (and attachment disorders and PTSD) in the absence of a loss. Contrastingly, patients cannot be diagnosed with PGD if they have not experienced a loss.

These considerations motivate P2, the claim that a diagnosis of depression, attachment disorder, or PTSD has greater potential to harmfully distort the self-conception of individuals primarily experiencing prolonged grief than a diagnosis of PGD does. Combined with P1, this gives us C1*: If the removal of PGD from the DSM leads to an increase in the diagnosis of grievers under broader diagnostic classifications, then the removal of PGD from the DSM has greater potential to harmfully distort the self-conception of those experiencing prolonged grief than its inclusion*.

That said, I want to acknowledge that the potential for harmful looping effects of type 1 and 3 exists in both cases. Fortunately, whether 1 and 3 will harm the ability of those diagnosed with PGD to engage with loss in healthy, or "authentic" ways, depends on how we conceptualize the domain of healthcare – and this is something malleable.

Recall looping effect 1:

> *Medicalizing grief may mislead grievers diagnosed with PGD into viewing their condition as "fundamentally passive".* Seeing oneself as a passive victim of a medical disorder may lead grievers to wait for their disorder to abate, rather than encouraging them to engage actively in processing and working with their emotions.

Crucially, whether one sees oneself as a passive victim of a disorder depends on how one conceptualizes the notion of disorder. If someone views medical disorders as essentially external phenomena acting on them, or as primarily biologically determined pathologies or dysfunctions, then this may well contribute to feelings of passive victimhood. But we need not view all disorders in this way… A different and more nuanced picture of disorder may even do more than alleviate this concern: it may make room for us to think of a diagnosis like PGD as reflecting nothing more than an official recognition that we are struggling with a loss, that this struggle needs addressing, and that it is appropriate for relevant professionals to help us engage with it in different ways. If we conceptualize disorders in this way, then being diagnosed with PGD may in fact empower grievers to actively engage with their grief and enable them to identify resources that can help them in this engagement, rather than to feel like "passive victims" subject to an external pathology acting upon them.

Now recall looping effect 3:

> *Medicalizing grief may lead individuals to conceptualize and describe their experiences in the language of clinical psychiatry, rather than in their own words*.

The inadequacy of linguistic concepts to capture aspects of our lived experiences is not a unique problem for issues surrounding medicalization[18], but it does have particularly salient import in this context. Psychiatric clinical language is designed to articulate aspects of patients lived experience in a way that enables professionals to group similar clusters of experience together for ease of diagnosis: the uniqueness of one's individual experience is naturally de-emphasized on such a picture. Clinical language is thus intentionally *impersonal* and leads to particularly troubling worries about authenticity of experience.

[18] For a relatively recent articulation of the broader manifestation of this problem, see Cora Diamond's "The Difficulty of Reality and the Difficulty of Philosophy" (2003).

I think that, as with looping effect 1, there are ways of conceptualizing the domain of healthcare that can help reduce the negative impact of this looping effect. But, unlike looping effect 1, some version of this problem is likely inevitable (due to inescapable issues surrounding conceptual inadequacy more generally). The impact of looping effect 1 depends on our conceptualization of the domain of healthcare because the latter shapes our understanding of what it means to be diagnosed with a health condition or disorder. Consequently, how someone conceptualizes the domain of healthcare shapes the meaning that medical terminology and classifications – including psychiatric classifications like PGD – hold for them when they are diagnosed. We will come back to this in *Section 6*. First, let's consider the second arm of the argument outlined above.

1.5.2 Motivating P3

Recall P3:

> *If someone is struggling with prolonged grief and is not diagnosed with PGD or a similar grief-related disorder, then this will deprive them of assistance that could be of benefit to them*.

There are two claims that need supporting here: [1] That there are efficacious ways to assist those struggling with grief and [2] Diagnosing these grievers with a grief-specific disorder will help them to access these forms of assistance. Regarding [1], recent empirical research by Shear et al. (2005; 2014) indicates that there is an effective form of assistance that medical professionals can provide to those struggling with prolonged grief: Prolonged Grief Disorder Therapy (PGDT). With regards to [2], there are several reasons to think that including a grief-specific classification in the DSM will help grievers to access this supportive therapy. Firstly, medical providers (in the US and many other countries) use a medical coding system for documenting health concerns and getting treatments authorized by insurance companies. Without an official diagnostic category and associated disorder and treatment codes, getting healthcare assistance for grief covered by insurance would be very difficult[19]. Secondly, in the absence of a diagnosis, grievers may not be aware that there is a specific form of targeted therapy that is beneficial for people experiencing exactly the kinds of difficulties that they are struggling with. Being given a grief-centric diagnosis thus has at least two positive consequences: (i) it can help grievers to understand the options

[19] This observation is not new, it has been raised in numerous sources in support of including PGD in the DSM.

available to them and (ii) it can point them in the direction of helpful assistance. These positive consequences are beneficial looping effects because (i) they result from a diagnostic *classification* and (ii) they illustrate how the process of being so classified can influence someone's understanding of their situation. We thus have good reasons to think that P3 is plausible.

I just explained how grief-centric diagnoses can trigger the beneficial looping effect of helping grievers understand the options available to them and directing them towards helpful assistance. In the next section, I will show how this insight counts in favor of adopting an institutional understanding of health conditions.

1.6 Kukla's institutional account of health conditions

Quill Kukla proposes that we understand "health" as a special sort of institutional concept (2014). Institutional concepts are concepts constrained by both the world and our social practices. Kukla offers paradigmatic examples such as "paycheck", "voting", "convict" and "student". These concepts are constrained by both the world and our social practices because whether something belongs to one of these conceptual categories depends on whether, and if so how, it is embedded in social institutions – we cannot simply choose to classify things under a particular institutional concept. For example, if the sheet of paper I am holding is not endorsed by an employer and would not be accepted for deposit in a bank, then it is not a paycheck regardless of whether someone chooses to refer to it as such. As Kukla puts it:

> The existence of such things [institutional concepts] is thoroughly dependent upon elaborate social institutions, and to be such a thing is to be embedded in these institutions in the right way. You can't be a convict without a legislative, justice, and penal system. Nothing counts as a pay- check without elaborate labor and economic institutions. Things don't become or cease to be convicts or paychecks just because we choose to classify or declassify them in that way. Being either one has definite empirical consequences and preconditions. We may slowly refine or shift these kinds in accordance with our social needs. But we cannot simply discover that we were totally wrong about what a convict or a paycheck is,, since our practices carved these kinds out. (2014, p. 525)

Viewing health as an institutional concept is central to Kukla's Institutional Definition of Health:

> A condition or state counts as a health condition if and only if, given our resources and situation, it would be best for our "collective" wellbeing if it were medicalized—that is, if health professionals and institutions played a substantial role in understanding, identifying, managing and/or mitigating it. In turn, health is a relative absence of health conditions (and concomitantly a relative lack of dependence upon the institutions of medicine) (2014, p. 526).

Kukla's account of health conditions differs to purely socially constructed accounts because it is normative rather than merely descriptive. Social constructionist definitions define health conditions in terms of what is, or has been, medicalized by health institutions. Kukla's account, in contrast, defines health conditions in terms of what *should* be medicalized, where what should be medicalized is what is in fact conducive of collective wellbeing given the social and natural facts. What should be medicalized is thus something we discover and something that we can be wrong about.

In this paper I refer to "institutional frameworks" for conceptualizing health conditions rather than Kukla's account *per se* because I do not want to endorse all of the specifics of their account. In particular, the idea that we should determine what counts as a health *condition* by appealing to whatever it would be in our best interests to medicalize is promising, but I think that we must first have a robust conception of *the health of an individual* in order to identify and understand what our best interests are. We should not understand health itself institutionally, or simply in terms of an absence of health *conditions.* I take up this point in greater depth elsewhere, but two important upshots of this kind of modified institutional account that are worth mentioning here.

First, by allowing for a robust understanding of health *per se*, we open up conceptual space for the recognition of an important category of well-being that gets overlooked on Kukla's account. People can experience bodily or psychological difficulties that are not recognized as health conditions on institutional accounts (because we do not yet - and perhaps may never -have the resources or knowledge to treat them), but it does not follow from this that these individuals should be deemed to be in a state of *good* health. The modified account, on the other hand, enables us to capture this tripartite distinction.

Second, even though grieving often involves tremendous suffering and can, in some cases, be considered a health condition, it does not follow from this that a life of good health is a life without grief – or even a life without PGD. Grief, in all its manifestations, plays an important role in the narrative of our lives. It reflects our attempts to do justice to the value and enormity of what has been lost. "Prolonged" grief in response to a loss may well be, in some cases, a constitutive element of a person's flourishing. Thus, although *prima facie* counter intuitive, it is plausible to propose that a proper understanding of *being in good health* should accommodate, and perhaps even require us to experience, health conditions (when health conditions are conceived of institutionally). Kukla's account cannot accommodate this, whereas the modified account that I suggest can.

Additionally, I do not want to commit myself to Kukla's claim that what we should medicalize is what is best for our *collective wellbeing.* The central idea of Kukla's account, that "real health conditions are conditions for which the tools and methods and support of medicine and its institutional mechanisms are *genuinely helpful*, given both the natural and the social facts" (2014, p. 525; my emphasis) is what I'm interested in utilizing here. For the time being, I remain neutral as to what being "genuinely helpful" might mean.

An important benefit of institutional frameworks is that what we medicalize need not correspond to biological "dysfunctions" or abnormalities (conceived of as scientistic natural kinds demarcating diseases). Institutional frameworks make room for treating diagnostic classifications, such as PGD, merely as identifiers of categories that are determined by contingent empirical facts - contingent facts about whether unifying particular groupings of symptoms under a diagnostic classification as a health condition will be helpful[20], rather than tying health conditions to natural kinds. Recall that looping effect 1 (seeing oneself as a passive victim) relies on an underlying view of health conditions, or disorders, as essentially external phenomena acting on us, or as primarily biologically determined pathologies or dysfunctions. In the previous section I suggested that a more nuanced picture of disorder may make room for us to think of a diagnosis like PGD as nothing more than an official recognition that we are struggling with our grief, that this struggle needs addressing, and that we are identifying it as a disorder precisely because this enables relevant

[20] These facts are contingent because they depend on (among other things) ever changing medical technologies, treatments, and standards of care.

professionals to help us engage with it in different ways. If we conceptualize disorders, or health conditions, using an institutional framework then we end up with exactly this kind of picture. This is a novel virtue of institutional frameworks.

Moreover, if one's understanding of health conditions reflects the assumption that we should medicalize things that the tools of medicine are poised to help with, then our understanding of the treatment options will also shape our understanding of the disorder. Prolonged Grief Disorder Therapy (PGDT) is the first proven efficacious treatment for this condition and remains the approach most extensively tested (The Center for Prolonged Grief; retrieved November 2022). PGDT is a talking therapy designed to help grievers "get to know grief, manage strong emotions, think about the future, rebuild strong relationships, think about the death, revisit reminders of the loss and access living memories" (The Center for Prolonged Grief; retrieved December 2022). In other words, PGDT is designed to help grievers engage differently with their grief. Consequently, if one understands that PGD is a health condition precisely *because* medical professionals can help grievers engage with their grief then a diagnosis does exactly the opposite of encouraging grievers to view themselves as passive victims. Understanding health conditions as institutional concepts thus has the potential to not only reduce concerns relating to various potential adverse looping effects but also to foster positive looping effects by encouraging active engagement of exactly the kind that opponents of this new diagnostic classification value[21].

Considering looping effect 2 can help us to see yet another beneficial impact of institutional frameworks. Recall looping effect 2:

> *medicalizing grief may lead individuals to identify themselves with their grief, labelling themselves as "grievers" in a way that assigns grief a lasting part in their identity.*

In *Section 5* I argued that this looping effect is a problem regardless of whether we include PGD in the DSM, but that it is less problematic when we do have a grief-specific diagnostic category. It is plausible that the impact of looping effect 2 may also be reduced by adopting an understanding

[21] Given that PGD is an interactive kind, the society and culture of the bereaved will influence the looping effects associated with the diagnosis. As Hilberdink et al. (2023) note in their review of cross-cultural literature on PGD, the diagnostic criteria were mostly based on knowledge of Western grieving populations and the three large randomized control trials supporting the efficacy of PGDT were all conducted in North America. Consequently, important cross-cultural knowledge that might inform our understanding of the potential looping effects of medicalizing grief in other countries is lacking.

of health conditions as institutional concepts rather than biological or natural kinds. Recall that the *contingency* of diagnostic classifications is a central feature of institutional frameworks. Diagnostic classifications identify categories that are determined by ever changing empirical facts about whether the tools of medicine would be beneficially employed in aiding the constellation of symptoms unified under the classification. This renders the classification somewhat malleable: it is not something *wholly* determined by the biology or psychology of the person diagnosed. If this malleability is part of patients' understanding of PGD when they are diagnosed, then it will inform the shift in self-conception that occurs with the diagnosis. Additionally, it seems plausible that an awareness of this malleability might make the shift in self-conception less likely to involve permanently labelling oneself as a "griever" in a way that assigns grief a lasting role in one's identity. This is because it would influence their understanding of the *reason* for their diagnosis: namely, it would highlight that the reason why they have a diagnosis of PGD is simply that this diagnosis serves a useful functional role - enabling them to access support to help them engage with their experience of loss in new ways.

1.7 Summary

Opponents of including PGD in the DSM have been concerned with the potential for harmful looping effects, suggesting that the diagno- sis might adversely impact grievers' self-understanding and ability to navigate their experience of grief. My project in this paper has been to call attention to beneficial looping effects that might be achieved by medicalizing (some) experiences of grief, which in turn provide heavyweight reasons in favor of medicalization that have been over- looked in recent discussions. The aforementioned concerns regarding harmful looping effects are attached to a background conceptualization of health conditions as pathologies, rather than to the fact of diagnostic classification itself. Shifting to an institutional framework for conceptualizing health conditions would be a potential mechanism for equipping patients to engage more authentically with medicalized conditions —affording grievers access to the conceptual and practi- cal resources attached to institutional recognition without the costs attached to a background conceptualization of health conditions as pathologies.

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Chapter 2 Valuing What is Lost:
Endless Grief as a Positive Component of Flourishing Human Lives

"Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape."
C.S. Lewis, "A Grief observed", (1994, p. 60)

This chapter considers the role that grief plays in a full and flourishing life, or, in Aristotelian terms, a life characterized by eudaimonia. I will be defending the claim that grief ought to be understood as part of what it is to live such a life: grief - even endless grief - is not something to be overcome but rather something to be embraced. To motivate this claim, I argue that grieving is best understood as a dialectical narrative process of imaginative "play" in which the griever repeatedly revisits the past while attending to the present in a way that opens up new reflective narratives of self and other, thus contributing to an expansion of the griever's life. Grief is not merely sequential: insofar as the griever moves between both the present and the past, and the self and the lost other, her grief proceeds dialectically.

On this picture, we will be able to see that grief is not just an emotional process: it is an essentially *moral* process. Repeated imaginative engagement with the significance of what is lost constitutes an ongoing attempt to better understand and appreciate its value and is, in this sense, a form of respect. It is in virtue of this that we will later see why endless grief may, in some cases, be necessary for living a full (or flourishing) life. Along the way, I will address such questions as: is grief of a certain intensity or duration always unhealthy? Is the temporal duration of grief important in itself, or is it merely a helpful proxy for identifying grief that is problematic in other ways? To what extent do the answers to these questions vary with features of grievers' individual contexts?

My account diverges from other philosophical accounts in that it rejects a widespread background assumption that (I will go on to argue) pervades the latter: the assumption that it is always good for the griever to eventually "move on" from, or beyond, their grief. In contrast, I argue that there

are some contexts in which continued – even endless – grief is good for the griever. Practitioners in fields such as palliative care, social work, and clinical psychology have begun to move away from the paradigm of grief as something to be overcome and towards a picture of grief as something that the bereaved do well to (permanently) integrate into their lives[22]. With this reappraisal, the therapeutic fields have parted ways from the standard philosophical accounts of grief. In drawing out and highlighting the value of continually integrating grief into one's life (rather than striving to overcome it), my account thus brings philosophical theory into closer alignment with work in other disciplines. It is noteworthy that pushback on the paradigm of grief as something to overcome is primarily emerging within applied disciplines ("applied disciplines" in the sense that their theorists engage personally with grievers in clinical settings) rather than in more theoretical disciplines, such as philosophy. In particular, they support my claim that it makes sense to characterize the multifaceted process I describe *as grief* rather than as a larger process of which grief is merely the first component.[23] In short, the fact that that practitioners who work with grievers, and indeed many grievers themselves[24], take grief to be an extended process that we should try to incorporate into daily life (rather than something we do well to move beyond) supports views like the one I will be defending.

My account will also highlight an unappreciated distinction between two ways of understanding the idea that it is good to try to integrate grief into our lives: a weak reading and a strong reading. On the weak reading, integrating our grief is the best that we can do given the limitations of the possible ways of responding to loss: it would be better for the bereaved if they could genuinely overcome their grief, but this just isn't in the cards. Contrastingly, on the strong reading (which I will defend), continued grief is good for the griever in the sense that even if it were possible for the bereaved to overcome their grief, integrating it into their life would still (at least in some cases) be better for them. Differentiating between these two readings is worthwhile because only the latter reading makes conceptual space for attributing both instrumental *and intrinsic* value to grief.

A broader theoretical motivation of mine for exploring grief as a positive component of human flourishing is to argue against views of health that reduce health and human flourishing to the

[22] See, for example, (Walter, 1996) and (Hall, 2014).

