The Phenomenological Clarification of Grief and its Relevance for Psychiatry

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Introduction

Phenomenological research has much to contribute to our understanding of grief. In what follows, I will illustrate this by focusing specifically on psychiatry, where there is particular need for phenomenological clarification. This need is exemplified by debates that arose in the run-up to publication of DSM-5, concerning the proposed guidelines for distinguishing grief from major depression. In DSM-IV, it is acknowledged that the symptoms of grief overlap with those of depression. However, a depression diagnosis is excluded in cases where symptoms are "better accounted for by Bereavement" (DSM-IV, TR, p.356). The proposal that this clause be removed from DSM-5 proved divisive.[1] For example, Wakefield and First (2012) supported retention of a revised bereavement exclusion clause, maintaining that "bereavement-related depressions" should be distinguished from major depressive episodes in many instances where symptoms would otherwise meet the diagnostic criteria for depression. In contrast, Zisook and Shear (2009, pp.70-71) insisted that the vast majority of bereavement experiences do differ from experiences of major depression. Where they do not differ, their trajectories and responsiveness to treatment do not differ either. So an exclusion clause is unwarranted, given that a person can be both bereaved and depressed.[2]

In the light of such exchanges, the need for phenomenological research is clear. If the phenomenology of 'normal' or 'typical' grief cannot be reliably distinguished from that of major depression, then any proposed distinction must be based on additional, non-phenomenological criteria. On the other hand, if there are significant phenomenological differences between the

[1] See, for example, the website of the Coalition for DSM-5 Reform: www.dsm5-reform.com (last accessed 15 May 2015). It includes details of an 'Open letter to the DSM 5 Task Force'. The letter addresses several concerns, including that of lowering diagnostic thresholds by removing the grief exclusion clause. An accompanying petition was signed by 15,339 people.

[2] See also Lamb, Pies and Zisook (2010), who propose eliminating the bereavement exclusion clause but also extending DSM-IV's two-week duration requirement for major depression.

two, such criteria may not be required.[3] This need for phenomenological clarification is not specific to the DSM-debates and applies much more widely. The questions of (a) whether and how the various forms of depression and grief are phenomenologically distinct from each other, and (b) whether any phenomenological differences are indicative of different trajectories and outcomes, are relevant to *any* attempt to classify, further understand, and respond to grief and depression, in clinical contexts and more widely.

Ultimately, DSM-5 (p.161) settled for something that strikes me as rather unsatisfactory. It is stated that, although a response to loss may seem "understandable or appropriate", a depression diagnosis should still be "carefully considered" where symptoms overlap. This requires "the exercise of clinical judgment", something that should take individual history and the specifics of the situation into account. In a footnote, there is also an attempt to draw some phenomenological distinctions. Grief, it is noted, tends to involve "feelings of emptiness and loss", while depression involves "depressed mood and the inability to anticipate happiness or pleasure". Positive emotions still arise during grief, while depression is more pervasive and persistent. In addition, grief usually involves retention of self-esteem, which sets it apart from the worthlessness and self-loathing more typical of depression.[4] Thoughts of dying also differ in content: the depressed person may feel that she does not deserve to live, while the bereaved person is more likely to think of joining the deceased.

Why is this unsatisfactory? The first thing to note is the frequent use of quantifiers such as "likely to", "tend to" and "generally", which appear eight times in the footnote.[5] That an instance of condition A tends to or is likely to involve symptoms *p*, *q* and *r*, while an instance of condition B is less likely to or tends not to involve those symptoms does not facilitate a confident diagnosis of 'A and not B'. Furthermore, this uncertainty is unavoidable, given that the diagnostic criteria for a major depressive episode admit considerable heterogeneity. A range of different predicaments could qualify as 'major depression' by meeting at least one of the two

[3] A closely related debate, which raises similar issues, concerns whether or not complicated grief should be recognized as a distinct psychiatric disorder. See, for example, Lichtenthal, Cruess and Prigerson (2004); Zisook and Shear (2009).

[4] Loss versus retention of self-esteem is also the principal difference emphasized by Freud in his famous essay 'Mourning and Melancholia' (Freud, 1917/2005).

