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DOI (link to publication from Publisher):
10.54337/aau466210691

Publication date:
2021

Document Version
Publisher's PDF, also known as Version of record

Citation for published version (APA):
Lund, P. C. (2021). *Grief as Disorder: On the transformation of grief from existential emotion to pathological entity*. Aalborg Universitetsforlag. https://doi.org/10.54337/aau466210691

GRIEF AS DISORDER

ON THE TRANSFORMATION OF GRIEF FROM EXISTENTIAL EMOTION TO PATHOLOGICAL ENTITY

BY
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DISSERTATION SUBMITTED 2021

AALBORG UNIVERSITY
DENMARK

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Dissertation submitted

Dissertation submitted: October 2021

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ISSN (online): 2246-123X
ISBN (online): 978-87-7210-923-7

Published by:
Aalborg University Press
Kroghstræde 3
DK – 9220 Aalborg Ø
Phone: +45 99407140
aauf@forlag.aau.dk
forlag.aau.dk

Printed in Denmark by Rosendahls, 2021

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English resumé

This PhD-dissertation explores the current culture of grief with a particular focus on the forthcoming diagnostic classification of Prolonged Grief Disorder, while also telling the story of why the initial work concerned with implementing the diagnosis in Denmark broke down. By situating the dissertation within a sociological understanding of death and society as inherently connected, the dissertation attempts to work out what has led us to a point in time where grief now exists as something that may be considered pathological and what this tells us about contemporary society. Drawing on mainly sociological but also philosophical, psychological, and historical insights the thesis argues that both society and culture are literally and figuratively built on the dead. Society may thus be understood as a form of response to the problem of death and grief. The field work done during the making of this dissertation has been difficult and eclectic, leading to an uneven style in the articles within the dissertation. By posing a question informed by critical realism, the dissertation attempts to gather the threads of this work and look at what has made possible both the diagnosis of Prolonged Grief Disorder itself, and the troubles with implementing it.

Working with this from a sociological perspective means that the emphasis is on seeing grief in connection to the social – thereby offering a different perspective than the seemingly more common psychological understanding in contemporary society. Approaching grief from this perspective makes possible the discussion of how society is both formed by and simultaneously forms our understandings of grief. The dissertation is based on a combination of theoretical discussion and an eclectic qualitative approach. I call this approach gonzo sociology. Because making sense of

how to survey and explore the field of grief research in Denmark and the highly politicised work with implementing the diagnosis, demanded an alternative approach, I went about it in this manner – thereby putting myself, as a researcher, into what I was researching. Gonzo sociology is a form of ethnographic study foregoing more commonplace understandings of objectivity or a privileged vantage-point wherefrom one might survey the field. The combination of this bricolage of empirical 'data' and my theoretical discussions has resulted in the dissertation before you and the three articles contained within that attempts to shed light on the current culture of grief in Denmark.

Article 1 ***Deconstructing grief: A sociological analysis of Prolonged Grief Disorder*** has been published in Social Theory and Health. In it, by developing Zygmunt Bauman's concept of our relationship to death as being deconstructed, I argue that our relationship to grief is now similarly being deconstructed. Prolonged Grief Disorder it thus the first step in cutting grief into smaller and treatable ailments. This is done because our society, which is constituted on grief and death, continuously tries to provide answers to them. In our current socially accelerated society, these answers become increasingly difficult to supply, making grief a bigger problem on a societal level, while also making the individual experience of grief increasingly difficult.

Article 2 ***Recreational grief as resonance – sociological notes on grief in popular culture*** has been published in Mortality. The article deals with the current popularisation of grief. Grief is seemingly now everywhere – in books, tv shows, movies, music, and so forth. The article attempts to look at this as a specific form of experience of vicarious emotions and poses the question of whether our current interest in grief might be indicative of a certain 'need' in contemporary society. By looking at this form of recreational grief through the perspective of Hartmut Rosa's concept of resonance, the article proposes that our need for recreational grief may be connected to a larger feeling of alienation in society, which in turn leads individuals to seek out other possibilities for resonant experiences.

Article 3 ***Prolonged Grief Disorder – An implementation gone awry and a researcher going gonzo*** has been accepted and is in press in International Journal of Qualitative Methods. This article has a twofold purpose, which is connected to its approach: Firstly to discuss my process of realisation through my fieldwork and the 'discovery' of gonzo sociology as an approach and what it is, and secondly to uncover the problems with the implementation of Prolonged Grief Disorder in Denmark. The article deals with the troubles with doing research into something that isn't really there and the difficulties with researching a field ripe with secrecy, gossip, disagreements, and so forth. It also tries to show how this process of implementation of a diagnosis reveals how diagnoses are often not the result of scientific progress alone, but much more about disagreements, money, personal interests, and so forth.

Dansk resumé

Denne afhandling undersøger sorgens kultur med et særligt fokus på den kommende diagnostiske klassifikation, *Prolonged Grief Disorder*, sideløbende med at afhandlingen også fortæller historien om, hvordan implementeringen af denne diagnose i Danmark brød sammen. Ved at tage udgangspunkt i en sociologisk forståelse af døden og samfundet som uløseligt forbundet, diskuterer afhandlingen, hvad der har ført os til en tid, hvor dele af sorgen patologiseres og stiller spørgsmål til hvad det fortæller os om vores samfund. Ved at trække på hovedsageligt sociologiske, men også filosofiske, psykologiske og historiske indsigter, argumenterer afhandlingen for, at samfund og kultur, i både en bogstavelig og metaforisk forstand, er konstrueret ovenpå de døde. Derfor kan samfundet forstås som et ’svar’ på problemet med døden og sorgen. Afhandlingens feltarbejde har været besværligt og eklektisk pga. problemerne med diagnosens implementering i Danmark, hvilket har ført til en lidt ujævn stil i artiklerne. Ved at formulere et spørgsmål, som er orienteret mod den kritiske realisme, forsøger afhandlingen at samle trådene og undersøge, hvad der har muliggjort både diagnosen *Prolonged Grief Disorder* og de problemer, der har været med diagnosens implementering.

At arbejde sociologisk betyder i denne sammenhæng, at fokus er på at forstå sorgen som værende forbundet til det sociale – og derved tilbydes en alternativ forståelse af den tilsyneladende mere almindelige psykologiske forståelse af sorgen, der eksisterer i dag. At nærme sig sorgen fra dette udgangspunkt, gør det muligt at diskutere, hvordan samfundet både er formet af, men samtidigt former vores forståelser af sorg. Afhandlingen er baseret på en kombination af teoretisk diskussion og en mere eklektisk

kvalitativ tilgang. Jeg har kaldt denne tilgang for gonzo sociologi. At undersøge og udforske det politiserede sorgforskningsfelt i Danmark krævede en alternativ tilgang, og derfor blev arbejdet orienteret således – dette betød, at jeg placerede mig selv, som forsker, ind i det jeg forskede i. Gonzo sociologi er en form for etnografisk studie, der samtidigt også lader sig inspirere af journalismen – særligt som den ser ud hos Hunter S. Thompson og den bevægelse der kaldes New Journalism. I gonzo sociologien er der fokus på forskerens involvering i feltet og en anerkendelse af, at der ikke kan findes et fuldstændigt objektivt blik på feltet. Kombination af dette eklektiske 'data' og min teoretiske diskussion har udmøntet sig i denne afhandling, der forsøger at kaste et blik på sorgens kultur, som den ser ud i Danmark i dag.

Article 1 ***Deconstructing grief: A sociological analysis of Prolonged Grief Disorder*** er blevet publiceret i *Social Theory and Health*. I denne artikel, ved at udvikle Zygmunt Baumans koncept om vores forhold til døden som dekonstrueret, argumenterer jeg for, at vores forhold til sorgen på lignende måder er ved at blive dekonstrueret. Prolonged Grief Disorder er således første skridt i at dele sorgen ind i mindre og behandlingsmulige dele. Dette sker fordi vores samfund, der er konstitueret på sorgen og døden, kontinuerligt forsøger at give et svar på disse centrale spørgsmål. I vores nuværende, socialt accelererede, samfund bliver svarene herpå stadigt sværere at give, og derfor bliver sorgen et større problem – både for samfundet som helhed og for den individuelle erfaring af sorgen.

Article 2 ***Recreational grief as resonance – sociological notes on grief in popular culture*** er blevet publiceret i *Mortality*. Denne artikel diskuterer den nuværende popularisering af sorg. Sorg er, tilsyneladende, allestedsnærværende – i bøger, tv-programmer, film, musik osv. Artiklen forsøger at anskue dette som en specifik oplevelse af stedfortrædende (vicarious) emotioner og stiller på baggrund af dette spørgsmål om, hvorvidt den nuværende interesse i sorg kan indikere et særligt 'behov' i nutidens samfund. Ved at se på denne form for stedfortrædende emotioner igennem Hartmut Rosas perspektiver om resonans, argumenterer artiklen for, at vores nuværende behov for rekreativ sorg kan være knyttet til en mere overordnet oplevelse af fremmedgørelse i samfundet, hvilket fører til, at individer søger andre muligheder for resonante erfaringer.

Article 3 ***Prolonged Grief Disorder – An implementation gone awry and a researcher going gonzo*** er accepteret og i tryk i *International Journal of Qualitative Methods*. Denne artikel har et dobbeltsigte: For det første at diskutere min erkendelsesproces igennem mit feltarbejde og min 'opdagelse' af gonzo sociologi som metode, og hvad det er. For det andet at afdække problemerne med implementeringen af Prolonged Grief Disorder i Danmark. Artiklen behandler problemerne med at forske i en diagnose, der nok eksisterer, men ikke er implementeret eller institutionaliseret, og besværlighederne ved at forske i et felt fyldt med hemmeligheder, sladder, uenigheder osv. Artiklen forsøger også at vise, hvordan en diagnoses implementeringsproces kan afsløre, at diagnoser ofte ikke blot er resultatet af videnskabelige fremskridt, men i højere grad resultatet af uenigheder, penge, personlige interesser osv.

Acknowledgements

Writing the acknowledgements for a dissertation like this is an almost impossible task. There are so many people to whom I owe thanks. Through the entirety of my life, every encounter I have had with another person, has made me who I am today. Writing a dissertation on the topic of grief brings this knowledge to the forefront of my consciousness and has made me acutely aware of the way the memories of people dear to me are part of who I am. There are though, a group of people whose influence on both the work before you and my life in general demands special attention.

Firstly, I would like to thank the many people I have met during my time as a Ph.D.-student in the field of grief research in Denmark, but also internationally. **Tony Walter, John Troyer, Jana Králová** and **Annika Jonsson** who I all met at my very first conference at *The Centre for Death and Society*. To all the other researchers, health-professionals and so forth I have met, I would like to say thank you for engaging with me. Though there are many disagreements about grief in our day and age and despite our opinions being different, I have still enjoyed talking to and discussing with you. Special thanks to **Martin Lytje, Maja O'Connor, Sara Midtgård Grau, Birgitte Grube, Lene Holm Larsen, Rikke Vester Roursgaard, Karina Madsen,** and **Biretha Vitalis Joensen** for engaging with me on several occasions. And I would also like to thank The Danish National Centre for Grief, for allowing me access to their grief counsellor education, and I would like to thank the participants for allowing me to join the courses they were attending and talk to all of them.

Thank you to **Caroline Pearce** at Cambridge University for the invitation to visit your research group and exchange knowledge, though the global pandemic got in the way of my stay.

A special thanks to **Niels Saxtrup**, **Christina Schacht-Magnussen**, and **Ole Hartling** for the great cooperation, the great discussions, and a great trip to Australia. Thank you for providing brand new perspectives on my work.