[23] Chapter 3 will take up this point in greater depth.

[24] For further discussion of grievers who conceptualize their grief in this way, see *section 2.3.6*.

absence of pathology, disorder, or disease. The central idea in this broader argument is that we benefit from having a robust positive conception of human health that is conceptually prior to, and that informs, our understanding of diseases, disorders, pathologies, and health conditions. In essence: we cannot *fully* understand what it means for things to go wrong for an individual if we do not first have a rich picture of what it looks like for things to go well for them[25]. By exploring the positive role that grief plays in a full and healthy life, we are better positioned to differentiate between healthy and unhealthy responses to loss[26]. This is not just of theoretical importance: it can fruitfully inform how we respond to and assist those who are grieving, and it informs how we understand ourselves, our own experiences, and our emotional responses to loss. Exploring the role that grief plays in a full and healthy life thus illustrates the value in focusing on health as conceptually prior to pathology, motivating parallel investigations into the other components of flourishing.

There are a plurality of ways that humans can flourish and the *conditions* of our flourishing are not in our own hands; they are partially determined by situations that we face, and in life we can and do face a variety of situations that are not of our own choosing. That is to say: whether, when, and which kinds of losses we experience is not something we have full control over, and yet these losses nonetheless shape the contours of our lives in ways that alter the content of our ideal of a full life. Once we recognize this and combine it with the insight that health is more than just the absence of pathology, we can see that it is a mistake to attach ourselves to an implicit notion of flourishing as a fixed ideal.

In summary, the primary aims of this chapter are:

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[25] One might notice a structural similarity between the point I make here and one that arises in the context of discussions about non-ideal theory and injustice. In the latter context, it has been suggested that we do not need a fully worked out concept of justice to recognize and theorize about injustice because we can tell that something has gone awry. Similarly, one might challenge: we can recognize when someone is lacking health, so is it not better to focus on this rather than on the conditions of our flourishing? I do not think that this challenge succeeds in undermining the value of exploring human health and flourishing; my point is not that we are unable to understand, for example, someone groaning in agony and unable to keep down water as being unhealthy (of course we can). My point is rather that there are myriad ways that we can suffer from lack of health, and not all of these will be apparent and understandable to us if we do not also reflect on the ideals of human health and flourishing. This is, crucially, something that we can do alongside working to understand and alleviate more obvious forms of physical and mental suffering: the two projects are not at odds, and each can fruitfully inform the other.

[26] The distinction between healthy and unhealthy responses to loss will be discussed extensively in Chapter 3.

[1] *to draw out problems facing extant accounts of grief*

[2] to *provide a philosophical account of grief that avoids these problems and better aligns with recent developments in other disciplines (e.g. psychology and social work)*.

Moreover, the account I will develop in this chapter sets the stage for my later discussion of the distinction between healthy and unhealthy (or "disordered") grief and lays the groundwork for bolstering the case against conceptions of health that reduce health and human flourishing to merely the absence of pathology, disorder, or disease, for highlighting the complexity involved in, and articulating the conditions for, human flourishing, and for motivating similar exploration into other domains of human flourishing beyond the case of grief.

The chapter proceeds as follows:

First, I will lay out the terrain by providing an overview of current philosophical accounts of grief and unpacking some of their connections to theories of human flourishing. I will be focusing on flourishing as it is understood within the Aristotelian tradition, which grounds the *ethical* life in a theory of human flourishing and thus equates the life lived well with the life lived ethically. Foundational to this picture is the idea that virtuous actions are the expression of an integrated (harmoniously unified) psyche - rendering psychic integration a precondition for flourishing. In part, I am focusing on the Aristotelian tradition because I think that it has much that speaks in its favour. My other reason for doing so is that one of the most influential accounts of grief (the account that Freud develops in Mourning and Melancholia (1981b) was developed in the psychoanalytic tradition – a tradition that not only takes seriously Aristotle's claim that human flourishing requires the development of a harmonious psyche[27], but can also be construed as contributing to the Aristotelian project by providing an account of what "psychic integration" consists in (Lear, Jonathan, 2022, pp. 10–11). I will then demonstrate that many contemporary accounts of grief implicitly, if not explicitly, endorse aspects of this Freudian picture.

[27] On Aristotle's account of flourishing, the development of a harmonious psyche is at least instrumentally valuable and, I think, can also be plausibly construed as intrinsically valuable.

Second, drawing on insights from moral psychology, I will highlight a tension in our attitudes towards grief and argue that current theories cannot accommodate this tension because they assume that the (eventual) cessation of grief is always good for the bereaved.

Third, I will introduce and develop my account, showing how it addresses the aforementioned tension. More specifically: my account shows that rejecting the belief that endless grief is pathological is, contra Freud, compatible with, and indeed supported by, his psychoanalytic account of the role of psychic integration in human flourishing.

Fourth, and finally, I will consider the implications of my account for theories of health and flourishing. Here, I will return to the broader motivations for this project – developing a case against conceptions of health that reduce health and human flourishing to merely the absence of pathology, dysfunction, or disease and building a case that it is a mistake to attach ourselves to an invariable ideal of a healthy flourishing life: the ideal of a flourishing life is multifaceted, dynamic and (partially) dependent on external variables outside of our control.

2.1 Grief and human flourishing

2.1.1 Building a case for process views: linguistic support

Emotions can be understood either statically or dynamically**.** Static theories of emotion[28] (i) identify emotions with mental states or events and (ii) prioritize, in their theorizing about emotions, the manifestation of these mental states at a time over their unfolding over time. Dynamic theories of emotion, on the other hand, prioritize the dynamics of mental states, conceptualizing emotions as processes that unfold over time. Grief can thus be conceptualized as either a mental state (or event) or as a dynamic process, with the latter referring to a complex interplay of mental activity

[28] Static theories of emotion can be either cognitive or non-cognitive. Non-cognitive theories identify emotions with "feelings" without requiring the presence of associated cognitions (beliefs, judgments etc). Cognitive theories can be either judgment-based or perception-based. Judgment-based theories have origins in both Aristotle and the Stoics, with more recent examples including Nussbaum (2001). Perception-based theories include Roberts (2003), Döring (2007), Deonna (2006), and Elgin (2016). Alongside a number of other arguments referenced in this subsection, this distinction comes from Peter Goldie's (2012) insightful discussion of grief.

and actions that unfolds over time. Going forwards, I refer to accounts in line with the former type of conceptualization as *state views* and those in line with the latter as *process views*[29].

If, in our everyday thinking about grief, we tend to prioritize its dynamics, then this lends support to process views over state views. And this does appear to be the case; the language we use when speaking of and about grief suggests that the dynamics of grief are central to our understanding of it:

(a) We talk of grief as process with numerous "stages" or "phases" (even if we disagree about the nature, and relationship between, these stages) and this indicates an awareness that grief's manifestations can be, and typically are, multifaceted, not just across grievers but also, for any individual grief response, across time. For example:

> "Tonight, all the hells of young grief have opened again; the mad words, the bitter resentment, the fluttering in the stomach, the nightmare unreality, the wallowed-in tears. For in grief nothing 'stays put.' One keeps on emerging from a phase…"
> (Lewis, 1994, p. 56)

> "Both forms of grief were rooted in love. Both required courage, resilience and compassion. And *the emotional arc* of both, I came to believe, could create the strength and purpose needed to navigate an increasingly unstable future"
> Jensen, *After I Lost My Son I Realized I Needed to Stop Looking for Closure* (2024)

> "I had not sufficiently appreciated it, a persistent theme by *that stage* of whatever I was going through."
> (Didion, 2007, p. 154; my emphasis)

Commonly used metaphors of grief as a journey, or as a path that one traverses, also emphasize its dynamics:

[29] See Chapter 1 for discussion of the impact of this distinction on the medicalization of prolonged, or complicated, grief.

"Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape."
(Lewis, 1994, p. 60)

(b) As Wittgenstein (1958, p. 154; cited in Goldie, 2012, p.59) has pointed out, the locution "for a second, he felt deep grief" sounds odd when contrasted with "for a second, he felt violent pain". Like the preceding passages, this observation suggests that we do not use "grief" in the same way that we use terms that refer to mere mental states (at least non-cognitive ones, such as feelings and sensations).

Although our linguistic norms do not conclusively determine that grief is a process, they do place the burden of proof squarely on the shoulders of those who would claim otherwise[30]. We thus have (defeasible) reason to think that our best theory of grief will be a process view.

2.1.2 Process views: objections and alternatives

In light of this, it is no wonder that many philosophical accounts of grief converge in characterizing it as a process ((Cholbi, 2022) and (Na'aman 2021) are two recent examples). However, there are some notable exceptions, such as Nussbaum's judgment based cognitive account (2001). Briefly going over the central features of Nussbaum's account will help to elucidate distinctions between state views and process views.

According to Nussbaum's account, emotions – including grief – are "appraisals or value judgments, which ascribe to things and person's outside the person's own control great importance for that person's own flourishing" (2001, p. 4). In other words, on the picture Nussbaum offers, non-cognitive features (such as feeling a certain way) – are not essential to emotions. In developing her account, Nussbaum discusses her experience of grieving for her mother to illustrate the kind of judgment-based cognitive content that someone accepts when she grieves: "my grief was…identical to a judgment with something like the following form 'my mother, an enormously valuable person and important part of my life, is dead'" (2001, p. 76).

[30] The cultural influence of Kübler-Ross's 5-stage model of grief (1970) which is so well-known that it is often satirized in media, film and television - see, for example, The Simpsons, Season 2, Episode 11 "One Fish, Two Fish, Blowfish, Blue Fish" (1991) should be noted, however, as it could have a significant impact on our linguistic norms surrounding grief talk (also perhaps on the content of our concept "grief"?)

One might be tempted to opt for a state view like Nussbaum's if troubled by the objections that have been raised to process views. We can put pressure on process views by asking:

(i) If grief is structurally heterogeneous, as many processes are, then what is it that renders the different stages (or components) parts of one unified process?

(ii) If the structural heterogeneity involved encompasses a wide range of mental states, beliefs and behaviors – as a number of process views suggest - then why should we think of this process *as grief* rather than, say, another kind of process that involves grief as one of its components?

(iii) Does conceptualizing grief as a process turn our attention away from our losses and onto ourselves and, if so, would this alienate us from what has been lost?[31]

In the next subsection, I will explore some considerations in favor of process views offered by Peter Goldie (2012) which do, I think, go a long way towards answering objection (i); I will return to the question of the unity of the grieving process in *Section 2.3*, where I develop my own process view and offer a distinct account of the relationship that connects the components into a unified whole. The picture of grief that I develop in *Section 2.3* will also allay the worries raised by (ii) and (iii): I will explain why we should think of this process *as grief* rather than, say, another kind of process that involves grief as one of its components and I shall also explain why the conceptualizing of grief as a process need not turn our attention away from our losses and onto ourselves.

2.1.3 Building a case for process views: objections and perdurance

Peter Goldie (2012) points out that whether something is an instance of grieving is determined by how it fits into a larger web or pattern of emotions, activities and behaviors:

> "[grief] is a complex pattern of activity and passivity, inner and outer, that unfolds over time, and *the unfolding pattern over time is explanatorily prior to what is the case at any particular time*"

[31] For further discussion of this worry, see Marušić (2018) and Moran (2015).

Goldie (1958, p. 174)

Another way of putting this is to say that grief is a process that *perdures* - what makes any given instance of grief an instance of grief is the relationship in which it stands to the process as a whole.

An example will help here. Suppose that I smile when recalling a joke about fish (a joke that a lost loved one originally told me) and that I recall the joke in the context of a friend asking me whether I know any good jokes about fish. Whether the recalling of the joke and my subsequent smile are manifestations of grief for my lost loved one will depend on how these actions fit into the larger pattern of activity that they are a part of. On the one hand, we can envision a scenario in which, when the joke comes to mind, I internally recognize that he originally told the joke but do not reflect much on this fact; I share the joke, my friend and I smile in response to its content, and the conversation moves on to other things. On the other hand, we can picture a scenario in which the joke comes to mind, I share the joke with my friend, and I smile when I share it in part because I am sentimentally recalling the silly intonation he had used when telling it and the way his eyes had crinkled in a happy smile in anticipation of the punchline. The memory triggers a desire to share these details with my friend, and so I then go on to tell her about how he came up with the joke and how this anecdote exemplifies the quirky playfulness he had; the conversation elicits a significant emotional response in me (perhaps I think of all the jokes he will not get to hear, or I reflect that his eyes will never again crinkle into a new smile, and then his lack of a future becomes painfully palpable. Or perhaps, as I reflect on his absence from the world, I feel awash with gratitude at my good fortune for having been present when he was doing these things). The conversation and the emotions and thoughts elicited unfold in a very different direction in the second scenario than in the first – a direction that is influenced by my emotional response to, and desire to engage further with, memories of my lost loved one. In the second scenario, but not the first, it makes sense to think of my recalling the joke, my telling it, and my smiling as a *manifestation of my grief*: engaging emotionally with loss in this way is a paradigmatic example of grieving. My active emotional engagement with my memories of him, and the subsequent direction that the conversation takes, shapes the significance of both. This example thus helps to show how grief is unlike a mere mental state or even a sequence of mental states - it is a temporally extended process that perdures: each component in the process is determined as such in virtue of its relationship to the temporally extended whole.

This example also highlights that grief involves the exercise of imaginative capacities: engagement with the memory here consists, in part, in the griever attending to the loss and thus coming to see various aspects of its significance as salient in virtue of their relation to the context and content of the conversation. This will be important later on. But the crucial point to keep in mind for the time being is that the multiplicity of emotions involved in the telling, from whimsy to recollection touched with happy identification with the lost one, are understood in terms of the backbone of grief/healing.

We can delineate the characteristic features of processes that perdure in a more systematic way as follows[32]:

(i) ***They have both structural heterogeneity and predicative homogeneity***[33]

All processes are *predicatively homogeneous*: any component of, or point in, process X is part of process X. But processes with multiple stages (or steps) spanning different periods of time are also *structurally heterogeneous*: if process X is comprised of multiple stages, these stages will involve different things. Take, for example, the process of taking my dog Karenin to the park – this involves picking up Karenin's harness, putting my shoes on, grabbing my coat, and sometimes, depending on which park we are going to, picking up my car keys and putting Karenin in the car. Picking up my car keys, in isolation of these other activities, would not be part of the process of taking Karenin to the park and, depending on which sequence of activities it is combined with, could be a part of any number of other processes (going to campus, tidying my apartment entryway, showing my fiancé that the keys are not lost, etc.).

(ii) They can be interrupted

Suppose that I am getting ready to go the park and I am in the middle of putting my shoes on – perhaps I have laced up the left one but not yet put on the right one – when the phone rings. I stop putting on my shoes on for a few moments to focus on answering the phone and then, when the

[32] See Goldie, (2012, pp. 63–64)

[33] Goldie (2012, p. 63). points out that acknowledging the compatibility of predicative homogeneity and structural heterogeneity goes some way towards allaying Prinz's (2006) "problems of parts" and "problems of plenty" worries (worries about how the parts of emotional processes hang together into coherent wholes).

call is over, I put my right shoe on, grab my coat and continue out the door with Karenin. The process of taking Karenin to the park was thus briefly interrupted.

(iii) We understand them through looking at what sustains them through different stages rather than just on what initially caused or triggered them

If I return to the tasks of putting my shoes on, putting Karenin in the car and driving him to the park after the interruption, this is because I still have an all-things-considered intention to take him to the park. But suppose that the phone-call had been about something urgent (such as the hospital informing me that I should come in as soon as I can if I want to see a sick relative before she passes) and attending to this urgent matter outweighs my desire to take Karenin to the park. I may continue putting on my shoes and harnessing Karenin but then, instead of putting him in the car, I may quickly walk him around the block so that he may at least relieve himself before I leave asap for the hospital. My initial intention at T1 to take Karenin to the park triggered my getting ready to go out, but having this intention at T1 was not sufficient for my actions to actually be part of the process of going to the park and they instead became part of a different process: preparing to take Karenin around the block. When processes perdure, we must look at what sustains them in addition to what triggers them to begin in the first place.

Grief shares all these features:

(i) structural heterogeneity and predicative homogeneity

Goldie notes that "if James was grieving over the loss of his wife, then James was grieving during each stage of the process, when he was in shock and when he was in denial" (Goldie, p.63). In other words, there are many different mental states that one and the same griever can be in at different times while grieving (akin to "stages" in or "components" of the process of grieving). One's grief is not identifiable with any one of these mental states in particular, nor is it just a sequence of states - the relationship between them is crucial. Grief is thus structurally heterogeneous and predicatively homogeneous.

(ii) It can be interrupted

For example, one's grief can be interrupted by her becoming temporarily immersed in the wizarding world while re-reading Harry Potter, by her falling asleep, or by her desire to assist the friend who knocks on her door in distress.

(iv) We look at what sustains grief through different stages rather than just on what initially caused or triggered it

For example, we recognize that objects and events can trigger grief to rise to the surface with fresh acuity even many decades after a loss -- suppose that, many years after the death of his spouse, a widow stumbles upon a lost diary that belonged to his wife. He opens the diary and sees the loops of her cursive spread across the paper and realizes that this page was last turned by her hand. The widow is overcome with emotion at this realization and drops to his knees under the weight of it – it is his *finding of the diary* that enables us to understand this action as a manifestation of his grief. The initial cause of his grief – his wife's death – cannot, in isolation of this information, explain the widow's acute grief *in this particular moment.* This exemplifies how we might go about explaining what it is that renders the different stages all parts of one unified process: we can look to the relationship between them.

