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“The particulars of loss”: Grief Memoirs and Their Pragmatic Applications

ABSTRACT

Death is commonly pushed to the periphery in contemporary society, leaving the grief-struck to endure the turbulent nature of their loss alone. Unsurprisingly, our mortality-denying times have witnessed the proliferation and popularity of grief memoirs. However, not every text will resonate with every reader, and the selection of appropriate, relatable texts is made more difficult with the overabundance of digital data in our lives. This essay explores select life-altering states of grief addressed in autobiographical accounts of loss and compares the details with the assessment of these states in bereavement literature. The correlations and disparities between the literary and the clinical reveal that the personal nature of grief memoirs makes them a suitable aid in the education of helping professionals and in therapy. Greater familiarity with grief memoirs among therapists may increase their visibility among the bereaved. To facilitate the selection and assessment of proper texts, a closer collaboration between literary scholars specializing in trauma narratives and helping professionals who use bibliotherapy is needed.

Keywords: bereavement, bibliotherapy, depersonalization, derealization, grief memoir, loss.

INTRODUCTION

“When my mother was dying, I found very few books that spoke of the particulars of loss. Much gets said about healing, but what of the violence of the actual event?” writes Robin Romm in *The Mercy Papers: A Memoir of Three Weeks* (Afterword, para. 1). Indeed, many contemporary publications stress the process of adaptation, meaning making, or healing after a significant loss (cf. Gillies et al. 207–15). However, much has also been written about the harrowing effects of loss on the self, perhaps more than about any other traumatic experience. Following the boom of autobiographical writing in the second half of the twentieth century, the past two decades or so have witnessed a significant rise in the publication and analysis of grief memoirs. Next to the elegy, the grief memoir has become a popular avenue for the bereaved to speak of “the particulars of loss” and commemorate the dead. Yet, Romm is not alone in expressing disappointment with the insufficiency of relatable sources. Joan Didion, Lindsay Nicholson, Lucie Brownlee, and many other memoirists bring up similar issues, either stating that hardly anything made sense to them or wishing they had a book like theirs while they were in the throes of grief. Amy-Katerini Prodromou speculates that this “gap” between the griever’s lived experience and bereavement literature may stem from “the feeling that nothing one reads in a bereaved state could help one deal with the loss” (2). The claim that an insufficient amount of relatable texts exists could also be ascribed to grief-denying modern societies (Prodromou 3). Certainly, in many cultures, mourning rituals and communal support for the bereaved are much less prominent than in the past. In this mortality-denying climate, it is possible that grief memoirs, many of which do capture “the violence of the actual event,” might be inadequately advertised or recommended to their target audience. In the age of the internet, however, where information travels fast and accessibility to books seems unlimited, the opposite is equally plausible: maybe the current abundance of information makes the identification of relatable sources more difficult, intimidating, and time-consuming. In *Life After You* (2014), Lucie Brownlee recalls how she “trawled the Internet for books on grief and underwent an ordering frenzy that resulted in a pile of bereavement literature” delivered to her doorstep (71). “Some books contained ‘road maps’ to recovery,” one implied that she “was currently in the middle of a boggy, hostile mire, surrounded by dead ends and evil-looking shrubbery,” and still others “were heavy with case studies and testimonials from people who had gone through it and survived” (72). “None of them made any sense to me,” Brownlee concludes (72).

In the light of claims such as Romm’s or Brownlee’s, it might be worth considering what could facilitate the search for relatable grief