I would also like to thank **The Obel Family Foundation** for the very generous grant that made possible the work of the entire research group to which I belong and by extension this dissertation.

I would like to thank all my colleagues from the research group *The Culture of Grief*: **Ester, Mikkel, Anne, Ignacio, Ditte, Anna, Brady, Luca,** and **Allan**. Though we have not met quite as often as one could have hoped, all our meetings have still been very inspiring, and I have looked forward to all of them. I have felt very honoured to be part of such an amazing group of academics and I have tried my best to live up to the academic rigour you exhibit.

As I began studying sociology, two of my professors inspired me greatly and ignited my dreams of becoming an academic. One of them was Professor **Michael Hviid Jacobsen**, who began my foray into the sociology of death and grief many years ago. Thank you for helping me out along the way and thank you for all the good and funny talks.

Thank you to **Rasmus Hoffmann Birk, Thomas Szulevicz, Sarah Awad, Noomi Linde Matthiesen, Paula Cavada-Hrepich, Charlotte Wegener, Casper Feilberg, Maria Lyndgaard Petersen, Daniel Rosengren Olesen, Britta Møller, Leif Kongsgaard**, and the other members of the *Center for Qualitative Studies*. You have been helpful and welcoming in many ways to an outsider like me and I hope we can continue working together.

Thank you to **Rolf Lyneborg Lund** who gave me my first job at the university and helped me figure out the inner workings of the institution. Had it not been for your initial belief in me, I would have never ended up here. And thank you for years of discussion and banter – I began as your student, then became your colleague and along the way we also became friends.

The most important person in my academic life has been my supervisor **Anders Petersen**. I have looked to him for academic guidance for somewhere close to 7 years now and I will continue to do so. Having him as my supervisor has been a dream come true for me and I have learned most of what I know about sociology from him. Thank you for putting your trust in me and making me a better sociologist and a wiser person. I look forward to learning more from you and I also look forward to going to pubs and developing ideas with you continuously.

To my co-supervisor, **Svend Brinkmann,** I would like to say thank you for being one of the smartest and nicest people I have ever met, and for supplying me with so much good advice and so many good ideas that have lifted the quality of this dissertation immensely. I hope to continue working with you – and to go out partying and singing the theme song from Fresh Prince of Bel Air with you again.

To my colleague, co-Ph.D.-student, and, most importantly, best friend, **Alfred Bordado Sköld**, I am not sure what to write other than thank you for everything. When I began this Ph.D., I had many ideas and expectations, but none of those revolved around friendship. Getting to know you and becoming your friend has been the most rewarding experience of this period of my life. Thank you for being supportive, thank you for letting me into your life, thank you for being an extra uncle to my children, and thank you for making my work better. Thank you for letting me get to know your wonderful family, **Alma, Benjamin,** and **Margrethe.** Thank you for setting the bar so high for yourself and giving me something to aspire towards.

Thank you for this friendship. One day one of us will go before the other and I do hope it is me, for I do not know how to write a fitting eulogy for a friend like you.

My parents, **Tommy** and **Anni Lund**, have always supported me, despite all the mistakes I've made through my life. I have in no way been a perfect son and I have made your lives full of worries for many years. Thank you for continuing to believe in me and for forgiving me for my erroneous ways. I don't think any of us had ever imagined I would do anything like this – I had hardly ever imagined turning 25. So thank you for being patient with me, thank you for making me the person I am, and thank you giving me a happy childhood to reflect back on – sorry I squandered so much of your love for me.

To my wife, **Helle Maj**, I owe so much. You are the most amazing mother to our children and the most supporting wife ever. Thank you for reminding me that there is more to life than this Ph.D. and thank you for loving me unconditionally through all of this. I promise I will be a better husband, father, and person after this – and I will always try to do better for your sake. These past 13 years with you have been an adventure and I look forward to all the coming adventures with you. I am afraid of growing old but having you with me along the way helps.

Lastly, I would like to thank my children, **Urd**, **Vile** and **Trym**. You are the most important people in my life and will be so forever. I will always do whatever I can to make you happy and there is nothing in the entire world that is more meaningful to me than the three of you. All my hard work and all my strivings are dedicated to you. I will forever love you and care for you, no matter what happens. In the words of Sarah Stridsberg:

"Children are the mirrors of death, you see yourself in their eyes, grotesquely magnified. You see yourself founder, you see that it is inevitable, you see that you hurt them, you see that everything is your own fault"[1]

(Stridsberg, 2019, p. 217 **My translation*)

This might sound overly depressing, but for me it means that my children are a sobering reminder that I am not the most important person in my life – they are. And my relationship to them makes me aware that our time together is precious since our shared lives are so transient and fragile. Thank you for being the most amazing three people I will ever encounter.

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[1] Translated from: *"Barnen är dödens speglar, man ser sig själv i deras ögon, i grotesk uppförstoring. Man ser sig själv gå under, man ser att det är ohjälpligt, man ser att man gör dem illa, man ser att allting är ens eget fel."*

Part 1

1.1 Introduction

"I have been a doctor for many years, and I will never use this diagnosis in my practice"

- GP at the Nordic Congress of General Practitioners on the topic of Prolonged Grief Disorder.

"Why can't we just implement it?"

- Mortician at a grief counsellor education programme.

These two quotes have followed me through the process of writing this dissertation ever since I heard them in two very different settings that were concerned with the same subject matter. The first was said during the Q&A session following a presentation I and two colleagues gave. We had presented, from the perspectives of a clinical psychologist, a GP, and a sociologist, some of our thoughts and critiques of the diagnosis and its implementation, for a room of around 120 GP's mostly from Nordic countries. I had expected a different type of discussion than what really happened and the quote above – to a large extent – encapsulates the general response our presentation received. None of the present GP's wanted the diagnosis and they didn't particularly like the idea of it either. Conversely, the latter quote was uttered during a class at a grief counsellor education programme I participated in during my field work. It was said at one of the teaching modules specifically dealing with the diagnosis, and what they more generally called Complicated Grief, and it shows a completely different view of the diagnosis. These two quotes have rattled around in my brain ever since I heard them the first time and I have wrestled with this discrepancy of perspectives ever since I began writing this dissertation.

How can we talk about grief as a disease or a pathological entity[2], when grief is as old is history itself? It is a question that has resided within psychology and psychiatry for years and it is now 60 years since George L. Engel posed the question: Is grief a disease (Engel, 1961)? Has its position as a universal condition previously exempted it from being viewed as pathological or has it always been pathological? Perhaps our ways of understanding something as pathological have changed? And why then, has grief become something pathologic in a diagnostic sense? These are important questions to ask, and there are many different answers to them. One answer might be to look at what a diagnosis is meant to fix - Carol Bacchi would describe this as a matter of representation, meaning that one would have to question what the problem is represented to be (Bacchi,

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[2] It is worth pointing out here that when we are talking about grief 'becoming pathological', it is not as if all grief will suddenly be viewed as a disorder or a disease. Estimates are that 9.8% of bereaved individuals suffer from PGD, if the cause of death is considered natural (Lundorff et al., 2017), whilst 49% of the bereaved suffer from PGD, if the cause of death is considered unnatural (Djelantik, Smid, Mroz, Kleber, & Boelen, 2020)

2012). What sort of problem is it locating and solving? We might also discuss diagnoses as epistemic objects; as entities that are neither essential/natural nor simply socially constructed (Brinkmann, 2015). This means that whether the amount of suffering has changed – i.e., whether grief is in-itself 'worse' or 'harder' than it perhaps was in the 1920's or 1820's – is not what is interesting. What is interesting is the ways in which we talk about, understand, and describe suffering and the seeming change this has undergone. As I did my field work in different areas that dealt with grief, like grief counsellor training programmes, meetings with grief researchers, and so on, during my time as a Ph.D.-student, I would often meet individuals who either supported the diagnosis or at least were willing the 'get the best out of it' since it is meant as a tool to help people, to minimize suffering and control the amount of pain one experiences in the wake of bereavement. Control in this case means a way of identifying, handling, treating, subduing, or removing something. These experiences helped shape the sociological answer(s) I have given to my research question. What it means to be a human is not only a personal question, but also a social one – therefore what it means to grieve is not only personal, but also social one. Grief is simultaneously always one's own grief that inevitably is experienced within a social world that promotes, represses, controls, or ignores certain emotions and emotional expressions.

In what follows, I will describe some answers and most certainly also a great deal of new questions regarding our current conception of grief – and how we might come to understand the forthcoming implementation of Prolonged Grief Disorder[3] in the ICD-11 (World Health Organization,

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[3] ICD-11 Defines the disorder as such: "Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response characterised by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in

2018), that is set to be finalized in 2022; meaning that it will replace the ICD-10 by January 1st 2022 (World Health Organization;, 2018). This dissertation[4] – and the articles contained within – is thus an attempt at discussing what grief is, from a sociological perspective, how it is connected to the social, and how there is an ongoing struggle to define and control grief. In short, I have attempted to provide some insight into what we might call the culture of grief, as it exists today. I will try to discuss how we might understand this ongoing struggle about grief as an empirical manifestation of our relationship to our own existential limit – i.e., to death, and thereby what it means to be human. Being human is always an existential question, but this question is equally always mired in the social – the self does not have a closed coherent border around it. Instead, it is shot through with relationships to others, with what we might call culture, and with societal norms and values. The social and the personal are each other's prerequisites – they cannot exist independently. But this dissertation and my articles are also the story of how difficult it was to research this phenomenon – the story of how what I thought I was going to research, never came to fruition and what I did about that. Through the research papers I have written, and, in this dissertation, I will use experiences from my field work and the troubles I had with gaining access and figuring out what to do, combined with theoretical perspectives to discuss both how grief is understood in

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engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning." (World Health Organization, 2018)

[4] When I write 'dissertation', I mean the text before you as a written account of what I have done – if I am talking about the articles (that are also contained within this work), I will write this explicitly.

contemporary society and how this understanding is embedded within certain socio-cultural developments.

This dissertation thus takes the form of a cultural sociological discussion of death and grief in contemporary society – I will attempt to discuss grief in contemporary culture in general, using the diagnosis as one particular development grief is presently undergoing, while also discussing grief as a more general and essential part of human culture and existence. Since grief lies at the intersections of several aspects of human existence – i.e., our existentiality, our relationality, our sociality, and so forth – this dissertation will also work within different academic disciplines. Though firmly rooted in sociology, I will also freely draw on insights from psychology, philosophy and to some extent, history, literature, and art. I will do this for several reasons, the first being that death and grief are not easily grasped from one single perspective, and perhaps not even from several. The second reason being that both death and grief are at once psychological, social, existential, political, and much more. And third because what I am attempting to do is analyse a certain culture of grief in contemporary society and thusly, I will seek insights from a broad range of perspectives that may act as exemplars of this culture.

1.2 The Research Question and Being Lost in the Woods

Before I begin an actual discussion of what grief is and what is happening with grief, I would like to introduce my research question. As mentioned above, several questions have rattled around in my brain during the writing of this dissertation. However, there is one overarching question, that, in some form or other, has been an ongoing element through my work:

What are the societal preconditions that have enabled our current conceptualization of certain forms of grief as pathological and worthy of psychiatric diagnosing?