In summary: we have both *prima facie* reasons to favor process views (linguistic norms surrounding grief) and more substantial theoretical reasons for doing so. My hope is thus that this initial discussion will dispose the reader towards seeing my account's central focus on, and elucidation of, the dynamics of grief as a significant virtue.

2.1.4 Freudian Background

I will now trace out the Freudian origins[34] of a widespread (and, I shall later argue, problematic) belief, oftentimes implicitly assumed rather than explicitly argued for, that pervades philosophical theories of grief:

Problematic Belief (PB)

Grievers do well to (and should) eventually overcome their grief.

[34] This idea isn't uniquely Freudian, but Freud is an important source causally-historically.

PB can be traced back to the influential account of grief made famous by Sigmund Freud in *Mourning and Melancholia* (1981b). Freud proposed that grieving is a form of emotional work: we "work through" our grief until, if all goes well, we *emerge* from it emotionally adjusted to the loss we have experienced - liberated from any repetitive rumination over it. To remain in this process without overcoming it is, on Freud's picture, *pathological:* the work of grief is supposed to culminate in its own completion. More specifically, Freud suggests that a person who grieves endlessly would be worse off because of this - they would be acting on the wrong kind of reasons - and would thus not be responding to loss in the way/s that they should. It is worth unpacking why Freud thought this: making explicit the reasons why Freud endorsed **PB** positions us to evaluate the extent to which these reasons really do support **PB.**

In short, Freud endorsed **PB** because he believed that endless grief indicates an absence of "psychic integration" because grief is necessarily backwards looking – thus precluding full engagement with life and relationships in the present[35]. I shall later argue, contra Freud, that endless grief is in some contexts *constitutive* of psychic integration and, additionally, that it can facilitate positive engagement with life in the present. To see why this is, it will first be helpful to unpack the notion of psychic integration and to explore why Freud thought it valuable and necessary for human flourishing.

Psychoanalysis, an approach to the psyche originating with Freud, above all else aims to facilitate the spontaneous unfolding of *self-conscious* ***reflection*** **Lear** (2015, p. xiv). The analysand's (unachievable) task is to freely and spontaneously speak whatever comes to mind without self-censorship and inhibition impeding this process. This task is unachievable because inhibitions and the desire to self-censor (either conscious or unconscious) will, at some point, inevitably interrupt the flow of both one's thoughts and one's speech. When these interruptions occur, and when the analyst is able to make the analysand aware of this, the pair are positioned to gain insight into the internal mechanisms and conflicts that impede the spontaneous unfolding of the analysand's self-conscious reflection.

[35] Freud may not *explicitly* make this distinction in the way that I am here, but, importantly, I am not overlooking it as it is relevant for my purposes here.

Psychoanalytic therapy is motivated by the underlying idea (an idea that is common to both psychoanalytic theory and numerous philosophical traditions) that *human life is valuable because it can be shaped and informed by rational thought.* One of Freud's most valuable contributions to philosophy is his reconceptualization of rationality: Freud resisted the conceptualization of rationality articulated in the works of Plato and Aristotle, according to which we are only rational in so far as our actions reflect our conscious choices. In contrast, Freud recognized that the experience of reflective distance is illusory: our unconscious beliefs and desires often covertly infiltrate our experiences of self-conscious reflection (preventing their being genuine acts of *self-conscious* reflection). Consequently, rationality (the capacity to direct one's life in accordance with self-conscious reflection) is not a *just* a matter of distancing oneself from one's desires and choosing which of them to endorse, it also involves *becoming aware* of the ways that one's desires, emotions and beliefs (conscious, subconscious, and unconscious) manifest in and influence one's conscious reflection. Freud calls this *self-knowledge* and thinks of it as Greek in origin.

In becoming aware of these influences through psychoanalysis, a person unifies her psyche: she brings the conscious, subconscious, and unconscious into alignment. In doing so, maintains a loyalty to herself by becoming herself "through and through" (Lear, 2015, pp. 16–17). In psychoanalysis this is known as *psychic integration*. According to Freud, psychic integration both emerges from and contributes to the self-knowledge a person needs in order to engage in genuine self-conscious reflection – which is a prerequisite for rational choice and thus also a prerequisite for rational action. Given that human life is valuable (in part) because it can be shaped and informed by rational thought, psychic integration thus facilitates flourishing *qua* human[36] .

[36] My understanding of the philosophical significance of Freudian psychoanalytic theory was greatly enriched, and is informed by, the second edition of Jonathan Lear's "Freud" (2005). In this text, Lear also raises the interesting suggestion that despite differing in their conceptualization of rationality, psychoanalytic theory and Ancient Greek ethics may both be interpreted as committed to (i) the belief that rational reflection is (at least partly) constitutive of, and necessary for, human flourishing and (ii) the belief that rational reflection requires a unified psyche. In particular, he suggests that one *could* read Freud as bringing additional content to the notoriously opaque Ancient Greek notion of a "harmonious psyche" (although, as he notes, this may well not have been Freud's intention –the Ancient Greek ethical tradition, unlike Freud's writings, *explicitly* incorporates the rational ideal of a harmonious psyche within an account of human flourishing that equates the good life with the ethical life, rendering psychic integration essential to our *moral* functioning). [36] I emphasize the word "explicitly" because Freud notes that the self-knowledge engendered by psychic integration "protects one against the dangers of immorality" (1981a, Section XVI: 434) and it is open to interpretation exactly what Freud meant by this.

So, why did Freud think that endless grief necessarily indicates a failure of psychic integration?

Freud characterized grief as an adaptive process of emotional adjustment, where "emotional adjustment" is a fixed goal that is reached when the griever achieves decathexis[37] of the lost one; in decathexis, the griever severs their emotional ties to the lost one and, in doing so, is liberated from repeated rumination on, and emotional investment in, them. This process of emotional adjustment is, Freud claimed, necessary if the bereaved person is to engage fully in their life in the present. On this picture, grief is appropriate (and healthy) only for a *limited* time: attending to the past is necessary because it enables the griever to sever ties with the lost "object". In doing so, the griever develops a new sense of self that is oriented towards the present – a self that is ready to fully re-engage with life and relationships unimpeded by emotional ties to the lost one. The overcoming of these emotional ties facilitates the integration of the griever's psyche.

Although Freud's account of grief has been deeply influential, a number of psychoanalytic theorists in the second half of the 20th century began to depart from his picture and to move towards views that embrace the maintenance of grievers' inner ties to the deceased[38]. More recently, psychoanalytic theorists including Ornstein, Oliner, Kernberg, and Wurmser (Tutter & Wurmser, 2016) have rejected the particularities of Freud's distinction between healthy and pathological grief (mourning), focusing instead on the *manner in which one engages* with memories as central for distinguishing between healthy and pathological grief. In particular, both Ornstein and Wurmser identify engagement (with memories) that is rigid or static in nature as a potential characteristic of pathological grieving: when one's engagement with loss consists only in the repetition of memories, and does not involve more dynamic acts of remembrance, the repetition can serve to prevent genuine engagement with the emotional dimensions of grieving – thus serving as a barrier to the unfolding of the grieving process (Tutter & Wurmser, 2016, p. 123). This insight aligns with recent empirical results in clinical psychology, which identify an association between rumination (the repeated return to one and the same fixed thought or belief) and mental disorder (depression, anxiety and complicated grief), leading to the hypothesis that rumination is a form of harmful avoidance that prevents the bereaved from engaging with loss (Stroebe et al., 2007). Thus,

[37] Within psychoanalysis, decathexis is the process of dis-investing one's mental or emotional energy.

[38] See Loewald (1962).

both these more recent psychoanalytic theories of grief and clinical studies on rumination lend support to the idea that healthy grief unfolds dynamically in virtue of the griever's active emotional and imaginative engagement with the "objects" of loss.

2.2 Insights from moral psychology: unpacking a puzzling tension

Here are two "puzzles" that have been recently discussed in the philosophical literature on grief:

Puzzle 1: Grief and Dread

A. The (eventual) cessation of grief is good for the bereaved.

B. We often anticipate the cessation of our grief with dread.

The concern: if the cessation of grief is a good thing, then why dread it?

Puzzle 2: Grief and Rationality

C. The original reason for grief persists endlessly (it will neither change nor diminish)

Via

p 1. In the wake of a bereavement, we grieve because the lost person has died.

And

p 2. That the lost person has died will always be the case.

D. That grief comes to an end seems appropriate, fitting, or reasonable.

The concern: if the reason for one's grief persists, how can it seem reasonable, fitting, or appropriate for it to come to an end?

2.2.1 Introducing the puzzles: Scheffler's analysis

Significant philosophical attention has recently been paid to the tensions brought out by these (and closely related) puzzles surrounding our attitudes towards the diminution of grief[39]. Samuel

[39]Julius Schönherr (2021) distinguishes between two puzzles that are often conflated, labelling them the *metaphysical argument* and the *psychological argument*. On the metaphysical argument, *grief is fitting entirely in virtue of facts about the past* (i.e. a person's death and one's past love for her). These facts remain forever unchanging, which renders grief forever fitting and thus the attenuation of grief always unfitting. On the psychological argument, however, grief is rationalized in part by facts about the present, that is, our continued love for the deceased; but if grief diminishes relatively quickly (as philosophers theorizing grief tend to claim) and our love does not, then we end up with a problem: most people grieve less than would be fitting. Schönherr points out this distinction deserves recognition as, for example, Moller (2017) and Marušić (2018) draw a conclusion that we can only hope to support relying on the metaphysical argument – namely that grief is forever fitting – but they argue largely along the lines of the psychological argument.

Scheffler (2024) provides a helpful and nuanced analysis of these puzzles and of the various responses to them that have arisen in the philosophical literature. I will begin my discussion of these puzzles by considering his analysis.

Citing, in particular, (Marušić, 2018; Moller, 2017; Smuts, 2016; Lear, Jonathan, 2022; Preston-Roedder & Preston-Roedder, 2015), Scheffler emphasizes that the attitudinal tensions arising in relation to grief's manifestations over time are not just philosophically puzzling but also, importantly, troubling to us in our lives as humans:

> "The dissipation of grief often troubles people as they attempt to understand their experience of personal loss. They struggle to reconcile themselves to the cessation of their grief. They seek to assure themselves that it does not amount to a kind of disloyalty to the deceased or a form of unwarranted forgetfulness about the value of what they have lost. My primary interest is in this human problem. So understood, the problem is one of self-understanding and self-acceptance. It is a problem about how we can reconcile ourselves to our natures"
> (2024, p. 93; my emphasis)

Scheffler ultimately concludes that this tension arises because the leading of our lives sometimes requires of us that we undergo emotional changes that are, or appear to be, irrational (not reasons-responsive):

> "The fact that so many of our feelings and emotions change with the passage of time, and that we have a relatively clear implicit understanding of when and how it is appropriate for them to do so, teaches us that to lead a life is in part to be subject to such changes. If someone can't "move on" when we think it is time for them to do so, if they remain unable to "let go" of their anger or grief […] this compromises their ability to lead their lives, which is why, in extreme cases, we tend to pathologize such behavior. Leading our lives requires us to move on, even if we do so ambivalently at times. And moving on means, among other things, undergoing changes in various of our feelings and emotions, changes whose responsiveness to reasons may at times elude or trouble us. The point here is not that the need to lead our lives is itself a reason for our emotions to change. Nor is it that our determination to lead our lives is the cause of these changes. The point is that

being subject to changes is part of what it *is* to lead one's life."
(2024, pp. 111–112; my emphasis)

In other words, Scheffler is suggesting that the diminution of grief may be understandable - even though the fittingness of one's grief (the fact that it is an appropriate response to the loss) may never change - because this diminution is causally required for engaging with life in the present:

> "The fact that people who suffer a grievous loss early in life manage to move on, one might suggest, is itself to be explained largely in causal and prudential terms. It is, so to speak, the response of a healthy organism. One cannot make a flourishing life for oneself by "living in the past," and it is in our nature to seek to flourish. So it is only natural that chronologically young people who are bereaved should eventually emerge from the normative shadows. It is only natural that, as time passes, they should spend less time dwelling on what they have lost and become less responsive to its value. It is overwhelmingly in their interest to do this. Even if continued grief would not be unwarranted, and even if the reasons for grief have not disappeared, it is entirely understandable that they should begin to shift their attention away from the normative force of the relationships that have ended and to seize the opportunities they are likely to have to develop new relationships."
> (2024, p. 160)

Scheffler's analysis does not *resolve* the attitudinal tension highlighted in Puzzle 1, rather it renders this tension understandable as an unavoidable feature of human life[40]. On the one hand, it makes sense that we are troubled by the cessation of grief because its cessation would indeed indicate what we fear it may (that we would no longer be as responsive to the value of our lost loved ones as we once were). On the other hand, the leading of our lives requires of us that we become less responsive to this value in this way[41]. That is: for better or for worse, part of what it is to lead a

[40] A similar view is suggested by (Marušić, 2018).

[41] For the time being, I am focusing only on grief in response to losses that occur sufficiently early in one's life that the "threat of normative poverty" (Scheffler, 2024, Chapter 5) is not yet looming. As Scheffler points out, what "leading one's life" at such a stage would involve may be quite different.

human life is to not be as responsive to certain values as we have reason to be (in virtue of our being responsive to others).

Although Scheffler may well be correct to say that an inevitable feature of leading our lives is to be, at times, subject to emotional changes that are either not fitting or not responsive to reasons, I think it is a mistake to appeal to grief as a case in point. In highlighting both the *transformative* nature of the grieving process and the *moral* dimension of the grieving process, the account of grief that I will develop in *Section 3* clarifies why this is. I will come back to this in greater depth later, but for now the following suffices:

(i) The transformative nature of the grieving process

Sometimes we do have a relatively clear implicit understanding of when and how it is appropriate for our feelings and emotions to change with the passage of time. But this is often not the case for emotional changes that arise in the context of *transformative experiences* (Paul, 2014). In developing an account that highlights the transformative nature of grief, I *(i) motivate the thought that we cannot, in advance of any individual's grieving process, form a clear understanding of how their continued grief will (or should) manifest emotionally*[42] and *(ii) explain why continued grief need not entail emotional stagnancy (the grieving process, when it goes well, is dynamic: it involves a multitude of shifting emotional responses)*. We thus cannot take it for granted that the leading of our lives requires the cessation or diminution of grief.

(ii) The moral dimension of the grieving process

In identifying endless grief as (in some contexts) an appropriate manifestation of ongoing moral respect and thus, for some grievers, part of the ideal of "living well", I give us yet another reason to reject Scheffler's claim that holding onto grief compromises grievers' ability to lead their lives (which is, in turn, also a reason to reject the derivative claim that leading our lives necessitates the non-reasons-responsive cessation of grief). If I am right, then grief does not serve as an example in which leading our lives requires us to undergo irrational (or seemingly irrational) emotional changes.

[42] Moreover, with regards to transformative processes like grief, it is not just that we do not have a clear implicit understanding of when and how it is appropriate for our emotions to change: we also lack epistemic access to the kinds of knowledge that would afford us this understanding.

I think that Scheffler has paid insufficient attention to these features of grief because he assumes PB. When one is committed (as those who assume PB are) to the idea that living well and engaging fully with life requires the eventual cessation of grief, this informs their beliefs about the nature of grief in a way that obscures the transformative, constructive, and positive dimensions of grieving and, in turn, also obscures the contributory role that continued grief can play in human flourishing. We can see this occurring in the passages quoted above, where Scheffler suggests:

[1] That the response of a "healthy organism" is to "move on" from grievous loss.

[2] That it is natural to "become less responsive" to the value of what has been lost.

[3] That continued grief involves "living in the past" and is incompatible with flourishing.

2.2.2 Other responses to Puzzle 1

A different way of responding to the apparent attitudinal tension in Puzzle 1 – an option I do not find persuasive - would simply be to deny that there is any significant tension here: we often dread things that are in our interests, and the cessation of grief is one of these things. There are two reasons why this response is not convincing:

(i) Intrinsic vs. instrumental goodness

When we dread things that are good for us, this is typically because these things are good for us merely instrumentally: it is good for the person with toothache to have a root canal, but the root canal is only good for her because it is a (painful, and thus understandably dread-worthy) means of removing oral infection. **PB**, the belief that the cessation of grief is good for the griever, renders (explicitly, in the case of Freud, and less overtly in the case of the other process views discussed) the cessation of grief *intrinsically* good for the bereaved. We do sometimes dread things that are not *merely* instrumentally good. I have in mind here things like a mother dreading her young adult offspring's impending flying of the nest, while nonetheless desiring, for loving reasons, that he do so. But this again seems importantly unlike the case of grief. For upon inspection, what the mother most likely dreads (at least in this hypothetical) is not his flying the nest, which is something she positively desires for him, but rather his absence as she is aware that she will miss him.