accounts for those who might need them the most. While no solution is ideal, a closer collaboration across diverse fields researching bereavement may be a step in the right direction. For instance, with the help of literary scholars specializing in trauma narratives, helping professionals who use bibliotherapy in their practice could select proper texts and explore their supportive value in a more methodical and efficient manner. In this analysis, I first focus on select life-altering states of grief such as derealization and depersonalization, both of which are quite consistently addressed in autobiographical accounts of loss. Each grief is different and so is each grief memoir, but patterns emerge. Some of these patterns verify the “particulars of loss” reported in professional bereavement literature, providing an additional database of how grievers perceive the world changed by loss outside clinical studies. Such correlations and disparities between the literary and the clinical should be researched further to increase the knowledge of relevant grief narratives among those who profess to help the bereaved. Thus, in this analysis, I also indicate why grief memoirs can constitute a particularly suitable aid in bibliotherapy and in the education of future helping professionals. Ultimately, greater familiarity with grief memoirs among therapists will result in greater visibility of grief memoirs among the bereaved. Autobiographical expressions of loss use relatable diction and imagery and offer personal takes on grief that are devoid of didacticism yet may speak to the bereaved in a more pragmatic manner than professional bereavement literature.

LIKE DOROTHY IN *THE WIZARD OF OZ*

While it is a common belief that after the death of a beloved other we eventually move on with our lives, studies show that our experience of important loss can cause long-term changes in our memory, reasoning, behavior, sleep patterns, and bodily functions, affecting the self in ways that it may not be fully aware of and that it has never expected to experience (see, e.g., Parkes and Prigerson 15–47; Rando 46–61). Among the psychological changes that the grieving self experiences, shock, numbness, disbelief, and cognitive disorientation are said to be the most immediate and common (see, e.g., Worden 22–25). As a result, the bereaved often feel as if they have entered a kind of emotional, spatial, and temporal limbo, which, at times, leads them to the conclusion that there is something wrong with them or that they might be going mad.

Grief experts note that depersonalization (the self feels different or unreal) and derealization (the world seems different or unreal) often

follow bereavement (Parkes and Prigerson 77). In less clinical terms, both of these phenomena are consistently portrayed in the majority of grief memoirs. In the opening paragraph of his classic meditation on loss, *A Grief Observed* (1961), C. S. Lewis expresses his surprise that no one ever told him that “grief felt so like fear” (3). “I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning,” he states (3). For Lewis, the bouts of “fear” alternate with the feeling of “being mildly drunk, or concussed” (3). He feels as if he was divided from the world by “a sort of invisible blanket” which makes “it hard to take in what anyone says. Or perhaps, hard to want to take it in. It is so uninteresting” (3). Lewis tries to seek refuge from his dazed state in thoughts such as “[l]ove is not the whole of a man’s life. I was happy before I ever met H. . . . People get over these things” (4). Yet, “a sudden jab of red-hot memory” makes such rational banalities vanish “like an ant in the mouth of a furnace” (4). In the first three paragraphs of his memoir, Lewis captures and reflects upon a gamut of somatic, psychological, and cognitive effects of grief. Incidentally, to come to similar conclusions, clinical studies employ large samples of subjects and can take months or even years. In his seminal paper “Symptomatology and Management of Acute Grief,” Erich Lindemann reports his findings from the study of 101 bereaved patients. Lindemann defines “acute” or “normal” grief as “a definite syndrome with psychological and somatic symptomatology,” involving such sensations as “tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intensive subjective distress described as tension or mental pain” (141–42). Similarly, based on studies involving substantial samples of widows and widowers, Colin Murray Parkes and Holly G. Prigerson report that one griever felt “ill and shivery,” another felt as if their “inside had been torn out,” and many others felt as if they were “in a dream” (77). While Lewis’s reflections correspond in essence to what bereavement literature describes, they feel more immediate, even if filtered by his aesthetic choices. Phyllis R. Silverman points out that “many professionals adopt the language of medicine to describe the mourner’s experience” (31) or fit the data into an existing theory (11). Grief memoirs can help correct for such biases and complement clinical bereavement reports with less dispassionate diction.