This research question is guided by several elements, the first of which is its focus on the social, since this dissertation is predominantly a piece of critical sociological analysis. The form this question has in my dissertation is guided by a research approach that seeks out underlying societal conditions, i.e., the reasoning in this question is, to a large extent, guided by and orientated towards critical realism. This has not been as clear-cut as it could have been through the entirety of my work. In fact, a great deal of my work has been much less guided and a lot more happenstance, messy, and even, to some extent, random. I did not necessarily set out to write a sociological analysis guided by critical realism in the manner it has ended up in; instead, I set out to analyse the implementation of Prolonged Grief Disorder in a Danish context and its implications for those diagnosed and those who would use it in their praxis. My orientation towards critical realism has always been a part of my research, but what I researched and what it told me has changed. As I describe in my 3rd article, and will allude to continuously through this dissertation, the diagnosis was not implemented, and I was left with the task of researching something that wasn't there, or at least something that hadn't happened. This obviously posed a problem that I struggled with continuously through the entirety of my Ph.D. How should I unfold it in writing, in articles, and in this dissertation? "Should I even do research?", I would ask myself, with the words of Rainer Marie Rilke in my head: "*This most of all: ask yourself in the most silent hour of your night: must I write? Dig into yourself for a deep answer.*" (Rilke, 1993, p. 9). Well, I dug for a while and came up with an approach to my work that I have called 'gonzo sociology', which offered a way of both doing and 'reporting' my research, which is the main focus of my 3rd article. The word gonzo is taken from the odd-ball journalism of Hunter S. Thompson who became famous for writing biting, satirical, and bizarre first-hand accounts of whatever situation he was placed in, like, for example, the Super Bowl:

> "*For eight long and degrading days I had skulked around Houston with all the other professionals, doing our jobs — which was actually to do nothing at*

all except drink all the free booze we could pour into our bodies, courtesy of the National Football League, and listen to an endless barrage of some of the lamest and silliest swill ever uttered by man or beast…"

(Thompson, 1980a)

Now, I didn't wander around drunk during my time as a Ph.D.-student, but I did feel – for quite some time – that I skulked around between other grief researchers, grasping at almost nothing, and having no clear notion of what I was doing or what I should do. In the article quoted above, Thompson's dissatisfaction with his situation results in him giving a, probably, alcohol-induced sermon in the lobby of his hotel. I didn't do anything like that, but I did use my frustrations with not having a clear research object, as a way of doing my research, as I have explicated in my 3rd article. By no research object, I mean the lack of an implemented diagnosis to research – i.e., that I was hired to research a diagnosis and its implications, but it was delayed, leaving me with 'nothing' to research. And so, this 'nothing' became part of my research object – trying to figure out why it was delayed and how this connected to the general culture of grief. I slowly attempted to turn what I thought was 'nothing' into something. Kvale and Brinkmann (2018) have discussed qualitative research through the metaphors of the traveller or the miner – the former gathering knowledge through going into the field and walking along with his or her informants, the latter through unearthing knowledge hidden from distinct places. I didn't really experience either – instead, one might talk about my research as the experience being lost in the woods. Immediately after I started as a Ph.D.-student, my research design had to be scrapped and I was left wondering what I was going to research. Instead of researching as a traveller or a miner, metaphorically speaking, I was left with an overgrown forest that I had to cut myself through and in the end realising that what I was researching was the forest itself. Along the way I picked up oddities, trinkets, and bits of knowledge that resulted in a bricolage of information. These things have been put into my 3 articles, while also informing my general arguments through this dissertation. Thus, this dissertation is an attempt at framing these articles and making a somewhat cohesive arguments out of my findings, exactly by discussing how what is happening with grief might tell us something about our current culture of grief.

The overgrown forest I had to make my way through was the field of grief research and the general culture of grief in Denmark and the work I am setting out to do in this dissertation, is to perhaps deepen, or shed new light on, our understanding of grief. In the vernacular of critical realism, I am looking at different empirical manifestations of the underlying mechanisms that have enabled our current culture of grief and in particular Prolonged Grief Disorder. A research question such as the one above makes possible such an inquiry. Now, I am not a critical realist to the bone, so I won't double down on its positions and claims, and neither will I swear by its imagined timeless superiority over other positions, but I have applied it here, because it makes possible the posing of certain questions and a particular way of seeing our current culture of grief.

One might approach the phenomenon of grief, and specifically Prolonged Grief Disorder, from other perspectives concerned with the sociology of knowledge, such as Actor-Network Theory (ANT), Discourse theory, Ethnomethodology, Social Constructionism[5], Genealogy[6] and many others. All of these would undoubtedly give meaningful and interesting answers to what is happening with grief, but I have chosen to work from a critical realist position, because it offers a way of understanding the phenomenon as enabled by generative mechanisms – i.e., as being influenced by societal structures. Now, the positions I named above – and many more – are all different from critical realism, but not incompatible and in part 3 of this dissertation I will discuss further why I chose critical

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[5] I will discuss this approach later and how a social constructionist view of death and society 'fits' with a critical realist inquiry.

[6] See Caroline Pearce's work *The Public and Private Management of Grief* for such an approach (2019).

realism, how it fits together with my gonzo methodology, and why this was the combination I ended up applying and not any of the abovenamed positions. Many of the perspectives and methods within things like ANT, discourse theory or social constructionism, may be employed from a critical realist position, as I will describe later, but critical realism has implications for the questions asked and the conclusions drawn. Furthermore, applying critical realism on a topic such as mine – i.e., death and grief – is hopefully somewhat novel and may thus provide new perspectives. So, what does it mean to work in a critical realist manner?

1.3 Critical Realism as a Framing Device

"There is not a separate world for philosophy and another world for everything else: there is only one world."

(Bhaskar, 2016, p. 3)

For Roy Bhaskar – the father of this philosophy of science – critical realism is not aimed at social science or sociology *per se*, but is rather aimed at constructing a philosophical position that might help science in general and produce a serious philosophy that scientists and individuals might act on; thereby paving the way for and moving towards human flourishing and well-being (Bhaskar, 2016, p. 2). This is quite a task, and whether one buys into the entirety of Bhaskar's thought – that also encompasses what he calls Dialectical Critical Realism and the philosophy of MetaReality – is of course both a question of temperament and its usefulness for one's research. What is important for me and my work, are the basic tenets of critical realism – how one goes about it and how it might open a specific and novel way of viewing our current culture of grief and the ongoing pathologization of grief. I use it to ask a specific type of question in this dissertation that may open new perspectives on grief and death. I will give as brief an overview of it as possible, in the following.

Probably, the most significant or defining feature of critical realism, is its position as a philosophy of science with a 'deep' ontology – deep in the sense that it views reality as stratified into different domains. This leads us to an initial way of discussing the basic principles of critical realism as consisting of 3 parts: (1) Ontological realism, (2) epistemological relativism, and (3) judgemental rationalism – these three constitute what Bhaskar's calls 'the holy trinity' of critical realism (Bhaskar, 2016, p. 40). (1) Is the starting point that reality exists – there is a world 'out there' that exists independently of our awareness of it. (2) Is concerned with knowledge, but posits that knowledge is relative – i.e., that our knowledge of reality is always historically and socially situated and that our knowledge is thus meditated conceptually. Finally, (3) is the view that despite the relativism of our knowledge, it is still possible for said knowledge to improve; humans are capable of making claims concerning reality and these claims may be falsified and thus, over time, we come to know more and more about reality. These last two parts are the 'critical' parts of critical realism. In this way, critical realism attempts to bridge the gap, so to speak, between different – and usually very incompatible – strands of thought; what we might, in very general terms, call Positivism, Hermeneutics and Postmodernism[7]. I will later be drawing on perspectives that fall into these categories, so there are inherent problems with me utilizing critical realism, but I will still argue for the compatibility in relation to my argument and point out that I am not a critical realist 'to the core' – my work is mainly orientated towards critical realism but is not wholly devoted to all of its arguments. In other words, I am pragmatic about it.

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[7] Here meant in the sense of a specific way of viewing the world – Bhaskar points to the likes of Deleuze, Derrida, and others as proponents of this form of 'deconstruction', or as he calls it *"ontological irrealism and judgemental irrationalism"* (Bhaskar, 2016, p. 193). I shall return to the diverging views later since I employ the works of several researchers and thinkers that Bhasker explicitly distances himself from.

There is a fundamental distinction to be made between different forms or dimensions of knowledge within the perspective of critical realism: The intransitive and the transitive (Bhaskar, 2016, p. 6). These two dimensions are what one might call the paradox of science – or even reality – since one presupposes the other but is also inaccessible. What science studies, i.e. its objects – whether they be physical or social – make up the intransitive dimension of science (Sayer, 2000, p. 10). This dimension is inaccessible for us and thus the goal of science is to produce knowledge about this dimension, as best as possible (Buch-Hansen & Nielsen, 2008, p. 22). This is the ontology of critical realism; the reality that exists irrespectively of our consciousness and knowledge concerning it. The scientific knowledge humans produce, its theories and results, then constitutes the transitive dimension of knowledge (Sayer, 2000, p. 10). These elements are what indirectly connect science with reality – they are the tools we use to gain access to the intransitive dimension (Danermark, Ekström, Jakobsen, & Karlsson, 1997, p. 33), without ever gaining complete access. By stating that reality exists in the form of the intransitive dimension of knowledge, but that our knowledge of it is always just attempts at understanding this inaccessible dimension, via the transitive dimension, Bhaskar's philosophy allows for different interpretations of the world or reality. As Andrew Collier points out: *"Rival scientific theories necessarily have different transitive objects, or they would not be different; but they are not about different worlds – otherwise how could they be rivals?"* (Collier, 1994, p. 51). As Sayer exemplifies, when theories change, they do not change what they are about – i.e. the shift from a flat earth theory to a round earth theory did not, in actuality, change the shape of the earth (Sayer, 2000, p. 11). Much the same could be said about death – a shift from a belief in the afterlife to a more secular vision of death did not, in fact, change death. Reality for critical realism is deep and largely inaccessible to us – and this is also the main criticism of positivist philosophies or what could be called empirical realism. Bhaskar claimed that what most empirical realists mistakenly do, is to conflate the empirical word, i.e. what we see and experience, with reality (Sayer, 2000, p. 11). Or in other words, that people mistake ontology with epistemology, thinking that these two correspond to one another, leading to what Bhaskar calls an ‘epistemic fallacy’ (Bhaskar, 2008, p. 26, 2016, p. 6). This is critical realism’s original and probably most important claim: That the world we experience and the knowledge we acquire of said world is not ‘all there is’ and that reality is intransitive. So, there is reality, and then there are our experiences of reality that do not wholly correspond to it, thus making our knowledge of the world fallible, since it is both dependent on social and historical context, while also never having the capacity to fully comprehend the intransitive dimension.