[5] In order of appearance, they are: "likely to"; "tend to"; "may be"; "generally"; "generally"; "common"; "typically"; "generally".

principal criteria (depressed mood and diminished interest in activity), plus at least four of seven supplementary criteria. Indeed, three of the supplementary criteria are disjunctive: weight loss or gain; insomnia or hypersomnia; psychomotor agitation or retardation (DSM-5, pp.160-161). By relying on permissive criteria such as these, a particular grief experience might be easy enough to distinguish from a depression experience of one or another type, but not from all the other experiences that are compatible with a major depression diagnosis.

First-person descriptions of depression and grief are often very similar to each other. In both cases, the person may report a lack of interest in activities, a sense of estrangement from other people and social situations, feelings of meaningless and hopelessness, bodily discomfort, fatigue, and changes in the experience of time, amongst other things.[6] However, I think the apparent similarity is often symptomatic of under-description. In order to determine whether or not a grief exclusion clause is required, it is not enough to appeal to the success or failure of cursory diagnostic criteria. Where they fail, there remains the possibility that a more detailed and discriminating phenomenological analysis will succeed. I am not suggesting that we should aspire towards a neat boundary, with grief on one side and major depression on the other: boundaries will always be blurred and there will be plenty of in between cases. Hence a degree of idealization is inevitable. However, this does not prohibit robust phenomenological distinctions. That there are cases falling in between A and B need not detract from the claim that A and B are structurally very different, any more than the existence of grey detracts from the distinction between black and white. And the ability to make clear, principled phenomenological distinctions can aid one in determining whether a given case is more like one or the other. Thus, as Pies (2012) points out, an "in depth understanding" of the phenomenology is needed, of a kind that "symptom checklists" do not facilitate. I have no doubt that many clinicians are already operating with something like this, in a way that has not yet been codified. However, this in itself is not a reason to dismiss the need for explicit phenomenological work, at least on the assumption that it is a good thing to be able to communicate the basis for one's clinical decisions and to formulate shared standards for diagnosis.

[6] All of these themes are present in autobiographical accounts of grief, such as those cited in this chapter. They also feature prominently in first-person accounts of depression (Ratcliffe, 2015).

In addressing the phenomenology of grief, it is important to keep two issues distinct: (i) whether and how typical grief differs from major depression and other psychiatric conditions; (ii) where and how the line should be drawn between normality and pathology. Even if typical grief could be distinguished from all forms of psychiatric illness, it might still be regarded as pathological according to one or another criterion (e.g. Wilkinson, 2000). The phenomenological question is not only distinct from but also importantly prior to the question of pathology. If we want to assess whether or not a condition is pathological, it helps to have a good grasp of what that condition is. So a lack of clarity over whether or how it is distinct from something else is not a good starting point. Phenomenology therefore has an important role to play in refining our sense of what the relevant phenomena actually are, given that neither grief nor depression are currently conceived of in wholly non-phenomenological terms. In the remainder of this chapter, I will take some preliminary steps towards a comparative phenomenological analysis. This will involve sketching three important differences between experiences of 'typical' grief and major depression:

1. Grief involves losing systems of possibility, while depression involves losing access to kinds of possibility.
2. Grief involves dynamic perspective-shifting, whereas depression involves an inability to shift perspective.
3. Grief involves a sustained ability to relate to and feel connected with other people, the capacity for which is substantially diminished in depression.[7]

In both grief and depression, 1 to 3 should not be construed as separable components of experience that just happen to accompany each other, and neither is the relationship between them a causal one. They are inextricable aspects of a unitary structure; each implies the others. I concede that major depression is heterogeneous, a point that I have addressed at length elsewhere (Ratcliffe, 2015). The same applies to grief; even 'typical grief' no doubt encompasses a range of subtly different (and perhaps, in some cases, substantially different) kinds of experience. So,

[7] These same differences, along with several others, are mentioned by Lamb, Pies and Zisook (2010, p.23). In grief, they note, a sense of connectedness to others remains, as does the sense that things will or at least could get better. And what I will say about perspectives-shifting can be related to their observation that grief comes in waves, while depression is ever-present. I elaborate on these themes in a way that complements their approach. But I further maintain that these three aspects of experience are to be understood in terms of a single, unified phenomenological structure, in grief and in depression.