(ii) The dread reflects insights into the significance of grief

As Marušić has pointed out, and as Scheffler's analysis of the puzzle also affirms, our dread seems to reflect a genuine concern that the cessation of grief would indicate a failure to respond

appropriately to the value of what has been lost[43][44]. If so, then we must take this dread seriously. We can also see this concern manifest in literature and within autobiographical testimony – lending support to both its prevalence and significance:

> "The newcomer who would find it easy to endure the prospect of life without Albertine had made his appearance in me […] these strange selves which were to bear each a different name, the possibility of coming had, by reason of their indifference to the object of my love, always alarmed me"
> (Proust, 1992, p. 804; my emphasis)

> "When you lose someone you love, people tell you about the importance of moving on from death, of emerging from the pain of loss. What they don't tell you about is the dread of finally arriving in that new place"
> Jesse Wegman, "In the Shelter of a Weeping Beach". (2023; my emphasis)

So, on the one hand, we cannot simply deny the significance of this dread and the attitudinal tension it leads to. But, on the other hand, despite the recent philosophical attention that has been given to this tension, the most that extant accounts of grief have been able to offer is an explanation for its intractability. I have suggested that this is because these accounts are buying into **PB**. If we call **PB** into question, however, then we can see that there is another option available to us – an option that would explain the tension in Puzzle 1 in a way that does not render it intractable: we can take seriously the possibility that (in some contexts) grief should continue indefinitely.

2.2.3 Puzzle 2

Let us now return to Puzzle 2. If the reason for one's grief persists, how can it be reasonable, fitting, or appropriate for it to come to an end? In his recent analysis of this puzzle, Scheffler (2024,

[43] Marušić (2018, p. 3) notes that "the thought that our grief will diminish strikes us as a failure on our part." and, as we have just seen, Scheffler suggests that continued grief would be nonetheless warranted, fitting or rational. Additionally, Dan Moller (2017) offers persuasive reasons for thinking that endless grief would be morally appropriate.

[44] In this chapter, I am aligning myself with prior discussions of the puzzle by taking the dread at face value – as dread in anticipation of the cessation of grief. But it is worth noting that sometimes we feel dread and we do not know exactly what it is that we dread: dread, as a phenomenon, may be more complicated than I have suggested. I will explore this concern further in the next chapter.

pp. 84–96) outlines a number of possible ways of responding.. Some of these responses address the significance of D (the claim that the cessation of grief seems appropriate, fitting, or reasonable) by suggesting that it is beneficial, and thus practically appropriate, for us stop grieving, but when we do stop grieving, this is not something that we do in response to the right kind of reasons. Other responses to the puzzle center focus on the significance of C (the claim that the original reason for grief persists endlessly and will neither change nor diminish). Here, respondents might opt to say that grief is never a response to reasons – if there is no reason for the grief in the first place, then there is, in turn, no reason for its persistence. Alternatively, one might suggest that the original reason for grief does not persist because changes in the external circumstances of the bereaved provide reasons for the grief to diminish over time[45]. Finally, one might suggest that the passage of time itself provides reasons for grief to diminish and thus the original reason is outweighed by reasons provided by our temporality. All of these responses have drawbacks[46].

I think that there is a more promising response available, and that this more promising response has been missed due to the widespread assumption of PB in prevailing philosophical accounts of grief. If we reject PB, we can see that there is another option not yet considered: rejecting that it is desirable, or practically appropriate, for grief to end.

One recent account of grief that is representative of this issue is Oded Na'aman's (2021) account of grief as a *rationally self-consuming process*[47]. Na'aman's account moves us towards focusing on the *dynamics* of the grieving process as central to its rationality. More specifically, on his account, the longer the temporal duration of one's experience of grief, the less reason one has to continue to experience it. I think that in considering how the dynamics of grief impact its rationality, we must take into account more than just the temporality of the process. Moreover, in addition to taking other aspects of the dynamics of grief seriously, I think we must also bring *moral*

[45] Scheffler (2024, p. 77-78) appeals to a helpful analogy with fear here: suppose that I am afraid as a dangerous "maniac" is roaming my neighborhood. Learning that the dangerous individual has been captured creates reasons for my fear to diminish. Similarly, perhaps an analogous change in the external circumstances of a griever creates reasons for their grief to diminish.

[46] See Scheffler (2024, pp. 84–96) for discussion of a number of these drawbacks.

[47] In addition to Scheffler and Na'aman's recent discussions of grief, Cholbi's (2021) account of grief as a process of reconstituting one's shattered practical identity in the face of loss also assumes **PB**. As does Peter Goldie's (2012) narrative account, in which he suggests that the cessation of grief involves a form of emotional closure.

considerations to the table and, once we do, we will see that the cessation of grief will not always be rational – regardless of how long the bereaved has been experiencing grief. I will return to Na'aman's account and will expand upon these points and clarify the ways in which his account differs to mine in *Section 3*. For now, what I want to highlight is that Na'aman, in alignment with the Freudian picture, assumes that it is rational (and good for the griever) that their grief diminishes over time: he assumes **PB**.

In summary: Puzzle 1 and Puzzle 2 would both be solved by the rejection of **PB**, but no extant philosophical accounts take this option sufficiently seriously. That said, I have not yet made a systematic case for **PB**'s controversial sounding counterpart: that endless grief can be good *for* the bereaved[48]. This comes next.

2.3 My account: grief as a dialectical process

> "It is a strange thing, after all, to be able to return to a moment, when it can hardly be said to have any reality at all, even in its passing. I mean, that its abiding is a most gracious reprieve."
>
> Marilynne Robinson, *Gilead,* (2004)

My account aims to explain:

1. How grieving is compatible with engaging in one's life in the present.

2. Why endless grief may be part of the ideal of a full life.

3. Why we are susceptible to the mistaken belief **PB**.

4. Why we anticipate grief's cessation.

I will be drawing on Jonathan Lear's (2022, ch.3) concept of positive repetition to show that grief can be fruitfully understood as a constructive process that can, and indeed perhaps should, continue for the duration of a bereaved person's life. More specifically, I want to motivate a picture according to which grief is understood as an appropriate dispositional response to the value of

[48] In addition to being good in other respects.

what is lost – the disposition to regularly "imaginatively engage" with it in an attempt to better understand and appreciate its value.

On my model of grief as positive repetition, grief is both an appropriate way to engage with the value of what is lost and also a valuable activity in itself. Grieving belongs to the subset of activities that Talbot Brewer labels dialectical activities. An activity is dialectical in Brewer's sense when its value "cannot be grasped with perfect lucidity from the outset, but must be progressively clarified via engagement in the activity itself." In other words, it is an activity with a self-unveiling character: "each successive engagement yields a further stretch of understanding of the goods internal to the activity, hence of what would count as a proper engagement in it" (2009, pp. 37–39)

I will begin the next section by laying out some of the relevant elements from Lear's discussion of positive repetition, which he introduces within the context of a discussion of learning from moral exemplars. Next, I will show how these elements can be fruitfully applied in the context of theorizing about grief. Specifically, I will articulate a novel view of grief as a moral process of healthy repetition that can, and sometimes should, continue for the duration of a bereaved person's life.

2.3.1 Lear on the role of positive repetition in healthy imaginative engagement

When discussing the moral development and growth that can be triggered by contact with local moral exemplars, Lear notes something important about the exemplar-recipient dyad: the moral exemplar and the recipient go their separate ways, but the exemplar "takes up residence" in the recipient's imagination. The exemplar continues to "come alive" in the recipient's mind throughout the rest of his life (both when the recipient chooses to call him to mind but also, at times, unbidden) and thus continues to exert an exemplary influence. The power of the moral exemplar, on Lear's picture, lies in this dyad that instantiates a particular structure of repetition over space and time. This structure of repetition calls the recipient back, time and time again, to the kernel of the *kalon* ("excellence") that they glimpsed in the exemplar. When exemplarity works well, each time that the recipient returns to this kernel of the *kalon* - the ideals glimpsed in the exemplar (in Lear's example, the ideals of generosity of interpretation and nonretaliation exemplified by his elementary school teacher Mr. McMahon) - these ideals become further

established in him as values that he takes himself to be aspiring (and hopefully progressing) towards - as ideals that he is attempting to manifest in the way that he lives his life.

2.3.2 Lear's analysis of the role of positive repetition and imaginative engagement in learning from exemplars

In his account of learning from moral exemplars, Lear breaks the structure of positive repetition down into four levels:

1. *Returning to our "original"*[49] *memory of the exemplar*

2. *Active imaginative reengagement with the memory*

We focus on isolating the glimpsed kernel of the *kalon* from the contextual complexities that surrounded its original instantiation, letting the beauty of the exemplar "shine forth" with unimpeded clarity.

3. *A restorative return to everyday life*

We return from this imaginative reengagement "energized and reanimated" (2022, p. 41). We feel a heightened sense of motivation in our quest to realize the values we aspire to attain, and we use this motivation to try to work out how to engage in the world in ways that embody them.

4. *Lifelong repetition of the process*

To be positive repetitions, the returns must contain both unity and novelty. The unity is constituted by the repeated return to the memory of the kernel of the *kalon*. The novelty comes from our continually growing understanding of the ideals and the different ways we integrate them into, and appreciate their embodiment in, our actions. In turn, our attempts to embody the ideals in our actions help us to understand these ideals in more nuanced ways.

I want to suggest that something very similar occurs in healthy grieving:

1. *The griever returns to a memory or thought of (or associated with) the lost one*

[49] I use scare quotes here to acknowledge that even when we try to return to memories accurately, we unwittingly infect them with our own distortions.

2. *The griever actively imaginatively re-engages with this memory or thought*

3. *The griever arrives at a new understanding of the significance of this memory or thought; this new understanding is incorporated into, or is embodied in, her everyday life*

4. *1-3 repeat (indefinitely) throughout the grieving process*

This process of repetition is positive in that it embodies both *unity* and *novelty*[50]. The unity is partly constituted by the repeated return to the memory (or thought). The novelty, on the other hand, comes from the griever's continually growing understanding of what appreciating the value of the loss involves and, subsequently, the different ways she integrates this understanding into, and appreciates its embodiment in, her actions (which then, in turn, enable her to appreciate this value with yet more nuance and the process repeats). Positive repetition thus also engenders unity in another, wider, sense: by engaging in positive repetition, one integrates her past into her present and future. Positive repetition thus contributes to the development of a unified sense of self across time.

When returning in memory to the lost person, the griever is maintaining a form of continuity over time (diachronic unity); yet her response to this return changes over time as her understanding of the significance of the memory (or of associated beliefs) evolves. Crucially, a griever's evolving understanding of the significance of a particular memory, thought, or belief need not involve a change in its content: just as one and the same utterance can be used with different illocutionary forces, so might one and the same memory or belief give rise to very different feelings and emotions in the bereaved, depending on the narrative force it has when it is called to mind. Sometimes the mere act of verbalizing a thought aloud has performative force and triggers new emotional responses and sometimes hearing others narrate moments from the past can shift our understanding of their significance[51]. Rather than a change in the content of the beliefs or memories

[50] Patrick Smith's (2024) discussion of improvisation in jazz provides a helpful metaphor for thinking about the complex relationship between repetition and novelty (in improvisation one repeats the old tunes, but each rendition remakes it into something new).

[51] To illustrate this point, Goldie (2012) appeals to Homer's Odyssey – in which Demodokus sings about Odysseus's past and, upon hearing this, Odysseus breaks down in tears. The example is a forceful one:

that the griever is returning to, all that is required for the process of return to embody both unity and novelty is that the significance of those beliefs, or the emotional responses that they trigger in the griever, evolve with the continued iterations.

I think that Lear (2022, p. 41) summarizes a central element in this process of positive repetition quite nicely when he introduces the notion of "imaginative health": "in health we imagine alternative possibilities. Our imaginations open up the future, recreate the past and enliven the present." Through the process of positive repetition, our lives in the present are continually and actively informed by a developing understanding of our past. It is not just the process of healthy repetition itself that contains novelty and unity. More importantly, the resultant life that someone leads when she has "imaginative health" is a life that manifests both *unity* and *novelty*: it is a life in which she values her past and integrates it into her engagement with the present – and, in doing so, she opens up new possibilities for understanding and responding to value.

Thinking about how our imaginations function when we are doing well can help to shed light on what might be going wrong in some cases of "disordered" grief: if the bereaved is unable to imagine, or prevented from imagining, alternative possibilities for engaging with the significance of what is lost, then it is understandable that she would struggle to proceed through different stages of grief.

In addition to being a valuable insight for the philosophy of emotion, identifying this feature of unhealthy grief has practical value as it highlights the important role that social context plays in the unfolding of grief. For example, someone may struggle to imagine alternative possibilities for a number of different reasons including, notably, a lack of interpersonal interactions. Interpersonal interactions, especially those in which the bereaved has the opportunity to talk about the loss and their grief, may be helpful because the mere act of speaking a thought aloud can have illocutionary

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> "So the famous singer sang his tale, but great Odysseus melted into tears, running down from his eyes to wet his cheeks … as a woman weeps, her arms flung round her darling husband, a man who fell in battle, fighting for town and townsmen, trying to beat the day of doom from home and children. Seeing the man go down, dying, gasping for breath, she clings for dear life, screams and shrills— but the victors, just behind her, digging spear-butts into her back and shoulders, drag her off in bondage, yoked to hard labor, pain, and the most heartbreaking torment wastes her cheeks. So from Odysseus' eyes ran tears of heartbreak now" (1997, p. 208)

force (that alters the significance of that thought for the speaker). And, moreover, other people can bring possibilities to the table (can help to compensate for imaginative deficiencies in the bereaved). Similarly, hearing the same content in a different context – said by another - can change one's understanding of its significance[52].

In other words: thinking about how our imaginations function when we are doing well highlights that the healthy unfolding of the grieving process is partly a function of the bereaved person's social context. Consequently, when the process unfolds in ways that are unhealthy, harmful, or problematic, this does not necessarily suggest an underlying psychological (or biological) pathology in the griever: problematic (or "dysfunctional") grief can thus be a normal response to one's external circumstances[53].

2.3.3 Incorporating positive repetition into a theory of grief

I will now turn to the question of *how we might try to appreciate the value and enormity of what is lost when a loved one dies whilst simultaneously engaging fully with life in the present.* A response to this dilemma will need to do at least two things:

1. Provide an account of what "trying to appreciate the value and enormity of what is lost" involves.
2. Explain how the account offered in 1 is compatible with fully engaging in one's life in the present.

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[52] Mathew Ratcliffe and Eleanor Byrne's (2022) discussion of the role of narratives in the unfolding of grief also stresses the relevance of social context and interpersonal interactions for pathological grief – emphasizing the compelling nature of this point.

[53]It is perhaps worth noting here that this insight lends additional support to some of the central claims of Chapter 1 - it sets up an argument in support of an expansive understanding of the role of medical institutions:

> P1. Those struggling with grief are not necessarily struggling due to the presence of pathology.
>
> P2. If it is appropriate for healthcare professionals to diagnose and assist those of us struggling with (and seeking assistance for) grief, then it is appropriate for healthcare professionals to diagnose and assist us with aspects of human life that are not necessarily pathological
>
> P3 It is appropriate for healthcare professionals to diagnose and assist those of us struggling with (and seeking assistance for) grief (see Chapter 1)
>
> *C. Therefore, it is appropriate for healthcare professionals to diagnose and assist us with aspects of human life that are not necessarily pathological.*

I will start by tackling 1. I hope that in doing so, it will become apparent that our attempts to appreciate this value engage us in our lives in the present. First, a caveat: I am intentionally using the notion of *trying* to appreciate the value of what is lost as opposed to successfully appreciating it because I want to take seriously the idea that there may be "difficulties of reality"[54] – things the mind cannot comprehend - and that death may be among these things. In other words, I want to leave room for the possibility that we can never succeed in doing justice to the enormity of the losses that arise when our loved ones die because the enormity of the loss is something that we cannot comprehend. Importantly, even if we (correctly) believe that we can never do justice to the enormity or value of a loss, it does not follow from this that it is unimportant that we *try* to do so. As Dan Moller (2017) suggests, there is something to be said for reflecting on the nature of the losses that the deaths of our loved ones bring and being aware that there is a gap between these losses and our capacity to register them.[55]

I think that the sentiment Moller expresses here begins to point towards some of the parallels between the levels of repetition articulated in Lear's account of healthy imaginative engagement and the repetition that I take to be constitutive of the grieving process. We may be unable to achieve the ideal of fully appreciating what has been lost, but we do have the capacity to appreciate that *something* of great value has been lost. And we have the capacity to aspire to understand it better: to return to our limited understanding, again and again, each time building on the last and coming to see a tiny fragment of the value – and of the significance of its loss - that we had not yet appreciated as such. As we can see from the model of repetition in moral exemplarity, this process imbues one's life with unity and novelty in a way that orients us towards the present and engages us with it whilst simultaneously strengthening our connections to the past.

This further clarifies why engaging in the process of positive repetition in response to loss is a *dialectical activity* in Brewer's sense of the term: what someone's positive engagement with loss

[54] A notion originating in Cora Diamond's essay "The difficulty of reality" (2003) elaborated on by (Lear, 2022, p.41) and exemplified in the poetry of Ted Hughes.

[55]Moller is not referring to "difficulties of reality" here, but, rather, to his dispiriting conclusion that we must inevitably stop grieving despite it never being fitting for us to do so. On his picture we are failing to *register* the loss because we cease to act in dispositionally appropriate ways to its value, not because of conceptual limitations on our ability to comprehend it. Nonetheless, I think that the general spirit of the sentiment he expresses carries over nicely as a response to the "difficulty of reality" worry.

looks like will change continuously as she engages in this process because the act of engagement itself provides her with a clearer and more ample appreciation of what the loss is that she is responding to (Brewer, T, 2009, p. 47). Brewer's point, I take it, is not simply that engaging in dialectical activities shows us the goods we have been looking for all along, but, rather, that it is partially through these activities that we determine in what it is that their goodness consists. With regards to responding to loss: it is through positive repetition that we come to understand - and also to partially determine - what is lost and its significance.