This leads us to a second fundamental distinction in critical realism, which is the separation of everything into the domains of the real, actual, and empirical. Importantly here is the argument that these three domains are irreducible[8] – this means that what occurs in the domain of the empirical does not correspond fully to what occurs in the domain of the actual (Bhaskar, 2016, p. 7). But what are these three domains then? Worth noting here is that what is denoted as ‘the real’ is two things: First it is what exists, whether we fully understand it or not, and regardless of whether we have empirical knowledge of it (Sayer, 2000, p. 11). The domain of the real is what we are trying to learn more about and gain an increasing amount of knowledge about. Second, ‘the real’ consists of objects, structures – or what we call mechanisms. For a sociologist as me, what is essential here is the argument that these objects and structures can be physical or *social*. These structures and mechanisms have potentials and causal powers that under certain circumstances may cause change and transformation in the domain

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[8] Philip Gorski uses the term a-reducibility stating: *“A-reducibility is not the same as irreducibility. Irreducibility implies that one level or strata of reality cannot be explained in terms of another at all, that decomposing that strata into its constituent parts is useless; a-reducibility, on the other hand, merely implies that one level or strata cannot be fully explained in terms of another”* (Gorski, 2009, p. 149). Though I agree with his points, I stick with the word irreducible, and my explanation above closely matches Gorski’s explanation of a-reducibility.

of the actual (Buch-Hansen & Nielsen, 2008, p. 24; Sayer, 2000, p. 11). Thus critical realism rests on a principle of the existence of non-observables (Gorski, 2009, p. 149). The transitive dimension of knowledge, i.e., the theories and results of scientific enquiry, are therefore attempts at understanding this domain of the real – of identifying, describing, and discussing these structures and objects. We call these underlying structures and objects of the domain of the real generative mechanisms since they are what 'drive' everything else. Primarily, these generative mechanisms influence what happens in the domain of the actual. So, when the power of a structure or object, i.e. a mechanism, in the domain of the real is activated, this causes events to occur in the domain of the actual regardless of our experience (Buch-Hansen & Nielsen, 2008, p. 24; Sayer, 2000, p. 12). The remaining domain is thus that of the empirical and this is the domain of experience, of the things that are directly observable to us, which are contingent upon the other domains, but not in an observable or straightforward manner. Things that we observe may guide us or help us identify what exists, but existence or reality itself is not dependent of it (Sayer, 2000, p. 12).

Table 1 Domains of the real, actual, and empirical

	Domain of the Real	Domain of the Actual	Domain of the Empirical
Mechanisms	✓		
Events	✓	✓	
Experiences	✓	✓	✓

Table from Bhaskar, R. (2016). Enlightened Common Sense - The Philosophy of Critical Realism (1st ed.; M. Hartwig, ed.). Abingdon: Routledge.

This means that critical realism aims to go 'beyond' or 'deeper' than the empirically observable and it does this by claiming that there is a causal criterion as well (Collier, 1994, p. 45), meaning that there is a causal connection between the domains of the real, actual and empirical. This causality is what we are aiming at understanding, when we are looking for mechanisms: *"A mechanism (…) is that to which a law refers."* (Collier, 1994, p. 43) – law here referring to things like 'laws of nature', 'scientific laws' and so forth. This all might seem deterministic, but the point here is not that everything is orderly and always operates in accordance with one specific causality – instead, there are always a multitude of causalities and of potentialities that work together or against each other (Collier, 1994, pp. 43–44). In other words, causality for a critical realist is not about regularity; if this were the case how would we then explain irregular events (Sayer, 2000, p. 94)? The world is complex, and both regular and irregular occurrences are always the result of many different underlying mechanisms (Buch-Hansen & Nielsen, 2008, p. 26). Bhaskar argues that seeing the world as stratified in this manner gives a more meaningful view of the world – contrary to what he dubs empirical realists and social constructionists or actualists. The former positing that what we observe is all that exists and the latter that the events that occur exhaust the world, thereby they both remove the level of the real (Sayer, 2000, p. 12). These are respectively what Bhaskar calls the epistemic fallacy and the ontic fallacy (Bhaskar, 2016, p. 11). So far, it might seem as if critical realism then consists of observing empirical phenomena and then trying to figure out what underlying mechanisms have brought said phenomena into being – this is an almost 'naturalist' way of understanding science. However, as Sayer (2000, p. 17) points out, critical realism is only partially 'naturalist', for *"(…) although social science can use the same methods as natural science regarding causal explanation, it must also diverge from them in using 'verstehen' or interpretive understanding."*. This is the interpretive or hermeneutic dimension of critical realism. The social world is a world of meaning and social phenomena are inherently meaningful; such things are not easily counted or measured (and in fact, probably shouldn't be attempted). Therefore, the object for a social scientist is to interpret and understand the social world and his or her primary interest should be in explanation and only secondarily in prediction (Bhaskar, 2016, p. 79).

Critical realism works through the logic of retroduction[9]. Bhaskar here draws on, and somewhat modifies, Kant's notion of the transcendental argument[10], which is an argument that asks what must be or exist for a certain feature of our existence to be possible:

> *"A retroductive argument asks what would, if it were real, bring about, produce, cause or explain a phenomenon; and retroduction is the imaginative activity in science by which the scientist thinks up causes or, as we shall say, generative mechanisms which, if they were real, would explain the phenomenon in question."*
>
> (Bhaskar, 2016, p. 3)

A retroductive inquiry is different from more commonly used terms such as deductive or inductive, which, if one is a critical realist, are insufficiently equipped to understand reality, since they lack ontological stratification. Both deduction and induction operate only in the upper domains of the actual and the empirical, thus committing either an epistemic fallacy or ontic fallacy, respectively. The way one applies retroduction is by asking specific questions. In a critical realist view, the nature or the goal of science

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[9] Note here, that Bhaskar himself has a very elaborate model for this that he calls the DREIC-model that, according to him, should apply to all science. This model entails the process of scientific discovery and advancement as D, the description of a pattern of phenomena, R, which is retroduction that consists of imagining the possible mechanisms that account for the pattern of phenomenon, E, which is the elimination of those mechanisms that do not apply, I, which is the more specific identification of the mechanisms at work and finally C, which is the correction of the earlier findings or arguments in light of the process' finalization (Bhaskar, 2016, p. 30). This almost is akin to an advanced hermeneutic circle, but for the sake of what I am attempting to do here, an explanation of what retroduction is, should suffice.

[10] Which is why he also talks about transcendental realism as an important aspect of his philosophy.

is to discover and explain parts of the intransitive dimension of knowledge. We do this via a movement from the domain of the empirical and/or the actual, down to the domain of the real, because the phenomena that exist at the observable level of reality are constituted and made possible by the underlying generative mechanism in the domain of the real (Buch-Hansen & Nielsen, 2008, p. 60). Thus, a transcendental argument is sensical to use – it transcends through these domains, specifically questioning what the underlying conditions that have made certain tendencies or phenomena possible are. In other words, we are looking for the conditions of possibility for the things we observe and experience. If we look at my primary research question again, it is easily identified as just such a question:

What are the societal preconditions that have enabled our current conceptualization of certain forms of grief as pathological and worthy of psychiatric diagnosing?

This question is a reversal of other forms of questioning. It begins with an empirical fact, that grief is now something that can be pathologized and diagnosed, and then asks what has made such a thing possible? This is a movement from the things we may see, i.e., the diagnosis, to the things that we cannot see, i.e., the generative mechanisms that have enabled the diagnosis. The final question that remains is then: how does one know whether an explanation or an identified generative mechanism is the correct one or not? The answer to this is, unsurprisingly, that there is no sure-fire way of determining the validity or 'correctness' of a retroductive argument (Danermark et al., 1997, p. 134). It is a matter of how plausible an explanation is and asking the question of whether one can imagine something happening without the precondition or mechanism that has been identified. This does not allow any sort of explanation to whatever problem of phenomena one is researching; instead, it puts a strong emphasis on the sort of argument a researcher puts forth, i.e., the strength of the theoretical argument made. In the case of my dissertation, it is a question of whether the theoretical arguments I put forth give a logical and coherent explanation of the possible generative mechanisms that I identify. Because the world is an open and complex system, my arguments and tentative conclusions are not ‘the whole story’. There might be other explanations or different varieties of explanations of the same phenomenon, but the hopefully meaningful and convincing arguments I will make are one way of understanding and explaining this part of the social world. In the process of this, it is hopefully possible to cast a new light on this phenomenon and in doing so, just maybe, pave the way for another of critical realism’s goals: namely acting as an agent for emancipatory change.

In the following section, I will give a brief overview of the dissertation – thereby showing how the different parts are connected and what part they play in the retroductive argument I am making.

1.4 Outline of the Dissertation

The four parts I sketch out are concerned with: (Part 2) the theoretical underpinnings of my work and the first part of my retroductive argument, (Part 3) the research methods, methodology, and some explication concerning with how I went about my field work and its connection to my articles, (Part 4) the articles I have written and published, and (Part 5) a final part that discusses how we might understand our current culture of grief by weaving together the threads of all my research. To spell it out: I am looking at what has made possible our current culture of grief and I am doing this by constructing an argument that, through retroductive reasoning, seeks to describe parts of the intransitive dimension of reality. By combining empirical observations, that exist in the domain of the empirical, with different sociological theories concerning society, culture, and death, I am attempting to explain why grief is understood the way it is today and why we are now diagnosing it.

Therefore, in **Part 2** of the dissertation, I will discuss how we might understand and perceive death from a sociological perspective – i.e., how death and the social are connected and dependent of each other. This will be the first step in my retroductive argument, since death, as I will argue, is one of the main, and to some extent, originary societal preconditions. Meaning that death is a significant constituent of the social, and what we do with death is a social construction – thus looking at how we relate to death and what death ‘means’ to us will be the initial entry into understanding grief and our contemporary societal conceptualization of it. The focus here is the societal preconditions that have made Prolonged Grief Disorder possible but understanding this requires that we perceive how death and the social are connected. The existential aspects of this first part will explicate how our identities and our society are both constructed upon death. A critical realistically guided sociological analysis of death and grief needs to ground itself in this fact to show that they are interdependent. Exploring these elements will help answer the question of what has led us to a point in time where a diagnosis such as PGD is possible – I will argue that we, as individuals and society as a whole, are ‘handling’ death in a certain way that enables such a diagnosis to exist, while simultaneously providing the conditions for experiencing grief as something in need of diagnosing; as something that is perhaps more difficult, burdensome, and painful than before.

In **Part 3**, I will delineate my research methods and the ways in which I have approached the field. I will begin this part by discussing how a critical realist perspective can be connected to the perspectives from part 2, and how one might understand death as a form of societal precondition or generative mechanism. This part will also provide both the reasoning for using certain research methods and not others, while also discussing the problems with these. I will also discuss the problems I had with actually doing the research and describe how I went about it. This form of ethnographic research, where everything was a form of empirical evidence, conversely also caused – to some extent – the problem that nothing was ‘real’ empirical evidence. Furthermore, there were problems with gaining access, problems with doing research in a politicized domain, and lastly the fact that my initial research object never came to fruition – it had, to some extent, ‘disappeared’ and I spent some time discovering what this meant and how this ‘disappearance’, in fact, was the most interesting phenomenon to study. Early on I jokingly referred to my approach as a form of ‘gonzo research’ or ‘gonzo sociology’ unaware that this way of doing ethnographic research had already been discussed (Sefcovic, 1995; Wozniak, 2014). In part 3 of this dissertation and in my 3rd article I discuss the ways in which I applied this form of ethnographic method, whilst also arguing for the relevance of using this particular method in my research. This part 3 is thus where I discuss how I went about my work and how this methodology allowed me to look at the culture of grief from a certain perspective. It allowed me to observe and critically engage with the present and in accordance with the critical realist position this part attempts to show how my work was a combination of viewing the overgrown forest as my research object – the culture of grief that surrounded me – and how I used abductive reasoning to arrive at my perspectives.

Part 4 will contain the three articles that I have written and published, presented in chronological order. There will be some repeats from previous parts in them, but these are the bulk of my research, and they will look at grief from different perspectives that I will then attempt to connect in the following part of the dissertation. They are all, to some degree, focussed on different parts of grief and its connection with the social. But they are all attempts at asking questions about and discussing the culture of grief and they are steps in answering the question about what has made possible the diagnostic classification of Prolonged Grief Disorder.

