

GUEST ESSAY

In Grief Is How We Live Now

May 7, 2022

By Gary Greenberg

Dr. Greenberg is a psychotherapist and the first selectman of Scotland, Conn.

I'm no stranger to grief. After all, I've been alive for nearly 65 years. And I've spent almost 40 of them as a psychotherapist, midwifing people's grief: the couple who split after their child dies because they remind each other of the loss, the woman who swears her dead husband talks to her every night, the man who can't clean out his deceased wife's closet even after three years.

Any therapist will tell you that death is not the only occasion for grief. We can mourn the loss of anything to which we have become attached: a pet, a job, a home, a way of life. In bereavement, what is best about us — our ability to love — becomes the source of our suffering. It's a wonder that all grief isn't prolonged and that anyone is able to love again rather than wander through life stunned by its cruelty. And it's surprising that anyone actually believes that there are stages and time limits to grief or that we know enough about how it works to know what to expect of it.

I figured my job had acquainted me with all the varieties of grief. But then I took on an additional one. Since November 2019, I've been the first selectman of a small New England town (population: about 1,575). It means I'm its chief executive officer, as well as its chief of police, tree warden and cemetery sexton, and I wind the clock in the Scotland Congregational Church.

The new job has a lot more in common with the old one than you'd think, or at least more than I would have thought. In both cases, unhappy people tell me what is bothering them and often expect (or even demand) that I do something about it. Responding to concerns about high taxes or flooded storm drains does not, however, usually require an excavation of a complainant's past trauma; when I can fix the problem with a phone call, I am gratified in a way I would not have expected.

When the American Psychiatric Association added prolonged grief disorder to its Diagnostic and Statistical Manual of Mental Disorders last fall, the organization's president, Vivian B. Pender, explained that "the circumstances in which we are living" have made people more susceptible to prolonged bouts of grief. The association noted that in addition to Covid deaths, Americans faced many ongoing disasters, including, at the time, "the wind-down in Afghanistan, floods, fires, hurricanes and gun violence."

"Check in with yourself" if you've lost someone, Dr. Pender recommended. "Grief in these circumstances is normal, but not at certain levels and not most of the day, nearly every day for months. Help is available."

Dr. Pender's comments marked the culmination of a process that began about a decade ago, when the association identified prolonged grief as a possible mental disorder, a designation that encouraged researchers and the pharmaceutical industry to fund studies into such matters as the brain chemistry of protracted mourning, the difference between prolonged grief disorder and depression and the merits of various talk and drug therapies. They have identified neural circuits, sharpened diagnostic criteria and developed treatment regimens. There's even an app for it under study called My Grief.

Critics, including me, have called this yet another intrusion of psychiatry into normal life, pointing out that there are no biological markers to distinguish prolonged grief disorder from normal grieving, whatever that is, and that no one has yet come close to figuring out how neural circuits give rise to any experience, let alone one as complex as grief.

But we must acknowledge that the new diagnosis is already doing exactly what a diagnosis is supposed to do — garnering resources for suffering people and attention to their suffering. The occasions for grief, prolonged or otherwise, do seem to be multiplying, and there is more to mourn than the loved ones lost to Covid or war or climate change. Coupled with our polarized, paralyzed politics, these calamities seem to threaten the foundations of our cultural, political and natural worlds. Turning grief into a mental disorder at least draws notice to the enormity of the losses we face and to the bereavement that underlies all of them: the loss of the familiar.

I am confronted frequently by the derangements of loss. Sometimes it's obvious, like when a couple are furious about the location of the cemetery plot they are purchasing for their son who died from an overdose. Other times, it's not quite so on the nose, such as when an applicant for a fishing license likens the masks we've mandated at Town Hall to Nazism or when a young couple, baby in arms, tell me the pistol permits I just signed for them are so they can defend themselves but can't say exactly against what or when a woman calls to ask if anything can be done about her neighbor's flag with an obscenity aimed at people who voted for President Biden.

But even if you have to squint a little to see it, the loss is always there, lurking behind the anger: loss of control, of certainty, of the confidence that hard work and persistence will pay off with a life that is predictable and secure.

You may have guessed that my town is a Donald Trump town, and you would be correct: He beat Hillary Clinton and Mr. Biden handily here, and MAGA hats seem as common here as caps advertising trucks or construction equipment. You don't have to squint to see the loss written on those caps. What is nostalgia but a yearning for what once was, at least in imagination, and a wish to have it again — the truck that you can fix yourself, the world before the pandemic, the reliably upward trajectory of an American life? Isn't anger a way to stave off the helplessness that accompanies the recognition that something precious is gone forever?

I am also nostalgic for the time, probably also imagined, when the Enlightenment dream prevailed. That tolerance would bring forward our differences so that reason could sort them out, with facts as our common ground. That fairness and liberty might pull in different directions but would not pull us apart. At the very least, that we could unite to fight a virus. I am also bereft, heartsick over the incipient loss of a shared world so total that we can't even agree on what has been lost, let alone mourn it in unison. Or, for that matter, pick up the pieces and see if we can fashion something better out of them.

Perhaps the American Psychiatric Association is correct to turn prolonged grief into an illness and to cite the multiplicity of world-historical calamities to support this claim. Not because the diagnosis will lead to finding errant brain circuits to treat but because, as the links in the supply chain of our familiar world weaken and snap, we may need to be reminded that behind the outrage and blame is bereavement, that we may be entering a long age of grief and we have no one to console us for our losses or to build something new with, except one another.

Gary Greenberg is the author of four books, most recently, "The Book of Woe: The DSM and the Unmaking of Psychiatry." He is a contributing editor at Harper's.

The Times is committed to publishing a diversity of letters to the editor. We'd like to hear what you think about this or any of our articles. Here are some tips. And here's our email: letters@nytimes.com.

Follow The New York Times Opinion section on Facebook, Twitter (@NYTopinion) and Instagram.