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Cautioning Health-Care Professionals

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Correspondence and Comments—Cautioning Health-Care Professionals: Bereaved Persons Are Misguided Through the Stages of Grief (*Omega—Journal of Death and Dying*, 74.4)

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To the Editor:

I write to correct an egregious misrepresentation of my work in “Cautioning Health-Care Professionals: Bereaved Persons Are Misguided Through the Stages of Grief,” by Margaret Stoebe, Henk Schut, and Kathrin Boerner. I am a Professor of English and I regularly write about contemporary literature for *The Lancet*. In 2015, I published a two-page essay, “No Protocol for Grief,” about several memoirs that depict the depth and difficulty of long-term mourning. In the second paragraph, I mention Elisabeth Kübler-Ross when I draw attention to the enduring popularity of self-help books, including her work on stages of grief. At no point in this article, however, do I claim to be a researcher on the subject of bereavement. The journal placed the essay under the header “Perspectives” to indicate that it is not a research article, and the piece contains no references. No reasonable reader could mistake the essay for medical scholarship.

Stroebe, Schut, and Boerner select phrases from a single paragraph in my discussion of recent memoirs by Terry Tempest Williams, Helen MacDonald, and Rebecca Solnit and use them to create a rhetorical “straw man” that they can then knock down. They say I make claims about “state of the science of bereavement theorizing,” which is not true. Using brief quotations out of context, they also falsely state that I make these three claims: (a) “what is ‘emblemic [sic] of modern loss and grief’ *in medicine* is a progression through Kubler-Ross’s five stages (1969), which ‘encourage an orderly process of bereavement’”; (b) “that contemporary (*medical*) approaches propose that ‘mourning progresses in predictable stages’”; and (c) “that there is a ‘right way to mourn’” (emphasis added). I do not make claims about contemporary medical approaches nor do I say there is a “right way to mourn.” Stoebe,

Schut, and Boerner represent me as arguing for a position I explicitly reject in the article they cite.

I asked Stoebe, Schut, and Boerner to revise their article to correct their distortions. They informed me that the correct protocol in matters of scientific disagreement is to write letter to the journal editor. I would like to point out, however, that this is *not* a matter of *scientific disagreement*. This is a matter of academic integrity with regard the use of sources, a matter that, as an English professor, I teach regularly and take seriously.

The argument I *did* make in “No Protocol for Grief” is that contemporary memoirs of mourning give readers “permission to ponder mortality and grief in all their complexity instead of attempting to contain and simplify them.” I invite readers who are genuinely interested in complexity and nuance in relation to the act of grieving to read the works by Williams, MacDonald, and Solnit.

Ann Jurecic

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Comment

Dr. Jurecic’s *Lancet Perspectives*’ full title guides the reader to her theme: “The art of medicine: No protocol for grief.” As professor of English, she focuses on the art not the science of medicine, while writing in a scientific journal for medical practitioners. We read her analysis of the contribution of personal memoirs of loss of a loved one with interest, and we agree about the value of such literary accounts (an appreciation reflected in the work of other bereavement researchers/practitioners as well). These accounts help us understand the complexity of grief and grieving. The point of contention is not, then, about her contribution in general, nor do we call her a scientific scholar. Rather, the point is about her representation of available information about bereavement (particularly for doctors): She refers only to the work of Kübler-Ross as illustrative. Indeed, she criticizes the limitations of the stage model, but she presents it as the state of knowledge.

To elaborate: the text passages highlighted in our article and referred to in her letter suggest that the stage model is what we know about grief. While it is the case that stage thinking still appears surprisingly often, as we point out in our article, it is (even among doctors) no longer the one model everyone turns to. She argues that books about grief memories are so popular because there is nothing else out there that would capture the complexity and uniqueness of individual grief. Our point is that that is not the case—most of the bereavement literature that has accumulated over the past 30 years does exactly that, and while we are not yet content with the extent to which this wealth of research and insight has reached the public eye, it is not the case that it has not done so at all. No mention is made by Dr. Jurecic of scientific insights into the complexity of

grief. So in this respect, we do think that her account misrepresents our field and that what she implies is not helpful. She says she was not talking about scientific research on grief. But she does not explicitly say this, leaving room for interpretation—the kind of interpretation that concerns us because there is room for people reading it as “all we have is stages,” “stages are widely accepted,” and “nothing is known about the complexity of grief,” while actually much more is known. There are, for instance, books by leading researchers (e.g., Bonanno’s “The other side of sadness”; Parkes’s classic “Bereavement: Studies of grief in adult life”) that have targeted and reached health-care professionals and lay audiences alike. So it is inaccurate to highlight the stage model as representing cultural assumptions about grief and grieving. In contemporary society, there is still more stage thinking than we like, but it is clear that the bereavement field presents a much wider and more fine-grained range of views on grief and grieving.

With regard to the procedure brought up in the second paragraph of Dr. Jurecic’s letter, we indeed suggested that she write a letter to the Editor of *Omega*, as a “standard procedure in case of scientific disagreement.” The word *scientific* was taken as contentious, but—in our view—this suggestion would apply to scholarly disputes in general. The word *disagreement* was contended too. In our view again, statements made about a particular field should be open to reactions from those who actually work in that area. Readers interested in the complexity and nuances of grief and grieving can benefit not only from reading the works referred to in Dr. Jurecic’s article but also by having the opportunity to form their own opinions about an exchange of letters between experts from different academic disciplines.

Margaret Stroebe, H. A. W. Schut, and Kathrin Boerner