In **Part 5**, I will attempt to bind all these threads together. I will argue, through the works of Hartmut Rosa (2015, 2019, 2020b) and others, that the experience of grief is being transformed due to societal developments that fundamentally change our experience of being in the world – thereby also changing the experience of grief. These perspectives will act as a way of casting new light on our current culture of grief and will help form a cohesive argument, based on the previous parts, and an answer to my overarching research question.

By drawing on the perspectives of grief that I came across in my field work, I will discuss how the desire and need to help individuals in grief and to pinpoint which form of grief-induced or grief-related ailment they are suffering from, is an attempt at control. An attempt at bringing grief into the realm of the controllable and thereby conquering and overcoming it. Conversely, for the bereaved the experience of grief is also worsened, since their existential vulnerability is put under pressure. The ability to experience grief as something resonant vanishes as we seek to overcome, control, or rationalize it. The ways in which grief is talked about and discussed in the public, and in the areas I observed, reveal a fight over who gets to control grief. However, it also showed me that there are countertendencies to this development. That grief is, by many, still considered an existential condition of life that should not be controlled or tampered with too much. I end this part by discussing some of the implications of my research and pose new questions concerning what the implications of our current relationship to grief might lead to. The diagnosis is still coming and the full implications of it are not yet known. This part is then the final answer to my research question, and by combining the elements of the preceding parts, I will give an answer to what has made possible our current culture of grief and the diagnostic classification of Prolonged Grief Disorder.

Part 2

When one engages with grief, one unavoidably also engages with death. In this part of my dissertation, I will attempt to do just that. Now, some might instantly beg the question of whether grief is always bound to death or if it might not also pertain to other instances of loss. The answer is yes; grief can also revolve around other types of losses – this is not a remarkable notion and much research also focusses on grief in the wake of things such as job loss (Papa & Maitoza, 2013), divorce (Hagemeyer, 1986; Sbarra & Emery, 2013), pet loss (Cordaro, 2012), financial losses (Jenkins, Wiklund, & Brundin, 2014; Shepherd, Wiklund, & Haynie, 2009), and also what we now call climate grief (Bjørlykhaug & Vetlesen, 2020; Cunsolo Willow & Ellis, 2018; Cunsolo Willox, 2012; Frantzen, 2021; Petersen, 2020). However, this dissertation specifically deals with grief in the wake of death – more precisely the death of another human being. There are different arguments to be made as to why it is this type of grief I focus on. On a very practical level, a big part of this dissertation is focused on the current pathologization of certain aspects of grief, in the form of the diagnostic classification of Prolonged Grief Disorder in WHO's ICD-11 manual (World Health

Organization, 2018). In this diagnosis, a requirement for an individual to be diagnosed with the disorder is that another human being has died. Thus, it makes sense to define the type of grief I look at in the same manner. Moreover, and this is a somewhat more abstract reasoning, it has to do with the importance of permanent human absence (Petersen & Jacobsen, 2018). The above-mentioned examples are not bound to other individuals that permanently cease to exist. A job might disappear, but that is a position, and not a person whom one might have loved most of one's life and therefore be intimately bound to. The same goes for loss of money. These are things where a field of opportunities disappears and one's options in life may shrink – though the opposite might also happen. When it comes to pet loss we are talking about a permanent loss, but this loss is not human – and while I will admit that this may be very devastating and, in fact, contain many of the same experiences and emotions as the loss of a significant other in the form of a human being, I will still argue that the loss of another human is different. Simply because what makes us human is very much our relations to other humans – relations that are very different from the forms between humans and pets. In the case of climate grief, we are talking about something very different. It is different because it is a form of anticipatory grief that deals with something which has not yet come to pass; the fear and hopelessness of an ending world – the death of everyone and everything at once. Furthermore, and this is also perhaps the most important of the reasons, the loss of another human being is a permanent fixture of human existence – the others are not. We have always had to watch other humans die and if what it means to be human is to be found within our relationality and our dependency on others, witnessing these others die, and thereby experiencing their permanent absence, is a particular and unavoidable facet of being human. Losing jobs, losing money, and 'losing' our climate are forms of loss and absence that are bound to specific times, where such conceptions make sense – death is not bound to a specific time. In fact, it has no 'time'; it's just there in all its abundance of horror and banality, rolled up into one inescapable phenomenon.

> *"In every age, the cultivation of the innermost dimension of life interacts closely with the meaning it ascribes to death. How we perceive life and death are merely two aspects of a fundamentally unified attitude."*
>
> (Simmel, 1910, p. 1)

Therefore, looking at grief as it pertains to death is also looking at life and the way we structure this life in the form of culture and society. *"The study of dying is like gazing into a reflecting pool. The waters there reflect back to us the kinds of people we have become."* (Kellehear, 2007a, p. 1). Death is the mirror-image of ourselves and the world we live in.

Why spend time on this in a study such as this one? Well, as mentioned earlier, this dissertation is focussed on the culture of grief, more specifically our current culture of grief. What has 'brought' us to a time and place where we treat and conceptualize grief the way we do now – how has it become something pathological? This is the main focus for me and, in line with my critical realist outset, I will approach an answer to this question through a retroductive argument – i.e., beginning with the conclusion that the diagnosis is real and then, through different theoretical perspectives, discuss what generative mechanisms have made such a thing possible and how our current culture of grief is an actualized outcome of these mechanisms. The first step in this is to form a coherent argument about death and grief's connection to the social and how our relationship to death and grief has changed over time, thus laying bare how different developments may have led us to our current ways of understanding grief. To figure out why death is a 'problem' today, we need to look at what it is and how it has changed. This means that the reason for having this discussion and description of what death is, originates in my argument that if we are to fully understand what PGD is – i.e., how it has come into existence, what it is supposed to do, and why there is a 'need' for it in contemporary society – we must discuss what the diagnosis taps into, which is death.

2.1 What is Death?

But what does it mean that death has changed – isn't it always the same? The answer is both yes and no. The brute fact of death has always been the same – i.e., people have always died – and so what it *does*, or rather its physical effect, has stayed the same. But what it *means* or how it is *interpreted* by individuals has changed. And this is where I would like to begin, by discussing death and grief, what they are, how they've changed, and how they might be understood as the conditions of possibility for both culture and/or society, and the individuals that inhabit said culture.

Where does one begin when it comes to the end? How do you define or even attempt to discuss death, without falling into a slew of banalities and things said so many times before? It is so difficult to do this, that it might seem odd to even attempt it. However, for the sake of my argument, it is important to discuss what death means for us as individuals, but also what it means for society. But instantly one runs headfirst into obstacles when it comes to death – what is it even? The simplest answer is, to some extent, also the least satisfying one: Death is just the cessation of all vital biological functions. Nothing more. But this biological explanation offers nothing in the way of understanding the importance of death for us as human beings. If all we needed was this explanation, there would be no need for burial rites, memorials or even grief.

We have strong culturally influenced ways of handling our dead, but also ways of remembering them. The dead are not just disposed of and forgotten about. Even though we might rationally say that death is nothing more than the end of all vital functions, and the dead body nothing more than just that – a decaying lump of biological matter – we still cannot bear to just leave bodies to their biological fate. Neither can we bare to just treat death as nothing more than the end of functioning. As Robert Hertz (1960, p. 27) has put it: "*The body of the deceased is not regarded like the carcass of some animal: specific care must be given to it and a correct burial; not merely for reasons of hygiene but out of moral obligation.*". So, despite the simple answer being that death is nothing more than a living body that ceases to function, it is also abundantly clear that there is so much more at stake.

Now, one might question why it is worth spending time with these explorations in a dissertation that discusses the culture of grief from a sociological perspective? My argument is that if we are looking at the societal preconditions that have enabled our current culture of grief – that make it possible for a diagnosis such as PGD to come into being – we must look at another primary societal condition, which is our relationship to death. The ways in which it makes us human, the way it binds us together, and the way our society is structured upon this fact. This also means that my argument is not just about political or economic reasonings behind something like PGD, or about the agendas contained within the current conceptualizations of grief. Instead, my argument is that there is something 'more' than what we might observe – there is a deeper, or more underlying, reason for the ongoing changes in our understanding of grief. In line with my critical realist stance, I argue that there is something besides what might be seen or experienced and this something are the generative mechanisms that influence our social world. This is not just a question of a new diagnostic classification and its inherent political and economic sides, but a more fundamental question concerning what it means to be human.

Ever since Epicurus claimed that death was not to be feared (Epicurus, n.d.) – and until now, philosophy has struggled with death. What is curious in Epicurus' claim is that itis correct – logically speaking. We understand the claim intuitively and we may read it and think it is correct, since it *seems* sensical. However, as Zygmunt Bauman has pointed out, they still seem fraudulent to us (Bauman, 1992, p. 3). They seem to be completely circumvented by our, more or less, irrational fears of death. As the quote from Laqueur shows, we cannot live at the borders of our mortality. Death must be 'handled' – not only for practical reasons (i.e., disposing of bodies to avoid smell or health-issues) but also for what we might call existential or cultural reasons. Elias' words that: *"Death is a problem for the living. Dead people have no problems."* (Elias, 1985, p. 3), have lost none of their urgency. We live with the knowledge of death always – for Elias and Bauman this knowledge is a defining aspect of being human (Bauman, 1992; Elias, 1985) – and how to handle this knowledge is an ongoing 'problem' for humanity.

It is, as Sigmund Freud described, not within the reach of our own consciousness to think of our own death – whenever we attempt to conjure up the image or thought of our own demise, we are always still present in this imagining: "*It is indeed impossible to imagine our own death; and whenever we attempt to do so we can perceive that we are in fact still present as spectator.*" (Freud, 1915 / 1957, p. 289). Similarly, Alan Blum (2017, pp. 1–2) has described, how this makes us live our lives, forgetful of death. Bauman to, has pointed out, that death often vanishes in the quotidianity of life (Bauman, 1992, p. 48). The fact that death and the knowledge of it is what makes us human, combined with our inability to imagine and experience this death of the self is inherently conflictual. With a certain pathos, Ernest Becker has described this paradox in his work *The Denial of Death* (Becker, 1973, p. 26):

> "*Man is literally split in two: he has an awareness of his own splendid uniqueness in that he sticks out of nature with a towering majesty, and yet he goes back into the ground a few feet in order blindly and dumbly to rot and disappear forever.*"

Somewhere in this conflictual relationship with death resides Jacques Derrida's question: "*Is my death possible?*" (Derrida, 1993, p. 21). For Derrida, death is an aporia – something that is characterized by its impossibility and its non-passage. A non-passage that we must pass through, and something we cannot truly experience. However, this is not an attempt at reaching a form of ataraxia as posited by Epicurus and his notion of death being nothing to us. Derrida is not attempting to 'resolve' our fear of death, but he is pointing out the impossibility of one's own death. "*It's strange. I would die alone; yet it's the others who would live my death.*", as Simone de Beauvoir (1956, p. 602) has put it. We do not live our own death, we never meet our own death and thus, death remains impossible. Simon Critchley asks similar questions:

"Can I assume my finitude affirmatively as a source of meaning in the absence of God? Is death possible? Can I die? Can I say 'I can' with respect to death? Can I? The response given in the following lectures is that 'I cannot'."

(Critchley, 1997, p. 25)

Death remains traumatic and indecipherable for us since it is an unresolvable mystery for us. We cannot make sense of our own death, since it is not something we can experience and let alone understand. We are not there when it happens, we cannot imagine ourselves being there, but we are still, nonetheless, trapped with the knowledge that it will happen to us. Death is thus not something that meaningfully structures our lives. As Critchley points out: *"death is not the object or meaningful fulfilment of an intentional act; it is not the noema of a noesis."* (Critchley, 1997, p. 26). Bauman argues in a similar manner that we cannot perceive death, since intentionality requires 'something' to be called into being in a shared life-world (Bauman, 1992, p. 2), but there is no 'something' in death, only an unimaginable nothing.