Lewis’s mediations find individualized parallels in many other narratives of loss. In *When Things Get Back to Normal* (1989/2002), barely ten days after her husband’s sudden death, M. T. Dohaney goes back to work. In the meantime, she sorts out her husband’s belongings, gets the death certificate, cancels “memberships here and there,” closes bank

accounts, and performs dozens of other tasks (20–22). To an outsider, she may appear “normal,” as if she was coping with the loss (22). Yet, Dohaney also lingers in another reality: “[I]f I’m taking your death so well, why do I feel like Dorothy in *The Wizard of Oz*? I feel as if I’ve been scooped up by a tornado and spiralled into another dimension, where nothing is as it was or as it should be” (22). The bereaved often have “the feeling that it is not the dead person but they themselves who have been ejected from the world hitherto familiar to them” (Parkes and Prigerson 112). Indeed, the loss spirals the bereaved out of their assumptive world and forces them to deal with new duties that may be daunting, adding to the feeling of unreality. For instance, while she is still struggling to accept the fact of her husband’s death, Dohaney is faced not only with closing bank accounts but also with such decisions as whether to sell the lawnmower, snowblower, or even the house. In this context, the image of being “spiralled into another dimension” suddenly takes on a literal meaning.

In *The Year of Magical Thinking* (2005), Joan Didion reflects upon another aspect of derealization that persists in spite of her systematic efforts to acknowledge her post-loss reality after the death of her husband. “To the average observer I would have appeared to fully understand that death was irreversible,” she writes (42). Didion authorizes the autopsy, arranges for cremation, and performs other funerary and daily duties. After the funeral, she states: “I had done it. I had acknowledged that he was dead. . . . Yet my thinking on this point remained suspiciously fluid” (43). It is only several months after the death that she is finally able to recognize the phenomenon of magical thinking she has been experiencing (44). The prolonged state of disbelief that the loved one is gone differs from the initial shock and disorientation. Yet, magical thinking is also a natural extension of those states as different grievers need different amounts of time to adjust to their reality without the loved one in it. Grief specialists underscore that there are three types of adjustments that the grieving self has to face: “the external adjustments, or how the death affects one’s everyday functioning in the world; internal adjustments, or how the death affects one’s sense of self; and spiritual adjustments, or how the death affects one’s beliefs, values, and assumptions about the world” (Worden 46). Dohaney, Didion, and other memoirists acknowledge these adjustments, but they also stress the disparity between what others see or recommend and what indeed gets adjusted and in what time span.

Reactions to loss such as shock, disbelief, and magical thinking fluctuate during bereavement, performing largely protective functions so that the bereaved can face loss at their own pace. At times, however, they

also entail fear (as Lewis specifies), helplessness, and despair that debilitate and disorient the griever. After the sudden death of her teenage daughter, Anne-Marie Cockburn regresses to a state that protects the self from the reality of the loss as well as impairs its will to perform basic tasks:

I was wrapped in a hazy cocoon; I became a newborn baby who was reliant on everyone for everything. I needed water to be poured into my mouth, I needed to be held, rocked and patted when I cried to make me feel better. I needed wrapping in a blanket, my bath to be run for me and my clothes laid out by my loving family. I needed help to walk again. (18)

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Losses of children result in the most long-lasting of all griefs and are “associated with an increased risk to physical and mental health” (Parkes and Prigerson 142–43). The helplessness Cockburn describes differs from Lewis’s, Dohaney’s, or Didion’s sensations of shock and disbelief, indicating that loss results in various degrees of depersonalization and derealization. Yet, her imagery of being “wrapped in a hazy cocoon” would be recognizable to each of those memoirists. In *Living on the Seabed: A Memoir of Love, Life and Survival* (2005), a narrative devoted to her grief after the death of her husband and daughter, Lindsay Nicholson confesses that she “spent several years on the seabed of despair” (8). “It is as if you are one of those dark creatures that lives on the ocean floor and has never felt the sun on its back,” she writes (8). Cases such as Cockburn’s or Nicholson’s draw attention to the particulars of grief that may require not only increased support from friends and family but also considerate professional help. Profound grief may trigger or contribute to serious health issues or even cause the death of the griever due to prolonged self-neglect, anxiety, lack of concentration, or difficulty in performing everyday tasks (Parkes and Prigerson 19, 128). Thus, if “living on the seabed” becomes unbearable, one should not shy away from clinical help, which many memoirists address in a thoughtful, non-didactic manner. The stigma of seeking psychological or psychiatric intervention persists in many societies, while platitudes such as “life must go on” or “she is in a better place now” continue to be tossed at the bereaved shamelessly. Nicholson criticizes those who “sneer about the need for counselling” (83). With two devastating losses in her life, she knows that the griever needs a variety of support to breathe in the midst of “unbearable, unending agonising pain” (2). Nicholson also wishes she had known “that someone else out there had gone through this experience and survived to see the light again” (8). “When I was down there, this is the book I would have liked to read,” she adds (8), asserting the idea that the bereaved could benefit from being directed to such texts more systematically.