Brewer appeals to the example of masterful artistic creation to further clarify this feature of dialectical activities (2009, pp. 47–49). When an expert blues singer searches for the right phrasing or intonation for a key line, or when a playwright sets out to write a play, neither of these creative individuals have a concrete idea (a particular musical note or a worked-out vision of what the play should involve) in mind that would fully answer to the desire by which they are drawn to partake in these activities: if they did, then these activities would be not involve artistic *creation*. Brewer draws a crucial insight from this: the desires that propel the blues singer and the playwright cannot be "world-to-mind" attitudes towards fully concrete propositional specifications of their desired ends: "the playwright is drawn into his writing by his intimation of an indistinctly perceived kind of goodness that might lie in it, if only he can find the words that exemplify it and bring its contours into clearer view." (2009, p.49). Similarly, one of the things that motivates grief (understood as a process of positive repetition) is an aspiration to *bring* the contours of this loss into clearer view and this is a *creative act* in the sense that the griever's engagement in the process partially determines these contours.

2.3.4 Leading one's life as a requirement for appreciating the value of what is lost

It is neither unintuitive nor controversial to suggest that grieving well involves responding appropriately to the value of what has been lost. Perhaps more controversially, I want to suggest that in some cases of bereavement - such as when those who are most dear to us pass away - responding appropriately to the value of what has been lost will involve aspiring to fully appreciate the significance of what our departed loved ones have lost. Among other things, one of the primary objects of *their loss* is their lost lives: the deceased are no longer a part of this world and can no longer do, or have, any of the things that make human lives valuable. Thus, sometimes grieving

well will involve, or even require, that the bereaved aspire to fully appreciate the significance of this loss[56]

It is important to clarify that I am not suggesting that this particular aspirational endeavour is all that grief ever will, or should, involve (when a loved one dies there are multiple "objects" of loss: the lost life, the lost relationship, and perhaps - as Michael Cholbi (2022) emphasizes - a loss of cohesion within the bereaved person's practical identity). Nor am I saying that this will be an appropriate response to every loss or bereavement that one experiences; whether it is appropriate will depend on other related factors (such as the nature of the relationship between the bereaved and the departed and the value that the departed held - in life - for the bereaved).

What I do want to suggest is that when these factors obtain (when grieving well requires of the bereaved that she aspire to fully appreciate the significance of what her departed loved one has lost), then were the bereaved person to continually disengage from her life in the present or to withdraw from the world into her memories, she would be, in an important respect, failing to respond appropriately to the value of the lost one's life.

Valuing is a dispositional attitude: when we value things, we are disposed to see them as valuable and to act in accordance with this (to treat them as valuable). In disengaging from her life in the present, the bereaved is neither experiencing nor enjoying the goods of a human life: she is not in a position to appreciate, nor to develop an appreciation for, the values of these goods. Grieving well in such cases involves trying to understand (and, in turn, to appreciate) what it means to live a rich and flourishing human life. One way of doing this is by living one's own life, and doing so in a manner that is informed by (but not because of) a developing awareness of what one's loved one has lost. The four-step process of positive repetition provides a model for thinking about how this might work. On this picture, grief is as a dynamic and multifaceted process, the diverse

[56] Roger Angell's (2012) essay "Over the Wall" poignantly illustrates this aspect of his grief. Angell's wife died the April prior to his writing this essay and, in it, he considers the things that have happened since her passing (the things she has *missed*) and the significance of the ever-widening gap between the two of them:

> "*but let's stay with Carol a little longer. She was seventeen years, nine months, and seventeen days younger than me (we had a different plan about dying), but now that gap is widening. Soon our marriage will look outlandish or scandalous, because of the age difference. I'm getting old, but I'm told almost every day that I'm keeping up, doing O.K. What Carol doesn't know by now is shocking, let's face it, and I think even her best friends must find themselves thinking about her with a certain new softness or sweetness, as if she were a bit backward. Carol, try to keep up a little, can't you?* "

components of which are unified by their constituting manifestations of an ongoing aspirational attempt to respond appropriately to the value of what has been lost. What positive repetition within the grieving process looks like will depend on the idiosyncrasies of each griever and his loss. I will therefore be using examples, rather than more traditional forms of argument, to independently motivate the plausibility of the idea that engaging appropriately with loss can both require and enable us to actively lead our lives in the present.

Example 1: Yiyun Li's *What Gardening Offered After a Son's Death*

This article constitutes a particularly rich example because it speaks to the heart of the human puzzle of grief that we began with: it gives us a reason to think that responding appropriately to the value of what is lost is compatible with flourishing in the present. In her meditation on grief and gardening, Yiyun Li (2023) writes:

> "all things in the garden, just as in life, are provisional and impermanent. […] A garden is not a shrine. Living is not metaphorizing. I don't always think about Vincent's plan to work alongside me when I potter in the garden. [Though I did plant a special patch of tulips for Vincent last fall: Tulipa Vincent van Gogh, dark and mysterious, and Tulipa Ballerina, golden and elegant.]"

Li describes how she took up a new hobby and practice in her life, gardening, in the wake of her son Vincent's death. Along the way, she illustrates her incorporation of Vincent into this new activity: she references planting things in Vincent's name, but she also many other different ways that her gardening responds to his value. Crucially, however, she also emphasizes that *her garden is not a shrine*. She is not gardening in order to create a garden for Vincent. Li takes care to clarify that she does not always think about Vincent when she is gardening, nor his about his plan to work alongside her when she pottered in the garden (the latter being an example of her engaging with the scope and significance his lost possibilities). But her love for Vincent is clearly interwoven into her new hobby. Moreover, Li's article also illustrates that her gardening is part of a larger meditative reflection on the impermanency of life – a reflection that is clearly connected to her valuing of Vincent but not reducible to it – and one that embodies hope and a desire for creation: "nothing lasts, and yet something can always be made out of the soil".

I take Li to be exemplifying the process of healthy imaginative engagement with loss; she is quite clearly engaging in the present in a way that enriches her life and informs her evolving understanding of the significance of Vincent's loss. Her understanding of Vincent's loss is, to take just one example, informing, and in turn being informed by, the impermanency she encounters among the plants in her garden.

> Every spring, when the first flush of David Austin roses bloom, there is always a moment when I turn, in my mind, to Vincent. "Here's something you haven't seen: these roses."[…]A garden is a place full of random, diverting, and irrelevant happenings, and a garden, as good as a rabbit hole, serves also as an antidote to a black hole."

Example 2: Jesmyn Ward on "Working, Creating and Living Through Loss"

In a recent interview with the New York Times (2024), multiple National Book Award winner Jesmyn Ward talks about her experiences "working, creating and living through loss", with a particular focus on the death of her brother at the age of 19:

> "I was trying to find a job when my brother died. He was killed by a drunk driver, and I was away when he died. Having my brother die was the first time I had experienced death as a devastating interruption […] it upended the world. The world I thought I knew was not the world that existed".

Ward initially experiences the loss as a "devastating interruption" of life in which the concepts and values that she had previously taken for granted are upended; concepts such as the "naturalness" of death are no longer comprehensible to her, and things that used to feel important no longer do:

> "Even though death is the most natural thing in the world, my brother's death just seemed so unnatural" and things that used to feel important no longer do: "everything I had thought was so important before, like going to law school and putting myself into a position where I could work a practical job and make a good living, suddenly that didn't seem so important".

Subsequently, she reflects on this experience in a constructive and forward looking manner: engaging with it prompts her to (re)consider her plans for the future. This process is constructive in numerous ways, but perhaps most notably so in that it results in her commitment to becoming a

writer. Importantly, she engages with the significance of the loss of her brother while she does this: she wonders, in light of the fragility of human life, how should she live her own life? Central to this question is her recognition that her brother no longer has a life to live:

> "I remember being on this flight from New York to home and feeling in that moment like death was imminent. I could die tomorrow. So what am I going to do with this life that I have and this time that I have, that my brother wasn't given?[57] Immediately the thing that popped into my head was: writing. You're going to be a writer. That was the moment for me where I committed."

Ward's repeated engagement with the loss of her brother is also manifest in her writing (much of her work engages with her grief, but each book brings something new to the table). Her grief over the loss of her brother is thus embodied in the creative endeavors that she undertakes in the rich and active life she has gone on to live as a writer:

> "When I think about it now, most of my novels are about young people. My brother died when he was 19, and so I think that's part of the reason that I write young people over and over again, because I want to revisit that time in life with these characters who I think either have some of him in them, or there is another character around them that my brother sort of inhabits"

Although Ward's writing manifests her appreciation of her brother and her growing understanding of what has been lost, and although her grief was pivotal in her decision to be a writer, it is important that we recognize that she did not become a writer in order to honor her brother. Just as Li's garden is not a shrine to Victor, Ward's writing is not a memorial for her brother. Ward became a writer because the loss of her brother prompted her to face the brevity and fragility of life head on – the gift of time is finite and can be stolen away in the blink of an eye, as it was for her brother – and, in light of this, she reflected on the things that are meaningful to her in her life and reoriented her plans to better align with them.

[57] Ward's choice of the word "given" is notable. It suggests that she views (having) time as a gift – as something she is grateful for – and this, in turn, suggests a recognition that part of her brother's loss is that he no longer has this wondrous gift.

Ward also expresses that, in interacting with her readers, she came to realize that her writing has been helpful to (at least some of) those readers who have experienced loss: in drawing out the universality of grief as part of the human experience, Ward has enabled her readers to feel "seen" in their own grief. This realization triggers her to reflect back on the loss of her brother and the feelings of isolation that arose with her own grief experiences, and both of these things contribute to the value and purpose that she sees in the work she is now doing:

> "I thought back to when my brother first passed and how I just floundered. I was in my early 20s. I'm sure that there were books or fiction that dealt with grief, but I didn't find those books. I was surrounded by other people in their early 20s, and the last thing friends or college boyfriends wanted to talk about was grief. That made me feel very alone. Getting that kind of response from readers, I was grateful that I was able to do the work and offer them a story and an experience that made them feel less alone in that experience of grief."

In summary: I take Ward to be exemplifying the process of healthy imaginative engagement with loss; she is quite clearly engaging in the present in a way that enriches her life and informs her evolving understanding of the significance of her brother's loss. Moreover, she repeatedly engages with the significance of her brother's passing in ways that inform both her actions in the present and her growing understanding of the multitude of values that can be realized in the living of a life. Both of these things, in turn, feed back into, and deepen, her understanding of the value that has been lost and contribute to her evolving understanding of ways of living that are appropriately responsive to this value.

Example 3: V.S Naipaul *The Strangeness of Grief*

V. S. Naipaul's short story in The New Yorker "The Strangeness of Grief" (2019) is a meditation on three losses of particular significance to him: the loss of his father, his brother, and his cat. Naipaul's story incorporates personal anecdotes spanning several decades. Although his topic is a serious one, Naipaul's writing is peppered with whimsical musings. This somewhat playful tone is, I believe, no accident. In the same paragraph in which Naipaul rather pointedly draws a connection between his own struggles with writing and those of his father, he also notes that a "strange lightness of spirit" came over his father in later life, at which time his father began

enthusiastically writing comic short stories for the BBC's "Caribbean Voices" literary program. Naipaul's story can thus plausibly be read as both an exploration - and a manifestation - of his grief: his whimsical tone a fitting (and creative) tribute to his father and his father's comic writings. Relevantly, Naipaul also expresses that he has felt regret for some comments he once made to his father, comments which, he feels, exhibited a thoughtlessness that belied his delight over his father's literary success and took away from the pleasure his father had been taking in this success:

> "Caribbean Voices" asked me to read one of the stories for them. The fee was four guineas. This was more or less the fare from Oxford to London. I was delighted that the story was accepted, and happy to do the reading. But when I wrote my father I made rather too much about the cost of the journey from Oxford. He apologized, though he had nothing to apologize for. The failing was mine, taking away a little of his pleasure in the modest success of his story. His letter made me regret my thoughtlessness—it was no more than that, fealty, but it drove him to spend a little of the very little money that he had on a gift for me."

We can see that Naipaul's story deftly illustrates his respect and appreciation for his late father (and his late father's literary work) while simultaneously demonstrating (i) that (even decades after the death of his father) their previous interactions still hold great significance for him and (ii) that he has learned new ways of responding to the significance of these interactions: his memory of his thoughtless letter gave rise to feelings of regret, but now it also informs his touching literary meditation on grief. In other words: Naipaul has clearly been returning to memories of his father during the preceding years, grappling with their significance and reflecting on the value of what has been lost – and, as a result, he is now engaging positively in the present in (new) ways that are responsive to this value: "The Strangeness of Grief" thus exemplifies the four-step process of healthy imaginative engagement that I have suggested is characteristic of healthy grief.

Notably, this is just one of the myriad ways in which Naipaul's rich essay supports my account of grief. As I noted earlier, Naipaul reflects upon three losses: the losses of his father, his brother, and his cat. On first appearances, one might read Naipaul as exploring his grief for each of these losses in turn: he first focuses on detailing the circumstances of his father's death, followed by the circumstances of his brother's, followed by the life and loss of his cat Augustus. However, on closer inspection, the anecdotes that Naipaul shares show us that *his experiences of loss inform*

each other. When Naipaul learns of his brother's passing, this prompts him to recall again the day that he learned of his father's passing, and this, in turn, feeds back into his interpretation of the significance of the events that are now occurring. In other words, here we see yet another example of the ways in which events in the present – including fresh losses – shape our understanding of the significance of past losses (and vice versa).

Moreover, at the end of his essay, after focusing at length on the life and loss of Augustus, Naipaul explicitly returns to memories associated with his father:

> "Nearly sixty years ago my father died. In that dark time my younger sister Sati hit upon a comforting idea. Our father, with all his cantankerousness, was a humorist, and Sati's idea was that during this time our father was considering the family grief and having a good laugh. Something like this occurred to me after the death of Augustus. We saw him everywhere, in the house, the garden, the hedge. My idea was that Augustus was considering everything in the house which no longer held him: he was considering everything and working out in his intelligent way how he should respond."

In both explicitly starting and ending his essay with reference to the loss of his father, Naipaul reinforces a point I highlighted earlier: his meditation on grief is (among other things) a tribute to his father. Thus, Naipaul's whimsical depictions of life with Augustus are, in addition to being a manifestation of his grief for Augustus, a manifestation of his grief for his father: in reflecting on his grief for his cat, Naipaul is grieving his father. This novel manifestation of Naipaul's grief would not be possible if he had withdrawn from life – he is only able to grieve his father in this way because he continued to engage with the world by (among many other things) adopting a cat.

2.3.5 My account: the rationality of endless grief

On my account endless grief can be (though is not always) rational. Whether endless grief is rational depends on its moral appropriateness. And whether endless grief is an appropriate dispositional response to value is determined by facts about the relationship between the bereaved and the deceased, and by the value that the deceased person held for the deceased. If, for a bereaved person, these facts do render endless grief an appropriate dispositional response **to value** of what has been lost, then this person has a reason to grieve without end (responding appropriately to value is part of living well). A caveat: this does not entail that the *cessation* of grief would always

be irrational in such cases; the bereaved has a moral reason to grieve indefinitely, but if one accepts "ought implies can" then should circumstances arise that prevent the bereaved from being able to grieve, then morality can no longer demand grief of her.

In addition to opening the door to endless grief being rational, my account also shows that endless grief can be *good for* the griever. Whether endless grief is good for the griever depends on:

1. Whether their grief is morally appropriate

2. Whether their grief involves, at least to some extent, positive repetition

And, perhaps most importantly, my picture of grief also demonstrates that grieving is *moral* process: it is a form of respect that is appropriate in virtue of the bereaved individuals evaluative attachments.

Now that we have this positive picture of grief in mind, let us return to the two puzzles: the puzzle of grief's rationality and the apparent tension surrounding grievers' dreading the future cessation of their grief.

2.3.6 Returning to the puzzles with answers

First, my account's highlighting of grief's moral dimension enables us to see that whether it is rational for one's grief to diminish will, in fact, depend on facts about that person and the relationship that they had with the deceased. One might be tempted to counter this by pointing out that peoples' grief diminishes even in the cases where we expect that this moral rationale would be there (cases of particularly profound or devastating loss). I think that this counter is not persuasive for two reasons. Many people do take themselves to be grieving for the duration of their lives. First, there is substantial testimonial support from this, in particular in the from of testimony from those who have lost those closest to their hearts. For example:

"a colleague asked me where I was 'in the process of grieving,' assuming, I supposed, that there would be, and should be, a conclusion of mourning at some point. That phrase struck me as inaccurate; she might as well have asked me where I was 'in the process of living'"
(Yiyun Li, 2023; my emphasis).

Second, although it may look like grief diminishes in these cases, recognizing the transformative, continually evolving and idiosyncratic nature of the grieving process makes room for the possibility that we are in fact conflating a particular experience with a particular phenomenology - grief (in all its multiplicities) with grief as we are currently experiencing it. My picture is entirely compatible with saying that it is rational for sadness and detachment from engagement with the world to diminish as, when grief goes well, its manifestations should evolve over time.

In addition, my account offers a more adequate picture of grief's rationality over time than other accounts do. It shows why what is rational for one person's grief trajectory is not going to be rational for another's – and this is, I think, the kind of result we want.