when describing the phenomenology of typical grief, there is inevitably a degree of abstraction and simplification. Even so, depression experiences have in common a pervasive sense of isolation, lack of dynamism, and loss of possibility.[8] This can be contrasted with the underlying structure of 'normal' or 'typical' grief, and – I will add - 'complicated' grief. DSM-5's remarks on comparative phenomenology are admittedly suggestive of the relevant phenomenological differences and can no doubt aid differential diagnosis. But there remains the risk of superficially similar symptom descriptions obscuring profound differences in how a person relates to the world as a whole and to other people, and of different descriptions obscuring commonalities. Phenomenological analysis provides insight into underlying structural differences between grief and depression experiences, thus facilitating a more discerning interpretation of first-person reports. What I will say here is very much a starting point, and it is somewhat schematic. My aims are to illustrate the role that phenomenological research can play here, and to sketch some potentially fruitful themes to explore, rather than to finish the job.[9]

Projects and Possibilities

Profound grief involves what I will call 'loss of a system of possibilities'. Nearly all of one's projects and pastimes can depend for their intelligibility on a relationship with a particular person. When one is confronted by that person's irrevocable absence, they collapse. Consider the event of losing a partner. Person A's activities may implicate her partner, B, in a range of ways. In a case of goal-directed action, A might do something because B has asked her to do it, because B needs her to do it, because B cares about the outcome, so that B can accomplish something else, so that a life shared with B is sustained or enhanced, and so forth. In many cases, it is not 'I' who does something alone, but 'we' who do it together for reasons that are 'ours'. It is 'we' who care about a given outcome, 'we' who have made and continue to affirm certain commitments, 'we' who depend on each other's support to get things done. This dependence is not restricted to goal-directed activities and the larger projects in which they are embedded. Take the case of

[8] Of course, they can share various other symptoms as well, such a lethargy and bodily discomfort. However, for current purposes, I suggest that a selective emphasis on isolation, stasis, and loss of possibility is a fruitful one.

[9] A detailed comparative analysis will also need to include a more discriminating account of the kinds of experience encompassed by 'major depression' (Ratcliffe, 2015). In addition, grief will need to be considered in relation to various other psychiatric categories, such as posttraumatic stress disorder. Individual and cultural variations in expressions, experiences, and interpretations of grief (including religious interpretations) will also need to be addressed at length.

going to a cinema simply to enjoy a film. Here too, B may be implicated throughout. Enjoying the film involves a sense of watching it *with* B and sharing in an experience. The two parties may interpret the film together, while they watch it and also afterwards. Even when B is not present, A may think about how B would react to the film, and A's enjoyment of it may stem, in part, from being able to tell B about it afterwards and construct an appraisal of it in conversation with B. More generally, how a situation matters to A and the kinds of action it demands from her are symptomatic of cares and concerns that only make sense given her relationship to B. The point extends to how the world *appears* to A and the degree to which she feels comfortably immersed in it. Regardless of whether or not we want to insist that specifically *sensory* perception of our surroundings incorporates a sense of how things matter to us, it is plausible to maintain that we *experience* our surroundings as significant, as mattering, in a range of ways. We do not ordinarily need to explicitly infer the significance of a situation from a prior experience of it. Given different sets of projects, cares and concerns, an entity or situation might appear practically salient to us in any number of ways: as something that could enhance or interfere with a project, as interesting, enticing, exciting, disappointing or threatening.

A wholesale collapse of practical meanings would therefore involve experiencing the world and one's practical relationship to it in a profoundly different manner, and this is exactly how experiences of bereavement are often described. One loses a system of significant possibilities that was previously integral to the experienced world and served to regulate one's activities, thus making it "impossible for us to actively engage in the world just as we had before the death" (Attig, 2004, p.350). For this reason, Carse (1981, p.6) describes grief as a "cosmic crisis". Our lives, he says, can be so bound up with the lives of others that they "scarcely belong to us". In the event of a particular person's death, a system of possibilities that operated as a backdrop to meaningful activity is lost, and the world is profoundly different.[10] This is a prominent theme in every autobiographical account of grief that I have come across, and is something that people express in a variety of ways (e.g. Didion, 2005, 2011; Hemon, 2013; Humphreys, 2013; Lewis, 1966; Nussbaum, 2001; Riley, 2012). For example, Oates (2011, p.176) writes, "Without meaning, the world is *things*. And these things multiplied to infinity". Her account emphasizes

[10] This is sometimes described in terms of lost 'assumptions'. Something that one habitually presupposed, took for granted, and came to depend upon is lost: "When somebody dies a whole set of assumptions about the world that relied upon the other person for their validity are suddenly invalidated" (Parkes, 1986, p.90).

how, when one grieves, entities in general appear bereft of the practical meanings they once had. Everything therefore looks strange, somehow different. Instead of being greeted by objects and situations that are relevant in the light of one's concerns, one encounters bare, indifferent 'things'.