THE OTHERWORLDLINESS OF GRIEF

The sensations of unreality (derealization) and otherness (depersonalization) are “transient” and should gradually subside (Parkes and Prigerson 77). Yet, they are memorable enough to find regular reflections in narratives of loss. For instance, many memoirists agree that the state of otherness persists in one way or another because they have involuntarily yet permanently joined “a club that no one wants to belong to”—one they “did not even know existed” (Sandberg and Grant, chapter 2, para. 18). This unwanted membership influences how the grief-struck are perceived by themselves and others. “People who have recently lost someone have a certain look, recognizable maybe only to those who have seen that look on their own faces,” writes Didion (74). “The look is one of extreme vulnerability, nakedness, openness,” she explains, comparable to “the look of someone who walks from the ophthalmologist’s office into the bright daylight with dilated eyes, or of someone who wears glasses and is suddenly made to take them off” (74–75). After her husband’s death, Didion began to notice this look on her face and, consequently, “on others” (74). “These people who have lost someone look naked because they think themselves invisible. I myself felt invisible for a period of time, incorporeal,” she specifies (75). In *Levels of Life* (2013), Julian Barnes makes a similar observation. He compares becoming a widower to changing one’s make of car. You “suddenly register” in a way you never did before how “many other cars of the same sort there are on the road” (Barnes 76). “When you are widowed, you suddenly notice all the widows and widowers coming towards you. Before, they had been more or less invisible, and they continue to remain so to other drivers, to the unwidowed,” Barnes completes his analogy (76).

The invisibility of the bereaved is connected not only with the grieving self’s changed perception of itself and of the world around it but also with how others approach mourners in everyday life. C. S. Lewis expresses the essence of this disparity between the two cohorts:

An odd byproduct of my loss is that I’m aware of being an embarrassment to everyone I meet. At work, at the club, in the street, I see people, as they approach me, trying to make up their minds whether they’ll “say something about it” or not. I hate it if they do, and if they don’t. Some funk it altogether. R. has been avoiding me for a week. . . . Perhaps the bereaved ought to be isolated in special settlements like lepers. To some I’m worse than an embarrassment. I am a death’s head. (10–11)

The bereft self becomes the reminder of mortality to others—a tangible, walking memento mori in the face of which everyday register fails. Platitudes such as “time heals” or “life must go on” are often of little

comfort to mourners, which partly explains Lewis's aversion to all social reactions to his loss. To many griever, the awkwardness of others is both alien and understandable. Some admit that they used to shy away from the grief-struck in the past—as if the bereaved were another species, tainted by death. “What could be more cruel than to walk away from a friend who is in pain?” Lindsay Nicholson asks (84), addressing as much those who avoided her as her own pre-loss persona. “After all I used to be that person—the one who didn't know what to say,” she admits (83–84). After two devastating losses, Nicholson realizes how oppressive the silence that often surrounds the bereaved can be: “I didn't know that to say nothing was far worse” (84). By discussing the subjective and social invisibility of the grieving self, narratives of loss create an alternative communal space in which the bereaved can recognize themselves, even if temporarily. They also remind us that grief can be extremely isolating and indicate what can help the griever regain a sense of belonging.