Let's briefly return contrast my account with another[58]. Recall Oded Na'aman's suggestion that grief is a rationally self-consuming attitude: the diminution of grief is rational because the longer we grieve, the less reason we have to do so. An important respect in which my account diverges from Na'aman's is that on the picture of grief I develop, some grieving processes are not, and cannot be, rationally self-consuming. This happens when facts about your evaluative attachments give you reason to embark upon the unending quest of aspiring to understand the significance of something that can never be fully understood: the value of what has been lost. But even in cases like this where grief itself is not rationally self-consuming, *components* of the process may be. This is because the process is *constructive*: your evolving understanding of the significance of what has been lost informs and updates your understanding of what it means to act in ways that respond to its value. So, naturally, as you move through this process, what was once a rational way for your grief to manifest will, if the process unfolds dynamically, eventually no longer be so.

My picture can also account for the apparent tension in our attitudes toward the anticipated cessation of grief as follows: those who dread grief's cessation may correctly believe that the cessation of their grief is something to be dreaded, but they are incorrectly assuming that their grief will likely cease. When we anticipate the cessation of our grief we are in fact conflating the cessation of grief as-such with the cessation of grief as we are currently experiencing it (an experience of extreme sorrow and suffering); we are thus not actually dreading the cessation of

[58]I recently came across McCracken's (2005) short paper, "Falsely Sanely Shallowly", which I would like to engage with further, as some of the positive features of grief that she highlights fit well with my account.

our suffering *qua* suffering – we only dread the cessation of our suffering when we conceptualize it as grief. [59]

2.4 Final Remarks: Implications for Theories of Health and Flourishing

2.4.1 Relativizing the ideal of a flourishing life

Recall that for Freud, the experience of profound loss fragments the psyche of the bereaved and the grieving process culminates in the successful re-integration of the psyche. When all goes well, the bereaved person no longer needs to grieve because they have completed the 'work' of grieving. On this picture, the grieving process is *instrumentally* valuable in that it derives its value from making possible the intrinsic good[60] of psychic integration. Moreover, if an integrated psyche is required for the possibility of virtuous action, then grief is also valuable in virtue of its role in facilitating the conditions of moral functioning in the bereaved person.

On my picture, however, the contribution of grieving to flourishing is not *just* that it facilitates the intrinsic good of psychic integration and opens up the possibility of virtuous action. Grieving can itself be a virtuous activity in that it can manifest appropriate respect. Grief is, in part, an aspirational process of working to further understand and appreciate the value and significance of what has been lost. Moreover, whether, and to what extent, it is morally virtuous, or even morally required, for the bereaved to engage in this process will depend on the nature of their relationship with the lost person.

Especially, then, if we take seriously Moller's (2017) suggestion that we can never *fully* grasp the value of what is lost when a life is lost, we see why the grieving process may continue indefinitely in a way that is *constructive* rather than (as Freud claims) pathologically repetitive. There is always something out of reach: the value of what is lost. We cannot fully grasp this value, but we can illuminate fragments of it here and there through the process of grieving (at least when grieving incorporates positive, rather than solely negative, repetition) and, in doing so, we can develop an ever-deeper appreciation of it. It is helpful to return to Talbot Brewer's characterization of

[59] See Chapter 3 for an alternative interpretation of what is going on here.

[60] Recall that psychic integration is constituted by self-conscious reflection, which is often taken to be our characteristic activity and thus also taken to be constitutive of our flourishing as the kinds of being that we are.

dialectical activity here: we do not have fully worked out notion of the goods that we are working to appreciate via our engagement in these activities, and, when these goods are "complex and elusive enough" (2009, p. 37) (as those goods that are lost when our loved ones pass away are) this dialectical process can be reiterated indefinitely.

Endless grief can thus be a constructive form of moral respect and thus, I argue, also part of the ideal of a flourishing life for those bereaved individuals whose relationship to the deceased renders it appropriate. Recognizing this highlights that the situations we face partially determine the conditions of our flourishing: there is not just one ideal of a flourishing life *qua* human, and, which among the multitude we should aspire towards is not up to us.

2.4.2 Implications for our understanding of health and medicalization

If we take seriously the idea that health involves more than just the absence of pathology or dysfunction, then this makes room for viewing healthcare professionals as positioned to help us manage "normal" (neither dysfunctional nor pathological) aspects of the human experience. This, I suggest, aligns well with an *institutional* approach (Kukla, 2014) to understanding the notion of a "health condition", according to which the classification of something as a health condition indicates nothing more than that we are identifying it as something that it would be appropriate for health professionals to help one manage. Understood in this way, the medicalization of an aspect of the human experience need not be indicative of an associated or underlying pathology or abnormality: sometimes we can benefit from the assistance of healthcare professionals (construed broadly to include MDs and also, for example, occupational therapists, psychotherapists, social workers, nutritionists, and physical therapists) simply in virtue of the fact that we are dealing with particularly challenging circumstances. This is, I suggest, the case with (at least some forms of) complicated grief – i.e. for some grievers who meet the diagnostic criteria for Prolonged Grief Disorder[61].

Notably, the institutional approach to medicalization appears to pull us in two different directions: on the one hand, it grants that a person with a medicalized condition like PGD is, in some sense,

[61] I limit the scope of this to *some forms* of PGD as there are a multitude of reasons why one might find the grieving process particularly challenging or debilitating, some of which may result from, or relate to, the presence of pathology or pathologies.

experiencing dysfunction and that things are not going optimally for them; on the other hand, it also emphasizes that this need not involve, or be indicative of, pathological functioning or dysfunction at the level of the human organism[6263]. Separating medicalization from pathologization in this way thus highlights the complex relationship between *the need for help or assistance from healthcare professionals* and the concepts of *good functioning/functioning well, dysfunction, pathology,* and *disorder*. I will not attempt to give a full account of the relationship between these things here, but I will appeal to some examples that I think suggest a promising way that we might begin to make sense of the bidirectional tug of the institutional approach to medicalization.

Consider the following two examples:

(i) It is normal for a newborn infant to need intensive assistance: an infant cannot, for example, feed herself. Without someone to provide her with milk or nutrition, the infant will become malnourished and will not meet normal growth milestones and her development will become impaired. But this developmental impairment is in no way pathological: it is a normal human response to the circumstances.

(ii) When a human has limited access to food and starves, their digestive system will eventually stop functioning and shut down. Digestive dysfunction is an appropriate biological response in the context of scarce nutritional resources because the body is prioritizing the direction of its limited energy supplies towards the preservation of a more fundamental bodily process: neurological functioning. Dysfunction within a bodily system or process (in this case, digestive dysfunction) can thus be indicative of the "normal" (or even good) functioning of the organism as a whole.

These examples suggest that the dysfunction of a particular process (e.g. grieving, digestion, growth) within a larger system (such as a human organism) can be compatible with - and even

[62] Barnes (2023) suggests that we are often pulled in conflicting directions when it comes to talk about health because "health" is an intractably messy concept. I am not committing myself to Barnes's ameliorative skepticism about health, but everything that I say is compatible with this and amenable to her complementary project of identifying and elucidating the myriad tensions that arise in our talk about health.

[63] That the institutional approach pulls us in these two different directions parallels a tension facing "mere difference" (Barnes, 2016) accounts of disability.

indicative of - the good or appropriate functioning of the system as a whole: it need not indicate the presence of pathology. If this is correct then we can see why, even though a person's grief may not be unfolding well and may be fruitfully medicalized, this dysfunction is compatible with their grief being a normal response to their circumstances and thus not indicative of underlying pathology.

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Chapter 3 Multiplicities of Loss:
Extending My Account to Anticipatory Grief

My primary goal in this chapter is to think further about how we should respond to grief. This normative question is intimately connected to the conceptual question - *what is grief?*- that formed the core of Chapter 2. Crucially, I do not think that either question can be (fully) answered in isolation of the other: on the one hand, how we should respond to grief is in part determined by what we take grief to be; on the other hand, what we take grief to be can be fruitfully informed (or shaped) by ameliorative considerations. In light of this, I will be beginning this chapter by taking seriously two questions that were touched upon in chapter 2 and that I think are worth considering in greater depth. Namely, *why conceptualize the process described in chapter 2 as grief?* And *what are the stakes here?* In other words, I will be further exploring what it is that hangs on thinking of this dialectical process of imaginative engagement with loss *as grief* rather than as some other kind of process of which grief is merely the first part.

In Chapter 2 I highlighted some unappreciated problems facing extant philosophical accounts of grief and developed an account that both avoids these problems and better aligns with recent developments in other disciplines. Along the way, I provided reasons for thinking that our experiences of grief in response to bereavement are best captured by a process view rather than a state view, appealing to examples from literature and grievers' testimonies to lend support to the particular kind of process view that I developed. In this final chapter, I will:

1. Further elucidate the forward-looking aspects of bereavement-related grief, which will provide us with additional reasons for thinking that the particular kind of dialectical process I described in Chapter 2 best fits with the phenomenology of (healthy) grief.

2. Show that the features of grief that my account captures apply to other forms of grief (and not just to bereavement-related grief) thus highlighting an additional upshot of my account:

it shows why other forms of grief – such as anticipatory grief - are of a kind with grief that arises in response to the death of a loved one.

3. Provide additional ameliorative reasons for conceptualizing grief in this way.

Section 1 expands upon a feature of grief that was initially highlighted in the previous chapter: its multi-directional temporality. In discussing this feature of grief, it will become clear why many other accounts struggle to articulate which attitudes would appropriately follow from grief (this is known as the "successor attitude" problem): in short, these accounts are limited by their reductive conception of forward-looking responses to loss. Following this, I will highlight some additional paradigmatic features of the phenomenology of grief - features that were not previously discussed in Chapter 2 and that also deepen our understanding of how grief enriches our engagement with the future. I will then show how my account is well positioned to capture these features too. The features I will be focusing on include (i) that grief exhibits *object plenitude*: in grief, there is never just one "object" of loss and these objects stand in intimate and overlapping relations to each other such that there are not always (clear) boundaries between them and (ii) that grief exhibits *object generation*: as we grieve, we become aware of "new" objects of loss – grieving is thus generative of (some of) its objects.

Highlighting these two features of grief - object plenitude and object generation - supplements an insight introduced in Chapter 2: that grief is not a solely backwards looking process. But it also does more than this: it highlights that the *objects* of any particular grieving process are spread across the past, present, and future. In other words: grief is diachronic in both form and object. This insight helps us to see why both grief in response to the death of a loved one (henceforth PDG: post-death-grief) and other forms of grief are of a unified kind[64].

[64] In additional research, I recently discovered that some of these insights have support from Ratcliffe and Richardson (2023). That we both arrive at these points via different routes is itself a further point in their favor. Ratcliffe and Richardson reach their conclusions by developing a phenomenologically informed account of grief that incorporates a non-phenomenological characterization of the object of grief: "there is a fact of the matter concerning the implications of a death for the structure of one's life, and this is what a grief process engages with" . On their view, the object of grief is understood as a loss of future possibilities that are integral to one's life and sense of self. It makes sense that if the object of grief is understood in this way - as a loss of future possibilities - then grief is essentially forward-looking and, moreover, that as time unfolds and contexts shift, the future possibilities that are most salient will naturally vary - we will thus experience the object of loss

The account of grief I developed in Chapter 2 focused solely on PDG. In *Section 2* of this chapter, I will consider how my account carries over to capture the phenomenology of grief as it arises in response to other forms of loss, with a focus on anticipatory grief (henceforth, AG). AG is typically characterized as grief in response to a loss, or losses, that has not (or have not) yet occurred: such grief is anticipatory in the sense that one is responding to a loss that will, or may, occur at some future point and grieving in advance of this occurrence. We use the word "grief" to refer to a variety of responses to many different forms of loss, including anticipated losses: it is a noteworthy upshot of my account that it can explain the unity across these different contexts of use[65].

In *Section 3* I will draw out and summarize the practical (clinical, social, and interpersonal) upshots of my account. As I briefly noted in Chapter 2, conceptualizing grief as a constructive process of healthy imaginative engagement with loss (that sometimes can and should be endless) will have therapeutic implications for how we respond to and support those dealing with grief. Consequently, if the process I describe best captures the phenomenology of grief, then this gives us ameliorative reasons for conceptualizing grief in this way: we can do better in supporting those dealing with loss if we have an accurate picture of the kind of process they are going through. For example, once we understand grieving as an ongoing process that benefits from specific interventions, then professional support from the medical establishment – including training and research – gets directed towards these interventions.

In addition, my account shows us that people experiencing other forms of loss can go through a process that is of a kind with the process that many of us go through when our loved ones pass away and, crucially, that people struggle with these processes in parallel ways. In light of this, my account better situates us to recognize that people who are struggling with anticipated losses can benefit from support that is of a kind with the support that could help those dealing with the death

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differently at different points in time. As I noted in Chapter 2, however, my picture goes further than Ratcliffe's in that my account highlights that the process of grieving generates new objects of loss: grieving does not merely enable us to grasp aspects of the loss that we hadn't previously recognized as such and the process itself partially determines which things are understandable as losses. Additionally, unlike Ratcliffe and Richardson, I arrive here vis an investigation into the positive role of grief in human flourishing.

[65] This move also has support from Ratcliffe, Byrne and Richardson (Byrne, 2022; Ratcliffe et al., 2023; Ratcliffe & Byrne, 2022; Ratcliffe & Richardson, 2023). Conceptualizing grief as a loss of future possibilities, as they do, renders AG of a kind with PDG. Interestingly, Ratcliffe, Richardson and Byrne draw on grief testimony - acquired via a novel survey into experiences of loss that arise in relation to involuntary childlessness - to further support the unification of these experiences of loss as forms of grief.

of loved ones (and also of a kind with support that would be helpful to those dealing with a diverse array of other kinds of loss). In other words, in showing that AG is of a kind with PDG, my account brings to light that there are many more grievers in the world than we currently recognize as such and thus that grief-related support from the medical establishment – including training and research – can be fruitfully expanded to account for this. If, on the other hand, we conceptualize grief more narrowly (for example, by restricting our application of the concept to post-bereavement losses) then the benefits of this professional support do not get extended to people dealing with other forms of loss. It is a significant upshot of my account that it brings this to light.

Moreover, having a narrow view of grief will also have implications for our self-understanding and behavior when we experience losses of different kinds. If, for instance, someone does not have the concept of anticipatory grief, then this will influence her understanding of both the significance of her behavioral and emotional responses to anticipated losses and her understanding of the possibilities for responding to these anticipated losses. For example, perhaps she interprets her responses as a form of fear and subsequently strives to be brave by refraining from thinking about these anticipated losses. On the other hand, someone who conceptualizes grief as a constructive process that can be an appropriate response to a multiplicity of different kinds of losses (including losses that she anticipates occurring in the future) may understand her responses to anticipated losses rather differently (i.e. as a form of grief) and, in turn, this can (positively) influence the ways in which her responses unfold over time.[66]

Having argued for this, I will move on to spend some time exploring, in more concrete detail, the potential therapeutic implications hinted at in Chapter 2.

3.1 Additional features of grief

In this section I will be deepening and broadening my account of how grief enriches our engagement with the future.

3.1.1 Recap: non-immediate manifestations of grief

[66] For an insightful discussion of the adverse impact of conceptual inadequacy in the context of systemic power inequalities, see the literature on hermeneutic injustice (Fricker, 2007).

As we saw in Chapter 2, conceptualizing grief as only the first attitude in a larger series or process does not fit with how many people experience grief and leaves us unable to account for things that look like paradigmatic instances of grief. One of the reasons for this is that features of some of the things we experience many years after a loss (while living active lives that are not stymied by perpetual despondency and sadness) are paradigmatic features of the phenomena commonly referred to as "acute grief"[67] (e.g. feelings of pain, intense longing, and sorrow arising in response to the loss). If we do not conceptualize these later experiences as grief, it is hard to satisfactorily account for what is going on here. One might object to this by suggesting that we can account for these experiences as being nothing more than occasional recurrences of grief; in other words, perhaps we do not need to make the stronger claim that they are part of an ongoing process of grieving. I do not find this objection persuasive, however, because these later experiences can be informed and shaped by things that have happened in the interim: if we see these experiences merely as recurrences of grief, then we do not fully capture the evolving nature of their character and thus fail to give a full account of their significance.

3.1.2 Avoiding the problem of "successor attitudes"

One of the reasons for the pervasiveness of **PB** is that extant accounts of grief are working with a reductive picture of the different ways that engagement with the value of what is lost (engagement which, on my view, is conceptualized as grief) can be forward-looking. As a result, endless grief is typically regarded as incompatible with flourishing in the present and the eventual cessation of grief is viewed as desirable. This gives rise to puzzling attitudinal tensions that extant views of grief cannot resolve. I have argued that conceptualizing grief as a dialectical process of engagement with the value of what is lost avoids these problems and, relatedly, that it explains how aspiring to appreciate this value can require engagement with life in the present.

[67] By *acute grief* I mean to refer to "immediate" and negatively valenced (involving sadness, pain, distress, or longing) intense emotional, cognitive, and behavioral responses to loss – responses that some (e.g. Scheffler (2024, pp. 82–83)) appear to take as fully constitutive of grief. But even early/immediate grief responses are not fully captured by the notion of acute grief when it is characterized in this way. Immediate responses to loss that we commonly do understand as manifestations of grief are multifaced and can involve e.g. positive emotions (as Irish wakes emphasize) or uncharacteristic behaviors (e.g. risk seeking, excessive drinking) – they thus need not be negative in valence.