This traumatic nature of death makes it a limit situation as it has been defined by Karl Jaspers[11]:

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[11] Please note that the translation in the quote calls them boundary situations, but I will – like others – call them limit situations.

> *"(…) that I am always in situations, that I cannot live without struggling and suffering; that I cannot avoid guilt; that I must die – these are what I call boundary situations. They never change, except in appearance. There is no way to survive them in existence, no way to see anything behind them. They are like a wall we run into, a wall on which we founder. We cannot modify them; all that we can do is to make them lucid, but without explaining or deducing them from something else. They go with existence itself"*
>
> (Jaspers, 1932, p. 178)

Jaspers might describe how these limit situations are intrinsic to life, but he does not say that they are to be mastered or that they are to be overcome. We must live with these situations since they only change in appearance, as he argues. Therefore, I would argue that life is inherently marked by the aporia of death, and its ability to disappear and reappear in the world around us, is part of the conditions of possibility for being human. Peter L. Berger, has argued along these lines as well in his work *The Sacred Canopy*: *"The marginal situation par excellence, however, is death."* (Berger, 1967, p. 32). This is significant, because what Berger discusses is the creation of society or culture in the face of death, as I will elaborate further on. Thirdly, limit situations, and our ways of acknowledging them, shying away from them, and living with them, reveal something about our 'existential vulnerability' as Thomas Fuchs has argued in relation to psychopathology (Fuchs, 2013), which I later on will argue might tell us something about our more general existential vulnerability – or in other words our (in)ability to live with the unresolvable tragic nature of existence.

So far, I have mostly discussed the death of the self – the relationship to one's own death. And though there is an argument to be made for the inherent grief that lies within the expectation of one's own demise, it is the grief experienced in the face of one's closest relations that is the focus in this dissertation. It is in the relations to others and their deaths that we come to learn about and experience death – and it is these experiences that force us to reflect on the finitude of life, and what structures the world around us is how we live with the deaths of others, how we remember them, honour them, forget them, and 'handle' their disappearance. In short, how we grieve them. Death is a constant human problem and perhaps holding firm on the argument that PGD is a way of handling and relating to our existentiality may afford us a specific type of critique and understanding of the diagnosis and the current culture of grief?

2.2 What is Grief?

In the previous section, death was discussed in relation to the self – to one's own death, and how it is an impossibility because we do not experience it – not in the sense that it does not happen, but in the sense that we cannot 'own' it. Our put more simply, that we are not around to experience our own death. But the death of the self and the death of others are both terrifying for us, as Bauman points out: "*The world without my seeing it or fantasizing it is unimaginable; but the image of a world emptied of others (…) is unbearable.*" (Bauman, 1992, p. 37). We cannot live without others since our own lives are dependent on these others. As mentioned earlier, grief has to do with permanent human absence, with the loss of another human being. Like the biological and 'simple' answer to what death is, a somewhat equally simple and unsatisfying answer to what grief is, can be made. Here we may talk about what the function of an emotion such as grief is and how it is a form of adaptive response to stress, meant to signal one's distress to those around you (Huron, 2018, p. 59). It is nothing more than the result of our need to let others around us know that we are experiencing a form of stress – and we do this by weeping, wailing and producing: "*(…) the distinctive 'ah-ah-ah-ah' weeping sound.*" (Huron, 2018, p. 62). Yet, the fact that grief is accompanied by crying and wailing to signal that we have experienced loss does not offer a satisfying answer to *why* it happens. As Tony Walter has pointed out, seen from an evolutionary perspective, grief goes against all logic, since "(…) *being incapacitated by* *grief for an extended period of time is not compatible with survival of the species – mourners would soon get eaten by lions and their children starve."* (Walter, 2017b, p. 87). The function of grief may be to signal to our surroundings that we are in distress, but why does it 'happen' in the first place? Tony Walter follows the quote above, by describing how grief, in its most basic form and seen from an evolutionary perspective, is a by-product of personal attachments. And as John Archer has pointed out in his book *The Nature of Grief*:

> *"Grief— in its most basic form— represents an alarm reaction set off by a deficit signal in the behavioural system underlying attachment. The strength of this signal is likely to parallel to some extent the strength of the attachment."*
>
> (Archer, 1999)

Yet, as Walter also emphasizes, this by-product or alarm reaction plays out in different social settings – individuals don't just languish in their pain or die, they 'get on with their lives' and continue surviving. But these basic and evolutionary explanations, though well-described and researched, lack explanatory power when it comes to grief in relation to culture and to our being-in-the-world. We often hear the somewhat tedious adage, that grief is the price we pay for love and though we may roll our eyes at such a truism, it is still worth recognising it. Grief is not only the price we pay for love; it is the price we pay for being human.

As Derrida has pointed out, our relations to others are marked by grief. In *The Politics of Friendship* (1994) Derrida argues that one must always go before the other – all friendships must adhere to this law. And in *The Work of Mourning*, he again writes:

> *"To have a friend, to look at him, to follow him with your eyes, to admire him in friendship is to know in a more intense way, already injured, always*

> *insistent, and more and more unforgettable, that one of the two if you will inevitably see the other die."*
>
> (Derrida, 2001, p. 107)

A similar argument could be made for relations in general. To live is to experience others die and thus our primary relationship to death is through these others. I cannot live a full life by facing my own mortality – instead life is marked by the inevitability of the death of the other and my incapacity towards it. Emmanuel Levinas similarly argued that the death of the other affects me more than the death of the self:

> *"The death of the other who dies affects me in my very identity as a responsible "me" [moi]; it affects me in my nonsubstantial identity, which is not the simple coherence of various acts of identification, but is made up of an ineffable responsibility. My being affected by the death of the other is precisely that, my relation with his death."*
>
> (Levinas, 2000, p. 12).

Death will remain traumatic for us since we can't imagine our own death and we are helpless in the face of the death of others. Death is not constituted for us by its mineness, by my relation to my death, but instead our relation to death is constituted by its otherness (Critchley, 2002, p. 171). We are continuously broken by the losses we experience and the losses we will come to experience. The point is, that these existential and fundamental human conditions can be seen, as mentioned, as forms of originary societal preconditions – they are the conditions of possibility for human experience, but also for society and culture. The ways in which these conditions are then handled and how we relate to them are, I would argue, where sociology plays a major part in providing explanations. As I will show shortly, death and grief are not the same through time – the brute fact of death is – but the way we relate to, handle, or describe death is not.

To put it another way, we are given over to each other always:

> *"What grief displays (…) is the thrall in which our relations with others hold us, in ways that we cannot always recount or explain, in ways that often interrupt the self-conscious account of ourselves we might try to provide, in ways that challenge the very notion of ourselves as autonomous and in control."*
>
> (Butler, 2004, p. 23).

The experience of death – here meant as the lived experience of death, i.e., the closest we will ever come to death – is through those around us. Thus, the primary limit situation we face is still finitude, but it comes to us in the experience of watching our loved one's die.

Death then constantly exists in this peculiar position where we are fully aware of something, we cannot experience ourselves, but must constantly experience through others. Taking a note from Freud, Pogue Harrison writes that: *"Only the shock of the loved one's death persuades us – against our deepest instinctual convictions – that we will or even* can *die."* (Pogue Harrison, 2003, p. 93). Death enters my life uninvited, but unavoidably, through the passing of loved ones, and it stays in my life throughout as a fact of my limited existence and capabilities. Grief is therefore the experience of meeting death and therefore we may understand grief as a limit situation – a situation where one encounters the limits and frailty of existence. The experience of seeing a loved one perish and disappear, crossing the passage of non-passage that I must also cross. The radical impossibility of grief (Critchley, 2010, p. 40) is the experience of the aporia of death encroaching on your existence.

2.3 Death, Grief and the Social

So, being human is to experience death through others and to live with the knowledge of one's own death. However, as I mentioned earlier, the way in which we do so has not remained static through human history. The way death has been 'lived with' has changed continuously and the way this is shaped and constructed is not psychological, but rather social. In the following, I will discuss this relationship between death, grief, and the social, and how they influence each other and are interdependent on one another. Afterwards I will describe how death and grief have changed over time and thereby end with some preliminary thoughts on where we are today, before moving on to part 3 of the dissertation.

It might make sense to begin the connection between death, grief, and the social by emphasizing further our dependence on others – the fact that we are not just thrown into the world, but rather that we come from nothingness into a world that is waiting for our arrival[12], and that we are, at least partially, prepared to take part in this world (Arendt, 1977, p. 62). One might say that we are thrown into the world together with others and that before we come to define ourselves, others define us beforehand. As the Butler quote showed earlier, we are not just autonomous individuals, but rather we are held in our relations to others – these others that inhabit the world before us and have defined the world before us.

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[12] I acknowledge that not all lives that come into the world awaited with the same joy or expectation, but, in general, most people are born into something that takes care of them. And furthermore, we are always born into a world that is already there and that we navigate according to the norms, ideals, structures, and so forth that exist prior to our existence. Or as Alfred Schutz (1962, p. 312) has pointed out: "*The unique biographical situation in which I find myself within the world at any moment of my existence is only to a very small extent of my own making. I find myself always within an historically given world which, as a world of nature as well as a sociocultural world, had existed before my birth and which will continue to exist after my death.*"

The thought of bringing together existential philosophy and sociology might intuitively seem a at odd, but adhering to my critical realist position, the reason for doing so lies in the form of argument being made; that to understand how our current culture of grief is, we must look at the fundamental and existential elements that this culture – and specifically PGD – taps into, namely our relationship to death. But there are also other arguments to be made for why these two disciplines may inform each other. The existentialist thinker *par excellence*, Jean-Paul Sartre, coined the by now infamous phrase: *"Hell is other people."* in his play *Huis Clos* (Sartre, 1944). This line has often been misunderstood to mean something along the lines of 'other people are terrible, and you should disengage yourself from the social to avoid them'. But in fact, what he meant was that other people are a necessity in my self-understanding – I only see myself and conceptualize myself through the gaze of others. We are already here treading closely in the realm of sociology, as it exists in the form of symbolic interactionism proposed by George Herbert Mead's distinction between the 'Me', the 'I' and the 'Generalized other' (Mead, 1934) and his notion that *"(…) the individual mind can exist only in relation to other minds with shared meanings."* (Mead, 1982, p. 5). The social is thus already there in existentialist thought – and it is clearly so in Schutz' phenomenology of the social. The way we exist, i.e., the way we perceive the world, the way we ascribe meaning to it, and how we create narratives around it, is not cut-off from others and we do not exist in a social vacuum. The relationship between the self and society is a dialectical one. As Maurice Merleau-Ponty described: *"Because we are in the world, we are condemned to meaning, and we cannot do or say anything without its acquiring a name in history."* (Merleau-Ponty, 1945, p. xxii). We cannot escape meaning in any way, but this meaning is not just our own to create or construct, instead it is always part of a wider social context. We might conceive this relationship with the words of Dennis Wrong who in his now classic essay wrote: *"The Freudian view of man, (…), sees man as a social though never a fully socialized creature."* (Wrong, 1961, p. 183). The concept of the 'never fully socialized creature' is worth keeping in mind here. It encapsulates this notion of being-in-the-world as continuously conflictual that I am getting at.