At times, however, even with ample support from family and friends, changed ontological states transport the bereaved into a place distant from the regions in which others tread. This “geographical” derealization constitutes another consistent trajec(s)tory in grief memoirs. In *Landscape without Gravity: A Memoir of Grief* (1993), Barbara Lazear Ascher mourns the death of her younger brother Bobby from AIDS. “Grieving takes heroic strength,” Ascher asserts (46). To illustrate her point, she reaches to the world of antiquity with which she senses she has more in common than with the reality around her: “You fight demons no more docile than Ulysses' Cyclops, and like Ulysses, you pine for home until you realize that what you long for is you as you once were, life as it once was” (47). Launched into another emotional plane of existence by the magnitude of her loss, Ascher finds it difficult to communicate with her family. “Grief is a landscape without gravity. My husband does not know I'm here, afloat. Nor does my daughter,” she confesses (44–45). Overwhelming loss creates a geographical gap between the linguistic registers of the grieving self and her family. The griever's register “is outside the scope of language,” while others “continue to communicate through normal channels” (Ascher 45). Similarly, Didion feels as if she had “crossed one of those legendary rivers that divide the living from the dead, entered a place in which [she] could be seen only by those who were themselves recently bereaved” (75). “I understood for the first time the power in the image of the rivers, the Styx, the Lethe, the cloaked ferryman with his pole,” she observes (75). To someone who has not suffered a life-altering loss, such mythological musings may appear dramatic. The bereaved, however, grasp as much at banal as at hyperbolic imagery, frequently doubting if either is adequate to express what they experience.

Barnes also notes this spatial reshaping of reality in the griever's life: "Grief reconfigures time, its length, its texture, its function: one day means no more than the next . . . It also reconfigures space. You have entered a new geography, mapped by a new cartography" (91–92). After the untimely loss of his wife, Barnes experienced suicidal thoughts. His despair was so profound that when he finally began to "brave public places and go out to a play, a concert, an opera," he found out that he "had developed a terror of the foyer," of "cheerful, expectant, normal people looking forward to enjoying themselves" (98). "I couldn't bear the noise and the look of placid normality: just more busloads of people indifferent to my wife's dying," he admits (98). To make the transition from the space of "placid normality" to the darkened world of an auditorium possible, friends had to meet Barnes outside the theater to "conduct" him to his seat (98–99). This behavior echoes the helplessness that Cockburn experienced after the death of her daughter. When we lose what was most dear to us, we lose our confidence in ourselves and the world around us (Parkes and Prigerson 103). "At such times the bereaved are disorganized and disabled by loss," observe Parkes and Prigerson (104). Like Cockburn and Barnes, many mourners "may need the protection and support of others, whose world has not been similarly shattered, to provide the security that will enable them, little by little, to take in the reality of what has happened and make it real" (Parkes and Prigerson 104). Grief memoirists address multiple ways in which assistance can be offered to the grief-stricken and how it can be modified with time to enable the bereaved "to brave" their new reality with increased confidence.

When what was familiar becomes unfamiliar, what was previously unfamiliar, or less accessible, often becomes close and familiar, providing an alternative source of identification and support. Like Ascher and Didion, Barnes finds a sudden affinity with the realm of ancient mythology and tragedy. One of the first plays he goes to see after his wife's death is *Oedipus*. The first opera he attends is Strauss's *Elektra*. "[A]s I sat through these harshest of tragedies," Barnes recollects, "I didn't feel myself transported to a distant, antique culture where terror and pity reigned. I felt instead that *Oedipus* and *Elektra* were coming to me, to my land, to the new geography I now inhabited" (99). In his grief memoir, *Kaddish* (1998), Leon Wieseltier notes: "The disconsolate are the masters of consolation. They offer sympathy without illusion" (581). When the world around them seems distant and does not provide enough "sympathy without illusion," many griever's instinctively turn to other realities that make them feel more understood and that they can understand. Free to defy the laws of conformity and logic, literature and art become natural allies in this journey. For most of his life, Barnes had considered opera