An additional issue arises when we consider which attitudes might appropriately *follow* from grief. Scheffler characterizes the problem thus:

> "What we need is to be convinced that, although our grief has faded, it has been replaced by successor attitudes that continue to acknowledge and do justice to the value of the deceased and to the magnitude of our original loss. We need to be able to assure ourselves that the people we loved still matter to us and that we have not forgotten them or become disloyal or insensitive to their value"
> (2024, p. 94)

In his discussion of this problem, Scheffler considers which types of attitudes and actions might be responsive to the value of the lost relationship. Typical examples, he notes, include remembering the person who has died, sharing these memories with others, and commemorating the person's life. But because he characterizes these activities as primarily backward-looking ("they reflect the survivor's need to revisit and reaffirm the value of the past, and as such they represent a deliberate turning of attention away from the world and its relentless novelty […] one is moved to act in ways that represent a kind of disengagement from the world") he takes them to be (in one sense) antithetical to the value that the bereaved is attempting to honor: the relationship was valuable to the bereaved in large part due to its role in structuring, extending and giving character to their dynamic engagement with the world (pp.162-163).

As we saw Chapter 2, in highlighting the role of positive repetition in the grieving process, alongside drawing out the importance of engaging with the world as a part of an aspirational process of working to appreciate the significance of the loss, my account makes room for us to see that these activities - remembering the person who has died, sharing these memories with others, and commemorating the person's life – need not be primarily backward-looking: they can constitute part of the dynamic process of engaging with the world and constructing meaning. Consequently, this enables us to see that such activities need not be antithetical to the value that the bereaved is attempting to honor and that the successor attitudes problem is not as troubling as it initially appears.

In addition to mischaracterizing engagement with memories and commemorative activities as necessitating disengagement from the world, extant accounts also give a reductive account of more

obviously forward-looking responses to loss. For example, Scheffler's overview of forward-looking responses to loss provides a limited characterization of the array of options: taking on the departed's projects, emulating desirable character traits, taking up causes that work to prevent the particular misfortune that befell the departed, or drawing on memories to help one experience and interpret the world by speculating about what the departed might have said or done. All of these responses, he notes, have limitations. The first three: (i)are not always applicable (ii) do not involve a dynamic collaborative process of mutual interpretation – like the one the relationship created when the departed was alive (iii) can only occur a limited number of times without undermining the coherence of the bereaved person's character and (iv) are often merely aspirational. Whereas the speculative nature of the fourth option – imagining what the departed may have said or done in response to current events – supposedly, he suggests, undermines its value "one can just as well speculate about what a fictional character or a public or historical figure might have said" [page].

But, as we have seen, forward-looking responses to loss need not be commemorative activities that depend on the existence of desirable personality traits in the deceased for the bereaved to emulate (nor of values, goals or causes to take on - for example, in Li's gardening example, Victor wasn't a gardener); nor need they depend on an intention to "live differently" to honor them. For example, rather than an "intention to live differently" forward looking grief can involve an intention to recognize that your unfolding life is unfolding in the way that it is in part because of the lost person: you cannot live in a way that is free of their impact on you. But you can aspire to try to pay attention to (to recognize, acknowledge and engage with) the different ways that the influence of their existence will inevitably manifest in your life – and this is a form of engagement with the world. And, importantly, it is also a form of carrying one's past over into the present**;** thus, rather than threatening the consistency of the bereaved person's character, taking on projects that belonged to the bereaved, taking up causes that work to prevent future occurrences of misfortunes that befell the departed, or altering one's manner of living in response to losses can be understood as activities that contribute to the coherence of one's life and psyche. In other words: via the activities of grieving, the griever integrates her past into her present and future.

To sum up: in failing to sufficiently appreciate the ways that engagement with loss can be forwards-looking, other views are unable to account for the attitudes that it would be appropriate for the bereaved to have after their "grief" has receded. Once we have a more thoroughgoing

understanding of the temporal multi-directionality of grief, the problem of accounting for appropriate successor attitudes disappears.

3.1.3 Object Plenitude and Object Generativity

Losses can differ along several overlapping and interconnected dimensions:

Temporal location of the loss

Losses can differ in terms of where their occurrences stand on the timeline in relation to the griever.

Nature of the loss

Different kinds of things can be lost: lives, species, possibilities, properties or capacities, ways of life, phases within a life, relationships.

Manner of the loss

The "object" can be lost in different ways: it may cease to exist, it may continue to exist but become inaccessible to the griever in some way, its expected longevity or lifespan may be called into question.

Identity of the subject

One can experience loss as an individual, but loss can also be experienced collectively: shared loss

Context

Where the loss stands in relation or connection to other losses; the extent to which the loss is acknowledged by others.

When we grieve, our focus oscillates between these different dimensions of loss. In other words, when we grieve, our grief does not have one clearly defined object that takes center stage throughout the process. For example, in grieving the death of one's sister, one's focus may at times be centered on the loss of one's sister's life (and even this is not a clearly delineable object and may refer to e.g. one's recognition of and sorrow that something unique and of great value is absent

from the world or one's recognition of the loss as a loss for one's sister – one's sister will never eat strawberry jam again, she missed the 2024 solar storms, she will not get to anxiously follow and eagerly discuss the next political primaries), at other times one's focus may center on the loss of companionship and the loneliness that one feels, at yet other times one may reflect on the loss to one's family, or on one's anticipation of big life events in the future at which one's sister's absence will be palpable, or on the fact that she will never have nieces and nephews, or on the growing distance between oneself and one's sister[68] and so on, and so on…

In this example, we see the *temporal location* of the loss vary. At times the loss is experienced as a loss of something in the present – one's sister's absence from the world. At other times, it is experienced as a loss of something in the future – one's sister's anticipated absence at future events. At still other times, the loss is of something in the past – one's sister was not there to witness the stunning solar storms that were visible across swathes of the northern hemisphere in May 2024). The *nature* of the loss also varies. Sometimes one's focus is on the loss of life; at other times one grieves the loss of future possibilities, or the lost relationship and companionship). The *identity* of the subject also varies: the griever experiences the loss as a loss both individually and collectively – as a loss for herself and for her family (of which she is a part). The *context* of the loss may also vary over time – as the bereaved experiences additional losses, this may compound the loss of her sister[69].

Not recognizing the fluidity of grief's "object" is, I think, yet another place where many extant accounts of grief go wrong: they focus on identifying *the* object of grief and in turn try to explain the fittingness (or rationality or appropriateness) of continued grief in terms of this[70]. It is worth returning to one of the features of perdurant processes here: when explaining processes that perdure, we focus on what sustains them over time rather than on what triggers them. Taking

[68] See my previous reference (footnote 56) to Roger Angell's (2012) essay in which he discusses the ever-widening gap between himself and his late wife Carol:

> "*She was seventeen years, nine months, and seventeen days younger than me (we had a different plan about dying), but now that gap is widening. Soon our marriage will look outlandish or scandalous, because of the age difference*"

[69] See Scheffler's discussion of the "threat of normative poverty" (2024, Chapter 5) for insightful reflections on accumulated losses in later life and the impact of this on relationship-dependent reasons.

[70] (Cholbi, Michael, 2022; Marušić, 2018). Ratcliffe and Byrne (2022), however, do recognize that there are ways in which our experience of the object of grief is fluid even if the object itself is not.

grief's perdurance seriously helps to explain why focusing on the initial cause of grief (identifying the "object" of grief) will never give us a full picture of the phenomenon: grief is dynamic in both form and object. As life (and grief) unfolds, different dimensions of loss become salient - sustaining and re-triggering acute manifestations of the process at different moments in one's life. So, we will not be able to fully explain the appropriateness of (continued) grief by focusing on *the* reason for it because objects of loss are dynamic, fluid, and amorphous in kind – and this is exactly what we would expect to be the case for a perdurant process like grief.

Additionally, it is worth noting that the amorphous nature of loss is, in part, a *product* of the grieving process itself: when we grieve, we engage in a reflective process in which we attend to a loss, and, in doing so, new dimensions of this loss come to light. (and this aligns well with my earlier claim that grieving is a process in which one learns to appreciate the significance of a loss – as the process unfolds, and new dimensions of loss become salient, our understanding of what is lost grows).

Alongside the features of grief discussed in Chapter 2, I take these additional features - object plenitude and object generativity (which are partly constitutive of the temporal multidirectionality of our experiences of loss) – to be characteristic of PDG.

3.2 Other forms of loss: considering anticipatory grief

We have a commonsense notion of "anticipatory grief": talk of "anticipatory grief" is not uncommon (see, for example, the Mayo clinic's taxonomy of grief – which includes "anticipatory grief" among the noted subtypes of grief) and we see reference to, and rich depictions of, anticipatory grief in literature (both fictional and non-fiction). That we have a concept of anticipatory grief puts pressure on the notion that grief is always a response to losses that have *already occurred*; it also suggests that grieving is more than an immediate and intense response to loss that *ends* after an appropriate amount of time has passed since the occurrence of the loss: if we can grieve in anticipation of an event that is in the future, then there is no point at which the triggering event will recede into the past because it has, by definition, not yet occurred.

Both of these observations lend support to my central claim that grief is an indefinite active and interactive process involving imaginative engagement with one's future, present and past: they highlight that one of the things that is essential about loss (both in the case of deceased loved ones

and anticipated future losses) is that lost things are absent from the future and *this has significance for us now*[71].

3.3 Illustrating anticipatory grief

(i) Example 1: Paul Kalinithi's "When breath Becomes Air"

In his memoir "When breath Becomes Air" (2016) Kalinithi talks about being present in the hospital while his daughter is born. While there, he reflects on the fact that he will die in the near future (he had terminal lung cancer at the time) and that, in the future there will thus be many big moments in his wife and daughters lives at which he is not present. That is to say, his anticipation of his death (of a future in which he is no longer alive) shapes the significance that his being there for this particular big moment holds.

Kalinithi's engagement with this anticipated loss exemplifies a similar structure (with a flipped but parallel directionality) to the structure of grief over the death of a loved one that I outlined in Chapter 2. More specifically, in PDG the griever (when all goes well) emotionally engages with the loss in a way that informs their understanding of the significance of things in the present. Similarly, here we can see that Kalinithi is emotionally engaging with things in the future – the (anticipated) loss of his life - and it is shaping the meaning that the present holds for him. Both of these emotional processes thus involve a form of reflective engagement with the significance of

[71] Among extant accounts, I think that Mathew Ratcliffe's (2023) makes particularly valuable headway in capturing the multi-directional temporality of our experiences of loss. As I previously noted, Ratcliffe posits that the object of grief is a loss of future possibilities that are central to our practical identity. This feature of his account is a nice companion to, and is supportive of, my claim that as loss is not only behind us, neither is grief. More generally, I think that Ratcliffe's picture of grief has much to be said in its favor - in particular his focus on the phenomenology of grief experiences and the emphasis that he and Eleanor Byrne (2022) place on the role of narrativity in responding to loss and in differentiating healthy and pathological grief align well with my account. There are, however, several important points of divergence between our accounts: (i) Ratcliffe aims to pin down an object of grief (as opposed to embracing *both* the amorphous nature of the object(s) themselves and our experiences of them, as I want to). On my account, because grieving is a dialectical activity (in Talbot Brewer's sense) it is not just that grieving renders different elements of the loss apparent at different times; rather, it is only by engaging in the process itself that we are in a position to see certain things *as losses.* In other words, grieving does not merely enable us to grasp aspects of the loss that we hadn't previously recognized as such: *the process itself partially determines which things are losses.* (ii) my account brings out that grief is an essentially moral process – it is a form of respect. (iii) my account provides reasons (internal to grief itself) for understanding grief as a process that can necessitate active engagement with life in the present, reasons why grief can – and sometimes should – be endless. (iv) my account builds connections between theories of health, disorder and flourishing.

losses – losses that are not (wholly) occurrent at the present moment - that actively transforms the agent's understanding of the present.

(ii) Example 2: anticipating changes

Similarly, the significance that the present moment holds for us may be impacted by the anticipation of other kinds of imminent changes (of many different kinds) in our lives. Suppose, for example, that someone is planning to leave her current place of residence to move to a new city, or perhaps even a new country. Over the months and weeks leading up to the move, she continues to partake in her usual activities - walking to her local coffee shop on a Saturday morning with a friend, jogging along the river in the hot summer evenings, sitting in traffic at a familiar crosswalk, saying hello to her friendly neighbor and his elderly dog who sit together on their porch every evening - while simultaneously beginning to pack up her things and make preparations for her move. The knowledge that she will be leaving this place behind forms a lens through which she starts to see some of these activities in a different light: knowing that a Saturday morning coffee with her friend will no longer be a casual text message and a five minute walk away (a relatively easy addition to a busy weekend!) gives these last few meetups a new emotional weight – they become significant in a way that they once were not. Perhaps, during an evening run, she might think to herself how lucky she is to be able to run along riverside trails safely after dark - something she had previously taken for granted when she was not anticipating an imminent move to a more cosmopolitan location - and consequently she pays particularly close attention to the sounds of the cicadas and the gentle swooshing of the river's flow. Similarly, perhaps as she anticipates the building of new friendships in her next location, she might also be tempted to reflect on the days when she first arrived in her current city and the nascent stages of her friendships here. In short: the significance that events, routines, memories and relationships have for us – and the emotions that we feel in response to these things - can change when we anticipate losing them (or, in the case of memories, when we anticipate losing some of the connections that we currently have with their content – connections such as living in the place that one lived when the memory was formed).

The emotional weight that is generated in this example is not merely a form of nostalgia[72]. For one, nostalgia is characteristically a wistful longing for *the past* whereas many of the relevant objects of significance in this example are things that the person is *currently experiencing*. Additionally, nostalgia is, as just noted, a form of longing for something – the emotional valence of nostalgia is positive (or, at the very least, bittersweet). The emotional weight that, for example, seeing her friend for a last quick coffee takes on need not be positive (although it could be): it is not far-fetched to imagine two friends crying in sadness at the prospect of the impending distance between them as they sip their last coffee together. I thus think that in this example both the shifts in her perception of what is significant, and the emotional shifts that come along with this, are aptly conceptualized as a form of anticipatory grief. The shift in her understanding of what is significant about her daily activities results, in part, from a shift in her narrative framing of these activities: "going for a coffee with Filipa" becomes "going for coffee with Filipa in Ann Arbor *for the last time*". This narrative shift in her framing results from her reflection on the wider context – both past and future – in which the event is situated (with her impending locational move being the most salient feature of this wider context). Moreover, this reflection is triggered by her anticipation of the losses that will occur with her impending move. And, further, her emotional responses to her shifting understanding of the significance of these losses feeds back into her understanding of their significance – and both are influenced by her ongoing activities and preparations for the move. This renders her emotional response to the impending loss *dynamic*. That is to say: the pattern of reflective and emotional engagement in this example also involves positive repetition of the kind outlined in my account of bereavement grief in Chapter 2.

3.3.1 Diachronicity in form and object (object plenitude and object generation)

AG thus shares many of the characteristic features of PDG. In particular, (i) both involve positive repetition (in PDG, the we emotionally engage with the loss in a way that informs our understanding of the significance of things in the present and in anticipatory grief we also emotionally engages with the (anticipated) loss and it shapes the meaning of the present) and (ii)

[72] Nor is it necessarily due to a loss of possible futures that are integral to her identity, as Ratcliffe's account of grief would suggest. She may have always known that she would move away, and it may be integral to her identity and values that she does this: although she experiences the impending move as involving losses, it is not the case that the objects of her loss are futures that she desired for herself, and that she had previously thought would one day come to pass, that have now been taken away.

the “objects” of loss in each case are amorphous (manifesting object plenitude and object generation).

Someone might push back on this by pointing out that in the case of PDG you have lost something, whereas in AG you have not: how can relating to loss be the same thing across these cases if in one case you’ve lost something and the other you haven’t? But this objection is coming from an implausibly narrow conception of loss – for example, if you are terminally ill then facing your own imminent death can involve recognizing something that will occur in the future as a loss that is experienced currently in the present (that is to say, the loss of the future after this is palpable to you in the present). In short, to reiterate my earlier point: that lost things are absent from the future has significance for us now. That my account elucidates both the dynamics of the grieving process and the temporal multidimensionality of objects of loss makes room for us to recognize this richer conception of loss.

3.4 Ameliorative Support

In this section I will be drawing out and summarizing the practical upshots of my account. As I briefly noted in Chapter 2, conceptualizing grief as a dialectical process involving positive repetition (that sometimes can and should be endless) will have both therapeutic implications for how we identify dysfunctional (or disordered) grief and for how we respond to and support those experiencing loss. It will also have implications for how we, as individuals, understand and relate to our own emotional responses to loss. I shall unpack the former first.

3.4.1 distinguishing healthy and dysfunctional grief

If PGD and AG both contribute to one’s flourishing when they proceed dialectically (when they involve positive repetition), this suggests that unhealthy PDG and AG may also be of a kind: in both cases, one might struggle to navigate their experiences of loss if they are unable to transition between the four steps of positive repetition.

Recall the four steps involved in positive repetition:

1. *The griever returns to a memory or thought of (or associated with) the lost one*
2. *The griever actively imaginatively re-engages with this memory or thought*

3. *The griever arrives at a new understanding of the significance of this memory or thought; this new understanding is incorporated into, or is embodied in, her everyday life*
4. *1-3 repeat (indefinitely) throughout the grieving process*

If a griever's emotional engagement with a loss is focused only in one temporal direction (be it the past, present, or future) then this will block the unfolding of 1-3 (and thus, by definition, also 4).

For example, suppose that a lost loved one died a number of years prior and you cannot (or do not) ever return to memories or thoughts associated with them. If this occurs, then the process will not get off the ground: step 1 is blocked and, in turn, so are steps 2-4 (one cannot actively engage with a memory or thought if she does not first have it come to mind, and, consequently, neither can she arrive at a new understanding of its significance)[73].