All of this appears markedly similar to losses of possibility that feature in first-person accounts of depression. However, there is a distinction to be drawn between losing a 'system of possibilities' and losing access to 'types of possibility'. For instance, no longer being able to hope for something or other differs from no longer being able to entertain an attitude of the kind 'hope'. The type of grief experience I have described involves the former. One no longer finds things significant in the ways one did, and one can no longer sustain a system of hopes that depended upon one's relationship with the deceased. It could even be that a system of possibilities is eroded to such an extent that all hopes with a specific content, the hope for *this* and the hope for *that*, have been lost. Even so, one remains capable of finding things practically significant, capable of hoping. At the very least, what endures is an inchoate sense that life could one day be better than it currently is.[11] The point applies equally to goal-directed projects, enjoyable pastimes, and so forth.

What people with diagnoses of major or severe depression often describe is superficially similar to this but importantly different: an experience of losing the capacity for hope or for certain kinds of hope, of losing the ability to find anything significant in one or another way. As with grief, this permeates how one experiences and relates to the world. But there is a sense of stasis, inescapability, irrevocability, which sets it apart from losing a system of possibilities. Hence there are two qualitatively different ways in which life might seem pointless and activities meaningless. One could lose a token *system* of possibilities, of a kind that sustains specific projects and patterns of activity, or one could lose phenomenological access to *types* of possibility, to the sense that anything ever could be relevantly different from the present in a good way, that any project ever could be sustainable. First-person accounts of clinical depression generally indicate the latter:

[11] This corresponds to what Lear (2006) calls 'radical hope'. See Ratcliffe (2015, Chapter 4) for a discussion of radical hope in grief, and its absence in depression.

> "When I'm depressed life never seems worth living. I can never think about how my life is different from when I'm not depressed. I think that my life will never change and that I will always be depressed. Thinking about the future makes my depression even worse because I can't bear to think of being depressed my whole life. I forget what my life is like when I'm not depressed and feel that my life and future is pointless."
>
> "When depressed I feel I have no future and lose any hope in things improving in my life. I just feel generally hopeless."
>
> "There seemed to be no future, no possibility that I could ever be happy again or that life was worth living."
>
> "Life will never end, or change. Everything is negative. I lose my imagination, in particular, being able to imagine any different state other than depression. Life is a chore."[12]

Having 'no future' is also a prominent theme in many accounts of grief, but there is a difference between an inchoate, uncertain future that is bereft of possibilities one previously took for granted and a future that no longer incorporates the possibility for any kind of positive change.[13] It can be added that the experience of losing a system of possibilities in grief *is* at the same time the experience of a particular person's irrevocable absence. The deceased was not simply an entity within the world that one cared deeply about (and continues to care deeply about) but also a condition of intelligibility for one's world, for a system of significant possibilities that were once integral to the experienced environment. Hence the loss of that person, when recognized as such, *implies* a more general change in one's world. The death of a system of possibilities is inextricable from the death of the person; a singular experience is both localized and all-enveloping. This combination of specificity and generality is, in my view, of considerable philosophical interest. It is commonplace in philosophy to distinguish between intentional states

[12] These testimonies were obtained via a questionnaire study, conducted as part of the 2009-2012 AHRC- and DFG-funded project 'Emotional Experience in Depression: A Philosophical Study'. For a detailed discussion of the questionnaire, see Ratcliffe (2015, Chapter 1).