to be “one of the least comprehensible art forms” (99). “I couldn’t make the necessary imaginative leap. Operas felt like deeply implausible and badly constructed plays, with characters yelling in one another’s faces simultaneously,” he states (99). After the death of his wife, “in the darkness of an auditorium and the darkness of grief,” Barnes perceives people standing onstage and singing at one another as natural, with “song” being “a more primal means of communication than the spoken word—both higher and deeper” (99–100). Like many other grief memoirists, Barnes offers an apt, non-clinical commentary on how dramatically the perception of what is understandable, normal, and natural changes for the griever. Finding a new space in which the griever feels understood and, thus, safer is an important step in adapting to a post-loss reality. This space can be found in new hobbies, grief support groups, or relatable fictional worlds and characters. The newfound familiarity with other grief-stricken individuals gives the bereaved a clear signal that their loss is real and, indeed, can be as devastating as Oedipus’ or Elektra’s ordeals. It also shows that, undesirable as they are at first, gradual changes in the assumptive world view result in new connections and may eventually lead to a new, livable reality. This sense of possibility can make the bereaved feel more confident that their sense of identity can become “higher and deeper” over time as well (cf. Parkes and Prigerson 104–07).

The feelings of depersonalization and derealization are extensively covered in professional bereavement literature with clinicians providing examples from their case studies that, however, often contain their own biases. In grief memoirs, the portrayals of these and many other particulars of loss gain individual, vivid dimensions—dimensions that may only be captured by the self that has experienced “the violence of the actual event.” Undoubtedly ridden with their own biases, the autobiographical representations of grief reactions constitute what I call a collection of subjective correlatives: individual images of loss that correspond to and may inform many aspects of grief systematized by bereavement studies.

GRIEF MEMOIRS IN BIBLIOTHERAPY AND EDUCATION

The correlations and disparities between the assessment of grief reactions in professional literature and the particulars of loss portrayed in grief memoirs can be explored to advance the study and application of life writing in therapy. In essence, bibliotherapy is the use of literature for healing and developmental purposes. In clinical terms, it is a “process of dynamic interaction between the personality of the reader and literature under the

guidance of a trained helper” (Shrodes 32). The bibliotherapeutic process relies on three basic stages: identification (the reader needs to identify with the storyline, ideas, or characters); catharsis (some emotional release should be present); and insight (the reader acquires some knowledge and understanding of a given problem) (Pehrsson and McMillen 1). Common steps in the application of bibliotherapeutic means include: preparation (assessment of the client’s interests and reading skills); selection (choosing reading materials and matching them with the client’s needs); methods of application which vary “from client-initiated to counselor-initiated, structured to unstructured, . . . and more-facilitated to less-facilitated”; and follow-up (assessing the client’s growth) (Pehrsson and McMillen 1). Helping professionals employ two main types of literature: affective (mainly fiction and poetry) and non-fiction (mainly self-help books).

The stages of identification, catharsis, and insight are all relevant to the particulars of loss presented in grief memoirs. In order for the bibliotherapeutic process to be effective, the reader needs to relate to the source and its storyline (Cohen 57), which makes autobiographical accounts of loss a viable option for the bereaved. The requirement of close identification with the book entails a careful selection of literature either by a skilled facilitator, a supportive person, or by the reader. A properly selected grief narrative could work for the bereaved in a similar manner to that in which opera works for Barnes and mythological characters and rivers work for Ascher and Didion. In fact, the bibliotherapeutic element of insight could be additionally enhanced through grief memoirs because many writers talk about how literary and artistic sources proved supportive in grief, and many, often inadvertently, demonstrate how self-biblio-counseling works. Undoubtedly, helping professionals and bereavement support groups across the globe recommend and use select grief memoirs as aids in therapy. Yet, considering the number of autobiographical narratives of loss on the market, an appropriate choice may not always be easy, even for the most experienced practitioners of bibliotherapy. In contrast to fiction, poetry, and self-help literature, the body of research documenting the use of grief memoirs in therapy is still insignificant. This scarcity of empirical studies may influence the familiarity of helping professionals with the possibilities such texts offer as well as make it more difficult to select proper texts and match them to the client (cf. Malecka and Bottomley 847–49). Generally, the application of life writing in clinical conditions is still scarcely documented (see Eisen et al. 243). This opens an opportunity for literary scholars and psychologists to collaborate and design studies testing the efficacy of life-writing genres in bibliotherapy. For instance, it will be easier for a scholar specializing in grief memoirs to locate sources that may appeal to pregnant widows (Nicholson could not

find any after her losses), and psychologists can verify if selected texts would not be too triggering for the bereaved. Such joint endeavors could lead to a systematized inventory of published grief memoirs that would make it easier for the bereaved to find those best suited to their needs.