Similarly, suppose that you do return to memories and thoughts of the lost one, but you are unable to reflectively engage with their significance. You return to the same thought in the same way over and over – perhaps you return repeatedly to the thought "this person is dead" and with each return you feel only a terrible paralyzing emptiness that persists until you are unable to stand the thought any longer, at which point you banish the thought and all associations with it from your mind (like pushing a beach ball under the surface of the water until it inevitably pops back up again). In this case, step 1 occurs but you are unable to proceed to step 2: you are "stuck" experiencing the loss in exactly the same way indefinitely (partly because her engagement with the thought is entirely backwards-looking). That such a response is problematic – a result that my account helps to explain - aligns with recent empirical literature indicating that rumination (repeatedly returning to the same thought in the same way) is a form of harmful emotional and reflective avoidance. In this example we can see that steps 1 and 2 may be blocked by either a failure to return to the past or a failure to engage dynamically with the returns when one does, respectively. Similarly, anticipatory grief can be blocked by a failure to contemplate or to engage dynamically with a significant anticipated loss. Moreover, suppose that in anticipating the losses associated with one's impending (desired) move to a new city, one only ever feels sadness (that is to say, her emotional response to, and

[73] This aligns with cases in which those who have experienced profound trauma may be unable to emotionally process what has happened precisely because the experience is too painful or traumatic to be returned to.

understanding of how to respond appropriately to, the value of these losses does not evolve) and this eventually leads her to cancel the move and stay where she is and this (results in feelings of dissatisfaction and stagnancy). My account explains that the individual is harmed (she is unable to live the life she desires to live) as a result of her static engagement with loss. Helping those who feel "trapped" by anticipatory grief (by facilitating positive repetition) might be a worthwhile form of assistance in such cases.

Moreover, in both PDG and AG, things may also become dysfunctional when the griever does not connect their past (or future) oriented engagement with loss (or with anticipated loss) with their life in the present: our engagement with the present is one of the ways that we enrich our ability to engage with the significance of the past and the future. Recent empirical studies showing the benefits of behavioral activation therapy for those struggling to live well with loss (Papa et al., 2013) lend support to this, as the efficacy of this therapy aligns with my suggestion that engaging with life in the present contributes to the healthy unfolding of grief.

This discussion highlights that understanding PDG and AG as a unified emotional phenomenon involving positive repetition (that is centered on our working to understand the significance of loss) helps to shed light on the parallel ways that our experiences of different forms of loss can cause us difficulties.

Considering different ways that the grieving processes can be derailed also reiterates that the temporal duration of grief is not what matters for differentiating healthy and problematic responses to loss: they are differentiated by features of how the process unfolds (or, rather, how it fails to unfold) over time. This matters because how the process unfolds depends, in part, on one's social context and thus on things that other people can impact. Recognizing this can help to counter unhelpful judgmental attitudes towards those struggling with grief, such as attributions of blameworthiness for not "coping better" or not "moving on". It also has implications for how we think about our own grief and how we respond to those around us who are struggling with loss. For example, it can inform whether professional assistance (such as referral for therapy for "prolonged grief disorder") is offered, which forms of assistance are offered, and how these forms of assistance are framed/presented when offered. It can also work to socially sanction the bereaved person's need for more extensive, or ongoing, support from loved ones (or professionals) and could

help to normalize continued engagement with loss as part of a healthy or full life. Relatedly, this can help to counter harmful societal expectations surrounding the temporal duration of grief, such as the common misconceptions that the bereaved should have "moved on" after a certain point and that engaging in, or encouraging, further conversations about the lost one will be harmful for the bereaved[74].

It is also of note that currently the diagnosis of Prolonged Grief Disorder applies only to bereavement losses – thus access to PGDT (specialized therapy) and research into therapy for PGD are centered on only one kind of loss. Increasing recognizing of grief as a response to losses of many forms – and the interconnectedness of the losses we experience – may have implications for wider debates surrounding the medicalization of grief.

3.4.2 upshots for individuals: a unified self-conception

I will now return to the experiences of dread discussed in Chapter 2 with the aim of drawing out an additional upshot of my account of grief. Chapter 2 focused on explaining the tension surrounding the dread in one of the puzzles of grief (Puzzle 1: why do grievers often dread the cessation of grief if it is appropriate for their grief to dissipate?). I suggested that the dread arises due to a conflation of the cessation of grief *as it is currently being experienced* (often as acute sorrow in the immediate wake of a loss) with the cessation of grief altogether (which one might dread if they view continued grief as indicative of one's love for, or valuing of, the lost one), and that this conflation occurs because the grieving process evolves in ways that we cannot anticipate in advance of the process unfolding. Recognizing this feature of grief may help alleviate the dread (to some extent) for some grievers. But perhaps my initial diagnosis of the dread - that grievers are correctly worried that they may not be responding to the value of the loss if they stopped grieving but are mistaken with regards to their anticipation that their grief will end – does not capture what's going on in some cases. Might there be another reason (or reasons) underlying the dread that I have not yet considered? And, if so, how might recognizing this be of practical benefit?

Maybe it is not (just) that grievers worry they wouldn't be responding appropriately to the value of what is lost if they stopped grieving; another (connected) worry that one might have here is that

[74] See (Chemrouk et al., 2024) for discussion of the latter.

the cessation of one's sorrow would be so at odds with one's current values or understanding of the world that ceasing to feel this way would be evidence that they are no longer the same person that they are now. In this case, the dread would be indicative of a disturbing anticipated dissonance between one's current self and one's future self – which could manifest even if one believed that that there are other ways of responding appropriately to, or appreciating the significance of, the loss.[75] It is worth returning to Proust here, as his description of this phenomenon is especially vivid:

> The newcomer who would find it easy to endure the prospect of life without Albertine had made his appearance in me, since I had been able to speak of her at Mme. de Guermantes's in the language of grief without any real suffering. These strange selves which were to bear each a different name, the possibility of their coming had, by reason of their indifference to the object of my love, always alarmed me […] this person so dreaded, so beneficent who was none other than one of those spare selves whom destiny holds in reserve for us, and, without paying any more heed to our entreaties than a clear-sighted and so all the more authoritative physician, substitutes without our aid, by an opportune intervention, for the self that has been too seriously injured. This renewal, as it happens, nature performs from time to time, as by the decay and refashioning of our tissues, but we notice this only if the former self contained a great grief, a painful foreign body, which we are surprised to find no longer there, in our amazement at having become another self to whom the sufferings of his precursor are nothing more than the sufferings of a stranger, of which we can speak with compassion because we do not feel them. Indeed we are unaffected by our having undergone all those sufferings, since we have only a vague remembrance of having suffered them. It is possible that similarly our dreams, during the night, may be terrible. But when we awake we are another person to whom it is of no importance that the person whose place he takes has had to fly during our sleep from a band of cutthroats.

[75] Such a thought might be disturbing regardless of whether one thinks that grief can manifest in a multitude of ways. For example, the following thought is coherent: "yes, I know that some people express their grief in many different ways and they can feel many different emotional responses to loss, but given who I am, and the relationship I held to my lost loved one, none of these other emotions are accessible to me. The only way *I* can respond to this is with sorrow – it is not possible for *me* to respond in any other way".

> No doubt this self had maintained some contact with the old self, as a friend, unconcerned by a bereavement, speaks of it nevertheless, to those who come to the house, in a suitable tone of sorrow, and returns from time to time to the room in which the widower who has asked him to receive the company for him may still be heard weeping. I made this contact even closer when I became once again for a moment the former friend of Albertine. But it was into a new personality that I was tending to pass altogether. It is not because other people are dead that our affection for them grows faint, it is because we ourselves are dying. Albertine had no cause to rebuke her friend. The man who was usurping his name had merely inherited it..
> (1992, p. 800)

One way of reading the dread exemplified in this passage is in terms of the inconceivability, for Marcel, that something that is now seemingly impossible for him to do could someday be easy for him. If it is one day easy to endure life without Albertine, then the only way this could come to be, Marcel infers, is if he has undergone an unrecognizable value shift. In other words, his worry is that there would be a normative discontinuity between present and future Marcel regarding their response to the loss of Albertine.

If this interpretation is correct, and Marcel is not dreading the cessation of his grief *per se* but rather he is dreading the prospect of being normatively discontinuous (with regards to the loss of Albertine) with his current self, then my account still provides an explanation that is of some comfort: what is particularly therapeutic about my view is that it provides a roadmap to understanding the time when it is easier to live with loss of Albertine as normatively continuous with the present time. More specifically, the newcomer is engaging in the same process that Marcel is currently engaged in – a dynamic and transformative process of grappling with, and responding to, the significance of the loss of Albertine. On my account, future Marcel (who finds it easier to live with this loss) may be seen as normatively continuous with present Marcel (who cannot conceive of things being easier in this regard) in the sense that his process of grieving has opened up to him new possibilities for ways of living that are as responsive to the value of Albertine as his current suffering is. Normative discontinuity of the kind that Marcel fears need not be occurring in the future.

Another way of putting this is to say that if grief is conceptualized as the kind of process that I suggest, then one's future self (who no longer feels unremitting unbearable sorrow and, for example, tends to her garden as a manifestation of respect for her lost loved one – as Li does [see ch.2]) can be understood as equivalently responsive to the loss as one's current self (who is suffering in her grief and withdrawing from activities in the present) in the sense that both are manifesting an ongoing evaluative attachment to the lost one (to Victor, in Li's case). Recognizing that the *evolution* of the process is itself a result of one's continued/ongoing attachment, and understanding grief as an aspirational process in which one's changing emotions are a product of a *developing responsiveness* to, and *growing understanding* of, the significance of the value of what is lost are thus all important here.

My account may thus help to alleviate the concern that a "return to life" would constitute a form of *practical death* (a rupture, discontinuity or alteration in one's values so significant that it renders her current and past selves different people) as it makes room for seeing the on-the-surface normatively disparate ways of living as an expression of *evaluative unity* rather than an expression of evaluative dissonance. In other words, understanding grief in this way can actively contribute to a griever's psychic integration and (to some extent) inoculate her from dreading the identity fragmentation that troubles Marcel.

If, as I have argued, AG is of a kind with PDG, then this comfort that my account provides could be of benefit to many more people than just those experiencing bereavement: recognizing these other forms of grief as grief, and understanding them in the way that I describe, could contribute to the psychic integration of those experiencing many different forms of loss. Or it could perhaps inform the ways we support others around us who are dealing with all manner of different losses, raising to salience a therapeutic insight that can be helpfully employed in assisting those experiencing associated identity-related dissonances.

3.5 Chapter 3 Conclusion

Highlighting the range and diversity of losses that humans experience, and in turn recognizing that we can and do grieve in response to a multitude of different forms of loss, illuminates that there are many more grievers in the world than are currently recognized as such. Given the significant

role that interpersonal interactions can play in the unfolding of the grieving process[76] and the related insight that those experiencing disenfranchised grief are more likely to struggle with their grief than those experiencing grief that is socially sanctioned[77], bringing the pervasiveness of grief to light is of more than just philosophical importance. We are better situated to understand and navigate our own experiences of grief, and better situated to understand and respond to those around us who are grieving, (i) when conceptualize these experiences as such and (ii) when we have some idea of what grieving looks like when it is unfolding well.

[76] See chapters 1 and 2. Also see Ratcliffe and Byrne (2022) "the topic of pathological grief is best approached from a perspective that emphasizes the roles played by interpersonal relations and interactions. Amongst other things, our relations with others facilitate the construction and reconstruction of stories spanning what has happened, the effects on one's own life, one's relationship with the deceased and the experience of grief itself. Grief is a diverse, multi-faceted and fragile process, the course of which is not attributable solely to individual psychology. Grief processes are shaped by interactions with other people, against the backdrop of a social and cultural context that is – to varying degrees – shared. Disturbances of grief might well arise from a range of sources: self; particular people; others in general; contingent events; society; and culture. However, regardless of where these disturbances originate, they are typically interpersonal and social in structure."

[77] For discussion of disenfranchised grief, see Doka (2002).

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Future Directions: A Coda on Transhumanism

The preceding chapters have generated insights that can be fruitfully applied to, and extended within, a number of other contexts. In this final section, I will speculatively consider one of these contexts in particular: thinking about the role of anticipatory grief as a rational response to transhumanism and human enhancement.

Transhumanism and human enhancements aim to *improve* humans beyond what is "natural" or "normal". Both of these concepts are fraught (hence my use of scare quotes), and I will not be taking on the herculean task of attempting to precisify them here. The distinction between treatment and enhancement is also fraught. That clearly distinguishing between treatment and enhancement is (even if possible) rather challenging[78]**, is** connected to some underlying questions that I think it might be productive to consider in tandem with my reflections on grief and positive repetition:

(i) How might we thoughtfully work out what would be best when considering transformations, enhancements, and changes that impact the human species as a whole? And, relatedly, what are the standards via which we (should) determine what counts as an

[78] What matters for my current purposes, however, is just that the reader recognizes that distinctions between treatment and enhancement have been made, that the distinctions is frequently taken to be meaningful (for example, the fact that health insurance companies only cover things deemed "medically necessary" and not, for instance, "electives" such as cosmetic surgery draws on a - oftentimes implicit - distinction between the two), and that the distinction is often framed in terms of a contrast between bringing someone up to a "normal" "natural" or "healthy" standard (treatment) and taking someone beyond what is "normal", "natural" or "healthy" (enhancement).

improvement (as opposed to, say, a mere change or a difference) and via which we determine what counts as a loss?[79][80]

(ii) Certain changes to human life will happen, regardless of how we think about these changes, so how should we respond to this?

It is particularly challenging to think about these questions in the context of hypothetical or anticipated changes (changes we have not yet experienced). Suppose we are trying to determine whether we would be better off if our lives lasted an average 8000 years rather than 80 (as transhumanists assume we would). Many of the hallmarks of our lives (as we now live them) would disappear: for example, our lives are currently structured into varying stages that fit with the duration of our current lifespans (e.g. childhood, adolescence, young adulthood, middle age, retirement, late life) and this would no longer be the case. How should we approach thinking about the potential transformation of such things?[81]

One of the things that makes this challenging is that we do not know whether (or which of) the things that are significant to us as beings of the kind that we are now will be significant to us once we are changed in different ways. Anticipating living in a way that is at odds with one's current values can be distressing – as we saw in the case of Marcel: Marcel was worried that his future-self would betray his present self by ceasing to grieve and thus that he would, in a non-trivial sense, no longer be the same person that he is now. A structurally similar worry arises in the context of asking how we might thoughtfully work out what would be best in terms of how we approach thinking about enhancements or transformations that would change features of the human species.

In attempting to weigh the pros and cons of various changes, one might wonder which changes would transform us into a different species altogether and what would be lost in the process.

[79] There are a number related, overlapping, questions that often arise in discussions of human enhancement: who gets to decide what counts as an improvement? Can we classify particular *kinds* of biomedical intervention (such as anti-aging skincare procedures) as enhancements, or is something's status as an enhancement necessarily relative to features of individual contexts? Can we ever classify proposed biomedical interventions as enhancements in advance of their taking place, or must always wait to evaluate the effects of the intervention in every case?

[80] This question applies (in parallel forms) to anticipated changes at the individual level and the species level.

[81] Importantly, these questions do not just arise in the context of hypothetical transhumanist enhancements. For example, since the development of cellphones and the internet our social landscape has changed in many ways.

Relatedly, one might worry (i) whether the desire to transform ourselves in various ways is compatible with valuing our current ways of life and (ii) whether, once we are transformed, we will be sufficiently connected to our past selves. Here we see structurally similar concerns to Marcel's: might the desire to transform ourselves into something else – the desire to live in radically different ways – be a form of self-betrayal? Additionally, might some transformations, whether we desire them or not, create problematic rifts in our identities? Thus, an interesting question for future exploration is *whether my response to Marcel also suggests a response to these worries*. In other words: can anticipatory grief foster connections that promote a cohesive sense of identity in the face of anticipated changes to the human species?

My account makes room for reinterpreting the significance of the relative ease with which anticipated future-Marcel lives with the loss of Albertine as a form of normative continuity rather than a betrayal. Through grief, as a dialectical activity of positive repetition, we engage with loss (including anticipated losses) in a way that both brings the contours of what is lost into clearer view and partially determines what these contours are. This process constitutes a form of respect, or valuing, of what is lost: through engaging reflectively and constructively with what is lost, we are rendering it significant. And, in turn, as we grieve, our understanding of this significance and of how to respond to it evolves, rendering conceivable – and even appropriate – things that may previously have seemed incompatible with valuing what has been lost. Moreover, on my account, grief brings the contours of loss into clearer view and thus it is a *creative* and *constructive* process in the sense that the griever's engagement in the process partially determines these contours. This insight is relevant to the question of how we might thoughtfully work out what would constitute an "improvement" when considering enhancements or transformations that would change features of the human species: if we construct meaning in part via processes of positive repetition, this suggests that the answers to these questions are *partly* in our hands. That is: whether and to what extent transformations are losses *for us* will be partly influenced by our understanding of their significance – and our understanding becomes clearer, and more cohesive, the more we engage with it via the process of positive repetition. In other words, in thinking about anticipated changes to the human species (and to ourselves) we have more resources than simply weighing pros and cons at our disposal.

To sum up: I am tentatively suggesting that anticipatory grief conceived of as a form of positive repetition may be a reasonable – and constructive – way of responding to anticipated changes to the human species. These (very) speculative comments are not intended as an argument for this – my goal here is simply to outline some not-yet-fully-formed thoughts on some rather inchoate connections, connections that I hope will eventually become clearer.