[13] Hence grief and depression can also involve different alterations in the structure of temporal experience. I have argued elsewhere that temporal experience in depression, like depression itself, is highly variable. Nevertheless, there is a difference between inhabiting a world where the future offers no prospect of significant change (or no prospect of positive change, at least) and feeling 'lost', insofar as the future is no longer experienced in the light of a specific system of projects. This difference, amongst others, serves to distinguish temporal experience in many (but not all) cases of grief from experiences of time that are more typical of depression (Ratcliffe, 2015, Chapter 7). For further discussion of temporal experience in depression, see also Fuchs (2013). For a wider-ranging discussion of the varieties of temporal experience in psychiatric illness, see, for example, Minkowski (1970).

that have a specific object, such as perceiving or remembering something in particular, and diffuse states that have a much more general object, such as the world as a whole, or perhaps no object at all. For instance, we might distinguish an emotion of fearing something specific from a more enveloping feeling or mood of anxiety. Yet a *singular experience* of grief is both focused upon the loss of a particular person and at the same time a profound change in how one experiences and relates to the world as a whole. This is because the person who has died was both an entity within one's world and also a condition of possibility for a world that was once taken for granted. So grief does not confirm to a distinction between specifically focused and more diffuse experiences.

However, despite the all-enveloping aspect of grief, it does not involve loss of access to kinds of possibility (at least not to the same kinds of possibility that are lost in depression). There is a difference between no longer finding a wide range of entities and situations significant in a particular way and experiencing the world as altogether bereft of a certain kind of significance. In the latter case, nothing appears significant in that way and it also seems that nothing ever could. The world of grief therefore has a particularity to it that the world of depression lacks. Even where an experience of depression does seem to have a specific object, the alteration in one's sense of the possible is further-reaching and not implied in the same way by that object. Of course, it might be objected that major depression is also diagnosed in certain cases where systems of possibility, rather than types, are lost. This is surely so, but one could respond that it should not be so. These two broad kinds of predicament are qualitatively different in structure. If major depression does accommodate both, then the category needs to be applied in a more restrictive or discerning way, thus distinguishing depression experiences where certain types of possibility are lost from superficially similar experiences, including many of those that arise in bereavement.

Perspective-Shifting

The contrast between losing systems and types of possibility points to a further difference between grief and depression: experiences of grief have a process structure that depression lacks. To quote C.S. Lewis (1966, p.50), "I thought I could describe a *state*; make a map of sorrow. Sorrow, however, turns out to be not a state but a process". Of course, it can be added that

depression has a process structure too. Even if the world is experienced as bereft of the potential for meaningful, positive change, people still become depressed, recover from depression, fall back into depression, and experience different degrees or kinds of depression in succession. But my emphasis here is on the phenomenology: grief is *experienced* in a more dynamic way. The world of severe depression is experienced as unchanging and inescapable; one cannot adopt a perspective outside of it; one cannot re-live or imagine something that one could contrast with it. Grief, on the other hand, involves intensified interaction between contrasting and often conflicting perspectives. It is not the case that someone dies and a system of possibilities vanishes instantaneously. The bereaved person continues to anticipate things in a habitual, practical way, drifting into patterns of activity and thought that somehow implicate the deceased. These are then disrupted by the dawning recognition of loss. There is what we might call an *experience of negation*: one habitually anticipates certain things and is then confronted by the impossibility of one's expectations ever being fulfilled. Hence there is an ongoing tension between competing ways of finding oneself in the world, different perspectival structures:

> Later, at the motel, I stand in the darkened living room and stare out at the dark ocean – a stretch of beach, pale sand – vapor-clouds and a glimpse of the moon – the conviction comes over me suddenly *Ray can't see this*, *Ray can't breathe*…..As I've been thinking, in restaurants, staring at menus, forced to choose something to eat. *This is wrong. This is cruel, selfish. If Ray can't eat*…. (Oates, 2011, p.244)

Furthermore, the bereaved person continues to remember what the world was *like* before the death. She can also imagine a counterfactual world where the death has not occurred. So her current predicament is experienced as contingent; it could have been otherwise. We should not conceive of these conflicting and contrasting perspectives as fully separate from each other; it is not simply that perspective *a* follows *b*, which follows *c*. Perspectives overlap, interact, and are reshaped in the process. Peter Goldie makes an insightful comparison with free indirect style in literary narratives and elsewhere, a way of writing that combines internal and external perspectives on a situation, usually those of author and character. He proposes that autobiographical memory involves a psychological analogue of this, something that is especially salient in grief:

> When you grieve, you often look back on the past, on your time together with the person you loved, knowing now what you did not know then: that the person you loved is now dead, and that you now know the manner and time of the dying.…autobiographical narrative thinking can reveal or express both one's internal and external perspective on one's tragic loss, so that these two perspectives are intertwined through the psychological correlate of free indirect style. (Goldie, 2012, pp.65-6)