To increase the social visibility of autobiographical grief narratives, scholarly publications devoted to their pragmatic applications should be written in an accessible manner so that the bereaved and their support groups can appreciate what such accounts have to offer. The bibliotherapeutic rule that the text should be relatable to the recipient in order to be effective is what academics should probably heed more often if they aspire to support the grief-struck in their choice of literature (cf. Prodromou 23). In a systematized review of the particulars of loss portrayed in grief memoirs, similar correlations between grief memoirs and professional literature to those presented in this analysis may be of use. Yet, even more straightforward strategies should be considered, executed, and reported in an explicit yet *unobtrusive* manner. I stress “unobtrusive” because, as some grief memoirists underscore, the bereaved often resent literature that is heralded as the panacea for what they are going through.

Memoirs of loss could also be used in the training of future helping professionals to help sensitize them to the needs of the bereaved. Courses such as Rita Charon’s program in narrative medicine at Columbia University prove that the application of “[n]ovels, memoirs, plays, [and] movies” in the education of future clinicians can be a worthy endeavor (42). In narrative medicine courses, students improve their skills in taking medical histories via close reading techniques. They also explore books to boost their levels of empathy and learn how to handle their own emotions now and in future practice (Charon vii–xiii). A special course focusing on the experiences of the bereaved with the use of grief memoirs would be a valuable addition in this type of developmental bibliotherapy. For instance, Sandra M. Gilbert’s *Wrongful Death: A Memoir* (1997) or Joyce Carol Oates’s *A Widow’s Story: A Memoir* (2011) could be particularly suited to help prospective as well as current clinicians understand the “violence” of loss from the perspective of the bereaved. Both Gilbert and Oates address the professional inadequacies of certain clinicians with whom they had to interact after their devastating losses.

Many memoirs of loss can be read as detailed case studies rich in sentiments and insights that academic textbooks may lack. In “The Healing Power of Culture Stories: What Writers Can Teach Psychotherapists,” American psychologist Ester R. Shapiro argues that her work “on cultural identity as a protective factor in development” would be deficient were it not for autobiographical accounts on the topic that she decided to include in her research and teaching (93). Shapiro assigned to her students several

memoirs written by African Americans that enabled her and them to explore “rich, multidimensional, and often surprising portraits of personal identities constructed out of complex lives between cultural worlds, a perspective too often missing in the psychological literature” (94). Grief memoirs offer equally “multidimensional” portraits of bereavement that, with careful selection and implementation, can enrich the knowledge and lives of current and future helping professionals and, as a result, can benefit the bereaved.

CONCLUSION

In spite of what some grief memoirists claim, we should not assume that griever in general will not be able to locate relevant bereavement literature. We can, however, assume that finding relatable texts in the throes of grief may be more challenging than academics versed in research acknowledge. The bereaved experience a host of psychosomatic and social changes. The new territory they navigate often requires unlimited depths of energy. To ease this journey, mourners reach for different sources, some more useful than others. In many contemporary cultures, where mourning rituals are often limited to funerary “tasks” without much follow-up down the road, autobiographical accounts of grief matter more than ever as they can assist griever in navigating their altered reality. In comprehensive and nuanced ways, they document the particulars of loss and the ways in which the griever handles “the violence of the actual event.” To help mitigate the sense of isolation and unreality that the grief-struck experience on many levels, more pragmatic assistance in the selection of relatable sources should also come from the combined efforts of professionals representing different fields and specializing in the analysis and application of bereavement literature in a variety of contexts.

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