A similar discussion is to be found in the work of Edward Tiryakian's book, *Sociologism and Existentialism* (1962), wherein he attempted to reconcile these two differentiating perspectives and others followed suit arguing for what they dubbed existential sociology (Johnson, 2008; Melnikov & Kotarba, 2015; Tiryakian, 1962). Though not explicitly connected to this overlooked 'school of thought' in sociology, I would argue that another important sociological work, in fact, shares many of these viewpoints: Peter L. Berger and Thomas Luckmann's *The Social Construction of Reality* (1966).

This book gave birth to social constructionism, and it deals with the construction of society through the interactions of individuals. Or in other words, Berger and Luckmann describe the two facets of 'man in society' and 'society in man'. Berger and Luckmann themselves cited Sartre several times in their work, arguing that they drew inspiration from him, but that he: *"(…) lacks, however, an adequate theory of socialization."* (Berger & Luckmann, 1966, p. 229). Berger and Luckmann's arguments about the ongoing dialectical process in the social construction of reality is not just about a fully or over-socialized individual. Instead, the dialectic process happens between externalization (the process of: *"the individual member of society, who (…) externalizes his own being into the social world."* (Berger & Luckmann, 1966, p. 149)), objectivation (*"The process by which the externalized products of human activity attain the character of objectivity."* (Berger & Luckmann, 1966, p. 78)), and internalization (the process of the individual in the social world who: *"(…) internalizes it as an objective reality."* (Berger & Luckmann, 1966, p. 149)). For Berger and Luckman, man is thus not over-socialized, but rather exists continuously in this dialectical relationship with the world around him. Being human is always existing in the social world, but never being completely socialized.

"The experience of the death of others and, subsequently, the anticipation of one's own death posit the marginal situation par excellence for the individual.

> *Needless to elaborate, death also posits the most terrifying threat to the taken-for-granted realities of everyday life. The integration of death within the paramount reality of social existence is, therefore, of the greatest importance for any institutional order. This legitimation of death is, consequently, one of the most important fruits of symbolic universes."*
>
> (Berger & Luckmann, 1966, pp. 118–119)

These marginal situations that Berger and Luckmann point to are, though they do not cite him, the same as Jaspers' limit situations, and they themselves cite Heidegger's work as elaborating the concept in the most satisfying manner, while also referring to the work of Alfred Schutz (1967), who had a massive influence on them (Berger & Luckmann, 1966, p. 266). Specifically, Schutz' concept of *fundamental anxiety* was important to them, and this concept shares many similarities with Giddens' concept of *ontological security*, and I will return to both these concepts later. Schutz defines it thusly:

> *"I know that I shall die and I fear to die. This basic experience we suggest calling the fundamental anxiety. It is the primordial anticipation from which all the others originate. From the fundamental anxiety spring the many interrelated systems of hopes and fears, of wants and satisfactions, of chances and risks which incite man within the natural attitude to attempt the mastery of the world, to overcome obstacles, to draft projects, and to realize them."*
>
> (Schutz, 1962, p. 228)

This fundamental anxiety is about death and, by extension, about the other's death. What I fear is thus the death of my loved ones. We live in a constant to-and-fro with this fundamental anxiety and our incapacity towards death.

Drawing inspiration from Schutz, culture, society, and knowledge are, for Berger and Luckmann, ways of staving off meaninglessness and despair – they act as defences against the nightmare of being without the social and the order which it instils in everyday life. Berger has similarly pointed out in, *The Sacred Canopy* (1967), that world-construction is an anthropological presupposition for humans – we simply create meaning, because we need it to function. We are: *"(…) congenitally compelled to impose a meaningful order upon reality."* (Berger, 1967, p. 31) and this meaningful order is socially constructed. Put simply: we need others to understand ourselves and to create a meaningful order of existence. Grief then becomes one of the primary problems for this order, since as I noted earlier, the experience of witnessing others die is the closest an individual ever comes to death. We do not experience our own death, but rather we live through the deaths of others, and this is what constitutes the primary reason for our fundamental anxiety.

> *"Witnessing the death of others (notably, of course, of significant others) and anticipating his own death, the individual is strongly propelled to question the ad hoc cognitive and normative operating procedures of his "normal" life in society. Death presents society with a formidable problem not only because of its obvious threat to the continuity of human relationships, but because it threatens the basic assumptions of order on which society rests."*
>
> (Berger, 1967, p. 32)

Our sociality is an anthropological fact and upholding the socially constructed meaning of the world around us is an ongoing human preoccupation. Death and grief are the primary threats to this order and for the individual, who exists within a given socially constructed order, death enters their lives and experience through the passing of loved ones. The sacred canopy, as Berger called it, are religious claims and myths where people might take shelter from death and meaninglessness, offering a respite in the face of finitude. As we shall see shortly, these religious claims and offerings have transformed through time and our current socially constructed ways of dealing with death and grief are radically different from earlier times. Previously, I mentioned Ernest Becker's work and criticized his arguments for being too focussed on death and the terror it instilled in individuals, and while I still find this criticism to be fair, one might ask if similar counterpoints could not be made against the likes of Bauman, Schutz, Berger and Luckmann? The answer is both yes and no – of course. The argument, as I would like to put it forth here, is not that everything around us is a defence against or a suppression of the knowledge of our own death – most of what exists around us is not directly related to our mortality. But the society that we exist in, at least in part, safeguards us from meaninglessness and fundamental anxiety. Thus, other individuals and culture both safeguard us from meaningless and anxiety, but also create it, because anxiety is born from the fear of losing other individuals and culture. Without these social constructions, anxiety would reign supreme since life is inherently meaningless – but the creation of meaning also heightens this fundamental anxiety of losing said social constructions. The 'purpose' of culture and society is thus to create a meaning with this life.

At this point it is worth pausing and considering what the consequences for my dissertation are, when it comes to drawing on the perspectives of Berger and Luckmann and their brand of social constructionism. The question one might ask in relation to this is: to what extent death is 'real' or a wholly constructed phenomenon. In fact, one might spend an entire dissertation discussing this point – is death 'real'[13]? How anti-realist a position should one take on this question? I have been asked this question on occasion when discussing my work – specifically if not my work presupposes a certain Western conception of death. Other cultures might not even have a conception of 'death' at all. I can't give a

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[13] This is not what I am doing here, so the short answer, informed by critical realism is that death is real. It is something that occurs in the empirical realm and is an observable empirical fact.

definitive answer to this, but it is still worth dwelling on for a bit. In 1995, Derek Edwards, Malcom Ashmore, and Jonathan Potter wrote a paper called, *Death and Furniture: The rhetoric, politics and theology of bottom line arguments against relativism* (1995), in which they – quite amusingly – discuss and attempt to deconstruct the arguments *against* what they call relativism[14]. They bring forth the two elements: death and furniture, as examples of the common tropes used against relativists by what they call realists [15]. Death and furniture are invoked as counterarguments to relativism – often by banging one's hand on a table whilst proclaiming the realness of said table. Or by pointing towards the cessation of life or the horrors of murder and genocide as real things with consequences. I won't go into a long and difficult debate with this position but, suffice to say, that it boils down to how one considers and understands the term social constructionism. Let us look at death and the way of understanding it that Berger and Luckmann offers us. Death is something human beings are preoccupied with – there does not exist a society or culture that does not 'do' something with death. No group of humans leave their dead to rot where they die, they all do something with them – whether this be nothing more than moving them to another location, to burying them, to exhuming them again, and even to eating them. We all 'do' something with death, we construct something of it. Now, this doesn't mean that death isn't 'real' for everyone. Social constructions concerning what we would call death, might for other cultures or in other epochs be nonsensical, since they have no concept of death per se. The borders between life and death would be non-

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[14] This term covers *"… (social) constructionists and constructivists, deconstructionists, pragmatists, postmodernists, epistemological (cognitive, epistemic) relativists, subjectivists, sceptics, interpretivists, reflexivists, and, especially, radical or thoroughgoing or extreme versions of any of the above. The family resemblance is a determined (or stubborn) anti-realism."* (Edwards et al., 1995)

[15] This term covers, essentially, everyone else – including critical realists and they even name Roy Bhasker, whom I will draw on later, in their work, as falling under this term.

existent in such a case. However, and this is what I would like to argue, this is also a socially constructed way of handling what we call death – the disappearance of another person or their transference to another realm. These are all constructions that cultures have created to explain or make sense of something that happens to all of us. That the concept of 'death' does not exist in a specific culture, means that they don't experience or rather relate to death in the manner I am discussing – but this is also socially constructed. Death or disappearance happens to alle humans in all cultures, but they may describe or conceptualise it differently. Now, whether this is a weak or strong form of social constructionism is not for me to decide, nor is it even that important to me – it is however important for me, that death, as in the disappearance from this world, is fundamental for human experience. It is an inescapable fact of human existence, that our bodies wither and cease to work – that we die and then 'disappear'. We construct ways of explaining or ways of giving meaning to this experience, and thereby give meaning to life in general. "*The limitations of life's totality by death influence each of life's contents and moments; the quality of each would be different were it to extend beyond this immanent boundary.*" (Simmel, 1910/2007, p. 74). Simmel is right in pointing this out – both in the sense that death is what necessitates the construction of culture and society to give meaning to life; but also, in the sense that if one were to believe that life, in some form or other, were to stretch out beyond death, it would alter the quality of life's contents and moments.

How does this fit with what I described earlier, in relation to death as an impossibility? "*Death is radically resistant to the order of representation. Representations of death are misrepresentations, or rather representations of an absence.*" (Critchley, 1997, p. 26). This absence or void that is death creates the need for a representation, but such a representation is just that – a veil cast over death to conceal it or make sense of it. They are, as we shall get to, notoriously difficult to uphold. Death is:

> "*(…) a paradigm of the human condition not because of its hermeneutic mysteries but because it represents the sine qua non of a condition, an*

> *inheritance, that invites us to act, to make something out of a mute signifier by giving it meaning (…).”*
>
> (Blum, 2017, p. 5)

Death lends itself, because of its position as a condition of human experience, to many interpretations, depictions, and positions. Death’s characteristic as an enigma or impasse has made it susceptible to many interpretations through time – it has made it into a figure with many different attributes. Because there is no final answer or decisive solution to it, and because there is no clear view of what it is, it stands as a blank canvas whereupon different societies and cultures have projected a variety of understandings and explanations on to. Like the quote mentioned earlier by Allan Kellehear, death is a reflecting pool, because we cannot gaze through its surface. Thus, when we look at death, we are looking at ourselves.

It might be worth raising a point here, concerning the notion of death as the catalyst and destroyer of meaning – or what could be called the ‘myth of death’. Most of what I have described so far, and thereby also what I am getting at, could be criticized for over-emphasizing the importance of death. In many of the perspectives I have already described, death is given almost a mythological status. It becomes this dramatic figure, on which all manner of behaviour and cultural tendencies can be ascribed to. In the case of Bauman, this becomes most clear in his description of his book, *Mortality, Immortality and Other Life Strategies*, which he describes as a: *“(…) `psychoanalysis' of the `collective unconscious' concealed in, but also analytically recoverable from, culturally created and sustained life.”* (Bauman, 1992, p. 8). There is this notion that death is everything, or at least it undergirds everything. The same might be said for the existentialist – death is the ultimate source of everything and facing it, leads to an authentic way of being. Even Berger’s famous quote about society being: *“(…) men banded together in the face of death.”* (Berger, 1967, p. 65) contains the same idea. Whether all life and society are a response to death or a suppression of it is not my main concern here; rather I am interested in what we ‘do’ with death in contemporary society – and I would argue that a phenomenon such as PGD can tell us a great deal about this. The myth of death, as I called it, propagated by writers like Becker, Bauman, and others, is the idea that death haunts everything as a spectre that forces us to suppress and deny it, but there are other – more plausible – ways of understanding what death has meant to us, as I will examine shortly. However, I would still like to hold on to the argument that death is important, simply because it has always been there. In the following, I will try to look at death and grief through time. This will not be a thorough historical examination, but instead I will try to explicate how death and our relationship to it has changed, and how we might have ended up where we are now. This notion of a pathological reaction to the death of the other is a phenomenon specific to our time, but it would not suffice to look only at the now in explaining it. Instead, looking at the societal preconditions that have led us here, demands a look at the historical developments that have made it possible and a discussion of whether death has always been denied or not, whether we are still denying it, or if something else is happening. Seeing how we ended up here requires a look at death and grief's history– as Norbert Elias pointed out, we should not 'retreat into the present' when doing sociology, but also take into consideration the historical developments of the phenomena we are engaging with (Elias, 1987).