Hence the gulf and the conflict between the world at time 1 and the world at time 2 is integral to the experience. When recalling time spent with the deceased, memories are infected with the present. Yet they also include a sense of one's current perspective as a contingent one, as something that differs in a profound way from how things once were and how they might have been. Goldie (2012) further proposes that the narratives one constructs and revises during grief are inextricable from the grieving process and give it a meaningful unity. Grief is partly constituted by a variably coherent, dynamic story that envelops, connects and reshapes the various different perspectives. It is plausible, in my view, to construe this narration process in terms of the negotiation and reconciliation of perspectives. In contrasting past with present and re-narrating one's memories in the light of the present, one fosters coherence, a sense of past and present as quite different and yet integrated into a unitary perspective upon one's life.

Depression, in contrast, involves a substantially diminished ability to shift perspectives in this way. One cannot 'see outside'; things could not be otherwise. One might remember *that* things were not always like this, but one cannot rekindle a sense of what it was like or imagine what it would be like for them to be different. Lack of access to types of possibility applies not only to current experiences of and thoughts about one's surroundings but also to memories, imaginings and expectations. Hence the narratives of those who are currently depressed often lack the movement between points of view that we find in first-person accounts of grief and in autobiography more generally. Byrom Good (1994, pp.153-5) observes that illness narratives usually include "multiple perspectives and disparate points of view, all representing aspects of the narrator's experience and the possibility of diverse readings of what had happened and what the future might hold". The point applies equally to grief. Indeed, given the gulf between before and after, the divergent points of view are especially "disparate" in grief. But Good goes on to note that this structure, this "quality of subjunctivity and openness to change", is absent from

"narratives of the tragic and hopeless cases". Grief thus involves a sense of contingency (it was otherwise; it could have been otherwise) that is lacking in depression. This is not to suggest that depression, insofar as it involves a more profound loss of possibility, must also involve greater distress. The grieving person is capable of imagining a world where the death did not happen. She might run through events in agonizing detail, wonder how they could have turned out differently, and think about what she might have - or not have - said and done. Moreover, the contrast between the world as it was and the world she now inhabits is ever-present to her, in the guise of habitual dispositions to act, ways of seeing things, and ways of thinking that she lapses into and then experiences as negated. A dining table that appears to her as it would have done were B alive, as though B were there for dinner tonight, there to talk through the day's activities over a bottle of wine and a meal, is then recognized as somehow illusory; its qualities shift. The transition between these experiences adds up to a painful feeling of absence, lack or negation, which differs from a more pervasive and constant sense of absence that arises in depression. This is not to deny that depression also involves *feelings* of absence. For instance, one might remain able to *anticipate* -in some way- experiencing certain types of possibility, even though one is unable to experience them. Consequently, one is constantly confronted by a world that appears lacking. Even so, these two broad kinds of absence-experience are quite different in character.

Interpersonal Connection

Altered experiences of, and relations with, other people are implied throughout what I have so far described. In grief, projects collapse (to varying degrees) because they depend on a relationship with a particular person. And the interplay between competing perspectives involves a continuing recognition of what it is to relate to someone in that kind of way. In the case of depression, it is not so much that a specific relationship is lost; the sense of being able to enter into a *type* of interpersonal relation is eroded. There is a sense of insurmountable isolation from people in general: "when we experience everyday sorrow, we generally feel – or at least are capable of feeling – intimately connected with others…..In contrast, when we experience severe depression, we typically feel outcast and alone" (Pies, 2008, p.3). This isolation is inseparable from a sense of the world as bereft of possibilities for meaningful action. Almost all of our activities implicate other people in some way. Without any prospect of the relevant kinds of interpersonal relation, these activities become unsustainable.

I do not wish to imply that, following bereavement, a person continues to 'feel connected' to people in general. She may feel profoundly isolated from everyone or almost everyone. Nevertheless, there remains an enduring sense of connection with the deceased. The 'continuing bonds' literature makes a convincing case for the view that typical or normal grief does not -or at least need not- involve ultimately 'letting go' of the deceased, ceasing to address her, relate to her, feel connected to her. Continuing relations with the dead are ubiquitous and healthy. Rather than "disengaging" from the relationship, it is renegotiated to varying degrees and in different ways (Klass, Silverman and Nickman, eds. 1996). There are several aspects to this. For instance, one might continue to communicate with the deceased, something that may or may not include an experience of reciprocity. It is also frequently observed that the bereaved engage in "searching behaviours" (e.g. Parkes, 1996, Chapter 4). Furthermore, when one habitually anticipates or actively seeks out the deceased, one may find him. Sensed presence experiences are not uncommon, and a range of more specific sensory perceptual experiences can also arise (Rees, 1971). Indeed, it has been reported that, in some cultures, perceptual or perception-like experiences of the deceased follow spousal bereavement in up to 90% of cases (Keen, Murray and Payne, 2013). It is debatable whether, when and why such reactions should be regarded as pathological.

On the other hand, grief also involves repeated confrontations with the absence of the deceased. There is thus a complicated, dynamic interplay of presence and absence, involving habitual anticipation and its negation, perceptual and quasi-perceptual experiences of presence and absence, and a sense that the world as a whole is somehow lacking (Ratcliffe, 2016). But, throughout all of these experiences, one retains the capacity to enter into a *type* of second-person relation with others, of a kind that involves feelings of connection, mutual recognition and sharing. What is lacking and recognized as lacking is the ability to relate to a particular individual, at least in the way one once did. Depression experiences, in contrast, involve an experienced inability to enter into that *kind* of relation with other people, to 'feel connected' to anyone:

> "They seem far away, hard to relate to them."

> "Nobody understand or loves me."
> "There is the realisation you have never connected with anybody, truly, in your life. Family are self centred and shaming, either ignore comments which don't fit with their picture of how things should be going or they decide that shaming you into 'pulling yourself together' will sort it out."
> "I feel detached from them."
> "People change from being people who I love and am connected with to being hosts of a parasite - me. I can't see why anyone would like me want me love me."[14]

Of course, a depression narrative may emphasize a relationship -or lack thereof- with one or more specific individuals. But there is also a wider-ranging change in the structure of interpersonal experience, an inability to enter into kinds of second-person relation that more usually sustain one's projects and imbue one's world with meaningful possibilities.

However, it should be added that some grief experiences similarly lack the dynamism described earlier; the predicament can seem static, permanent. There is a global sense of disconnection from other people and even from activities that did not depend upon the deceased in any obvious way. But although such experiences -sometimes labelled as 'complicated grief'- seem to involve a loss of possibility akin to that of depression, they are importantly different in structure. The stasis of depression involves feeling unable to relate to others, whereas the stasis of grief can be symptomatic of a resolute and unwavering second-person relationship with a specific individual, the deceased. There is an enduring interpersonal connection, of a kind that detaches the grieving person from the world of the living, from any sense of significant temporal change, from shared temporality. As Riley (2012, p.60, p.21) writes, "in essence you *have* stopped. You're held in a crystalline suspension…..I tried always to be there for him, solidly. And I shall continue to be".[15] Nussbaum (2001, pp.82-3) offers this insightful remark:

> We might add that what distinguishes normal from pathological mourning is, above all, this change of tense: the pathological mourner continues to put the dead person at the very center of her own structure of goals and expectations, and this paralyzes life.

[14] These testimonies were obtained via a questionnaire study. See note 7 for details.
[15] See also Ratcliffe (2016) for a more detailed discussion of Riley's account.

So, while the world of depression is static and bereft of meaningful pastimes partly because one experiences oneself as incapable of certain kinds of second-person relation, the world of so-called 'complicated' grief (one kind of complicated grief, at least) is similarly static but has a very different underlying structure: stasis is attributable to one's continuing to relate to a specific individual in a certain way, rather than failing to relate to anyone in that way.[16]

That said, there other grief experiences that *do* involve a pervasive sense of being unable to relate to other people in general, of a kind that is close to or indistinguishable from interpersonal experience in depression. I am thinking, in particular, of 'traumatic grief' (e.g. Neria and Litz, 2004). This is sometimes identified with 'complicated grief', but differs from what I have just described. A central theme is the pervasive loss of what we might call 'affective trust' in things and, more specifically, in other people.[17] A sense of security that was once presupposed as a backdrop to meaningful activities and to one's relations with other people is disturbed. Nothing and nobody is encountered in quite the same way as before. One is vulnerable before people in general, in a way that interferes with the abilities to enter into second-person relations that involve a sense of connectedness, to embark upon projects that depend on others for their

[16] One might wonder whether and to what extent the kinds of experience I have described are specific to personal grief. Perhaps the break-up of a relationship, the loss of a job, one's children growing up and leaving home, or moving to an unfamiliar country can all similarly involve losing systems of possibility, oscillating between conflicting perspectives and yearning for interpersonal relationships that are no longer available. Although there are considerable similarities between bereavement experiences and experiences associated with other kinds of loss, I think there is something distinctive about grieving over the death of another person. One is confronted with the prospect of *irrevocable* loss and absence. The experienced interplay between presence and absence, and the way in which one continues to relate to someone who has died, thus have a distinctive character (Ratcliffe, 2016). However, I am willing to concede that there are at least some cases where a person grieves in this way over the death of a nonhuman animal.

[17] More generally, I want to maintain that the kinds of phenomenological change I have described in both grief and depression are essentially, although not exclusively, 'affective' in character. Feelings, I argue, are not generally experiences of the body in isolation from the environment; they also shape how we experience and relate to our surroundings and to other people. At least some instances of grief involve alterations in what I have elsewhere called 'existential feeling', a felt sense of reality and belonging that is presupposed by all intentional states with specific or even very general contents. I construe shifts in existential feeling in terms of changes in the *kinds* of possibility that one is open to (Ratcliffe, 2008, 2015). Hence it might seem that typical grief does not involve a change in existential feeling, while depression and some forms of complicated or traumatic grief do. However, I would not want to insist that typical grief is bereft of 'existential changes'. In fact, I think that certain aspects of the experience, such as a pervasive loss of confidence or sense of helplessness are plausibly interpreted in that way. Rather, my claim here is that typical grief does not involve an existential change *of the same kind* as that found in depression. If it is accepted that grief sometimes or always involves changes in existential feeling, the dual nature of grief -its specificity and generality- complicates my account of these feelings by problematizing my contrast between specifically directed intentional states and non-specific, pre-intentional existential feelings; it might turn out that a singular experience can be both. An interesting question to address is whether this duality is specific to the interpersonal realm, whether only a person can be both an entity in one's world and a condition for one's world.

sustenance, and to contemplate the possibility of a future that departs in positive ways from the present. With this basic sense of confidence, trust or safety gone from the world, *types* of possibility are lost (including that of experiencing and relating to other people in certain ways), rather than just systems of possibility (Ratcliffe, Ruddell and Smith, 2015).

So experiences of grief can differ markedly, depending on how one relates to others, to the living and the dead. And, in some cases, the difference between grief and depression is greater than in others. Neverthless, an informative phenomenological distinction (admittedly one that involves substantial idealization and allows for borderline cases) can be made between losing specific individuals, along with associated systems of possibility, and losing types of possibility. This distinction may not track current diagnostic practice but, if that is the case, phenomenological research can contribute to a case for revision.

Interpersonal Relations and Self-Regulation

I have focused principally on experiential differences between grief and depression. However, I also think there are lessons to be learned from studying the phenomenology of grief that apply equally to depression and various other psychiatric illness categories. Reflecting upon the structure of grief serves to make salient the extent to which the regulation of our experiences, thoughts and activities depends upon specific individuals and other people in general. Profound grief inevitably involves some degree of detachment from mundane, everyday, norm-governed interactions with other people. But projects and pastimes prove resilient to the extent that continuing relations with others hold them in place and assist one in negotiating changes. In addition, the narratives that we construct around our experiences are influenced by interactions with others, and often co-constructed. It follows that the course of a grieving process depends, to a significant extent, on how the bereaved person relates to others and on how they relate to her.[18] Studying the phenomenology of grief thus serves to illustrate the -often insufficiently acknowledged- extent to which the experienced world, our sense of rootedness within it and our ability to act in meaningful ways all depend upon other people. A fully developed account of the various ways in which experience, thought and activity are interpersonally regulated may prove

[18] See Sbarra and Hazan (2015) for a recent discussion of how emotional experience is interpersonally regulated in grief.

equally illuminating when seeking to better understand all those cases of psychiatric illness where social isolation and estrangement from others are prominent themes. I am increasingly of the view that J. H. van den Berg (1972, p.105) was right in remarking that "loneliness is the nucleus of psychiatry".

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