2.4 Death and Grief Through Time

Death and grief are intrinsic to human existence, and they are also constitutive of society and culture – they exist in an interdependent relationship with society. Seeing that I am trying to discuss what societal preconditions have led us to a point in time, where grief can now be deemed pathological, I need to discuss how grief itself is a societal precondition – one that we have struggled with relentlessly through time. In what follows, I will give a very brief look at the history of death and grief, to further underline its importance for human existence and culture, but also, more importantly, show how the appearance of death has changed through time.

As noted earlier, our sociality is an anthropological fact – we simply exist as social beings that form relationships and societies. Burial, and therefore also some form of grief, is a human preoccupation that dates back some 60,000 years, as pointed out by John E. Pfeiffer in his work, *The Emergence of Man* (Pfeiffer, 1972). In this book, he remarks that archaeological findings mark a shift in human evolution, from a time where humans and the ancestors of humans died like the animals that surrounded them, to a time where death became something special (Pfeiffer, 1972, p. 191).

> *"Neanderthal man invented, or at least formalized, illusion when he invented burial. The belief in an afterlife says in effect that death is not what it seems; that it represents an apparent ending only, and ending only as far as the evidence of the senses is concerned; and that in this case, the crude evidence of the senses is wrong."*
>
> (Pfeiffer, 1972, p. 193)

As Pfeiffer points out, when Neanderthal man began burying the deceased, death changed and grief, as we know it, began to take shape. The reason for highlighting this is two-fold: Firstly, because it further emphasises the importance of grief in human history, existence, and culture, and secondly because it shows that we have always 'done' something with death. Earlier, I mentioned Ernest Becker's *The Denial of Death* that is largely, though not solely, responsible for the notion of society being a death-denying society. Beginning instead with these very early findings on human grief and burial offers a different story – it does not seem plausible that, from the beginning of what we might call human culture, death has been repressed or denied.

A different way of seeing these early burial findings could be found in the work of Allan Kellehear (2007a) who, instead of arguing for humans as death-denying, argues for something else: that our first step – the same one

Pfeiffer emphasised – was not about denying death, but about how we came to anticipate and imagine death. As he puts it: *"(…) every subsequent development of dying conduct as we know it today traces its beginnings to this elemental foundation."* (Kellehear, 2007a, p. 27) and as he points out later on: *"Death has been our greatest question; community, religion and science our greatest responses to it (…)"* (Kellehear, 2007a, p. 65). Instead of seeing death as something we constantly run away from, as something that we must deny, Kellehear's view is that death is a question – and I would argue that it is a question that does not have an answer. As Kellehear's book goes on to show, this anticipation, preparation, and imagining of death has changed through the course of history. Why does this happen? How can we reconcile what I said earlier – that death and grief constitute society – with how human culture has changed? Death, as a biological fact, has stayed the same – humans have always died and will, most likely, continue to do so – so why have we not been able to construct a lasting answer to the question of death? If death and grief lie at the bottom of culture and society, and death remains 'the same' what drives societal changes? There is no simple answer to this, but from the perspective of my work in this dissertation, society changes for several reasons: As I described, death resists representation. It is a question and an aporia that cannot be answered or 'solved' – this is the philosophical answer. Furthermore, society is not only a reflection of death, but also, despite my claim above to the impossibility of this, an attempt at providing an answer to death – when this fails, as it ultimately will do, a new answer must be given. And lastly, everything around us is not directly linked to death and grief. These elements perhaps instigate and undergird human culture and society, but they are not 'everything'. As Bauman put it: *"Death (more exactly, knowledge of mortality) is not the root of everything there is in culture (…)"* (Bauman, 1992, p. 4) – culture is more than this. From a critical realist position, death is but one generative mechanism amongst many and it is through the complex potentialities in the different domains that things are actualised.

As we, as a species, developed, so did our relationship with death – Kellehear shows this in his work, wherein he divides our history with death into four parts or stages of evolution: (1) The Stone Age, where death was sudden and often violent – it came from all sides, life-expectancy was low, and so forth. This age was about the anticipated death (Kellehear, 2007a, p. 47). (2) The Pastoral Age, some 12,000 years ago, where death was less sudden and became something to prepare for (Kellehear, 2007a, p. 107). (3) The Age of The City, where the focus was on the well-managed death and on taming death (Kellehear, 2007a, p. 169). A death that needed professional help and therefore became more unknown to us. (4) The Cosmopolitan Age, which Kellehear argues is our contemporary way of relating to death, where we focus in the timing of death – dying at the 'right time' (Kellehear, 2007a, p. 234).

What I would like to focus on in this view of death and grief through the ages, has to do with the notion of tame death and forbidden death. Kellehear also discusses these elements and he argues that death in the Cosmopolitan Age has become sequestered and medicalised (Kellehear, 2007a, p. 252), and he grounds this argument between tame, wild, and forbidden death in the, perhaps, most famous work concerning attitudes towards death: Philippe Ariès' seminal works: *Western Attitudes Toward Death* (1974) and *The Hour of Our Death* (1981). Ariès' work is also almost impossible to ignore when one deals with death and grief, specifically the societal conditions and developments that have led us to where we are today – and a brief look at his 'phase-theory' of death will hopefully enlighten my inquiry into death and grief in contemporary society. Again, I am discussing this because it may enlighten my arguments and emphasise how death and grief are societal preconditions that exist in a dialectical relationship with culture and society.

Ariès' pursuit of the history of death starts with the medieval period and what he dubbed the phase of 'tamed death' and ends with the age of 'forbidden death'. From a time where people were familiar with death in general, and they were familiar with their own death (Ariès, 1974, p. 25), to a time where:

"Death in the hospital is no longer the occasion of a ritual ceremony, over which the dying person resides amidst his assembled relatives and friends. Death is a technical phenomenon obtained by a cessation of care, a cessation determined in a more or less avowed way by a decision of the doctor and the hospital team."

(Ariès, 1974, p. 88)

This 'handing over' of death from religion to medicine has been ongoing since the beginning of the 19th century and has been thoroughly discussed by others. From Max Weber's early descriptions of the disenchantment of the world (Weber, 1905) many sociologists have inherited this idea of something 'being lost' in the shift from pre-modern to modern societies. What was lost was the idea of a heaven and hell (Walter, 1996) and the previous socially constructed ways of answering death. Death became medicalised, institutionalised, and professionalised, meaning that, as the quote above shows, death was removed from the home and the handling of it was taken over by doctors, nurses, hospitals, and morticians. This isn't inherently a problem; as Tony Walter has pointed out: *"Personally, I would rather die a twenty-first century hospital death as a frail 93-year-old, than an eighteenth-century home death from cholera aged 13."* (Walter, 2017b, p. 16). That we now live longer and that we now have medicine and doctors that help us is not a problem in itself. It may, however, give us different problems to deal with – i.e., that death is now less visible to us, that it has become a practical and professionalised problem, and so forth.

This, admittedly, rather brisk run through of Ariès' lengthy argument is important to me, since so much of what has been written about our relationship to death – i.e. that: *"Death is the scandal, the ultimate humiliation of reason."* (Bauman, 1992, p. 15) or that: *"Man cannot endure his own littleness unless he can translate into meaningfulness on the largest possible level."* (Becker, 1973, p. 196) – has been based on this idea of death as forbidden. Much of the earlier introduced discussion about death in the works of Sartre, Schutz, Jaspers, Bauman, Berger and Luckmann, Becker, and more all saw the withdrawal of religion from the domain of death and attempted to provide answers to why it was there in the first place, whilst also describing the 'problem of life in the shadow of death'. I don't pretend to not fall into similar conceptions, but I do however wish to underline something important for me here: that despite what Ariès' thoughts might imply, death has never been 'solved'. As Kellehear puts it:

> *"Dying has not always taken place on the deathbed. Unlike the argument made by the French historian Philippe Aries, we did not once 'control' dying only to lose this later. For most of our history we never did control our dying; others around the dying were always more powerful and important. But this interesting relationship has witnessed several important back-and-forth movements that continue today, for better or worse."*
>
> (Kellehear, 2007a, p. 16)

While Ariès and others are correct in pointing towards the loss of religious answers to death and how this loss led to problems, these problems were 'just' new problems. The idea that we 'accepted' death calmly is a myth – it is a way of romanticising death in past time (Walter, 2017b, p. 16). Death has always demanded an answer, but we have never supplied an adequate one for it, since it is an impossibility. Death was most likely always unwelcome, but through time the proximity of death grew more distanced and from something that meant the passage from one world to the other, death became instead the ending of life.

Interesting in this movement is something Tony Walter has pointed out, regarding grief and mourning:

> *"The idea that the real problem after death is the grief of the survivors rather than the journey of the soul is a secular idea. Religious beliefs are judged according to whether they assist grieving rather than assisting the souls of the dead. Hence, the very concept of bereavement is a secular one."*
>
> (Walter, 1997, p. 187).

This is quite a bold statement, and it is worth noting here, as Walter also does, that religious individuals *did* experience grief or suffer from their bereavement – but the point is that what we, as individuals, society, and researchers, focus on now, are the bereaved and their grief instead of the deceased, thereby giving a different importance to grief. The notion that this is what is important, is a secular one. Through what I have described above, death moved from being a 'problem' of the dying and their safe passage, their fair judgement, or their preparation for an afterlife, to being more about how the dying prepared and what the bereaved did with their grief. The heightened focus on grief, that I shall return to shortly, can then be understood as part of this movement of death through history – from focussing on the constructed notion of an afterlife, to how *this life* is in focus – and thereby leaving death in the hands of the living. Certainly, there was a time when death was somewhat taboo, but as Walter has pointed out, this may now be disintegrating (Walter, 1991)[16]. This brings me to the present. Death and grief are constantly evolving and so these processes shortly outlined have paved the way for our relationship to death and grief today. The discussions so far have highlighted that death and grief are constant, but that our relationships to them and conceptualisation of them are also constantly changing – they are societal conditions that have changed and

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[16] Worth noting here is also that Walter's argument is now 30 years old – so the taboo of death that once existed, must by now have if not completely vanished, then at least been transformed into something else.

been changed by culture. But how do these preconditions interact with our current culture of grief? What I will begin discussing in the next section and hopefully answer in the final part of this dissertation, is what sort of time, period, or epoch that makes something like PGD necessary and provides the possibilities for its existence. Death and grief are elements of human existence that have run through our entire history, constantly changing. We tenaciously attempt to answer the impossibility of death and grief and it always evades a fixed solution. Thus, I am not going to argue that things where better before or that we now have 'solved death'. Instead, I will highlight the particular and peculiar problem death and grief cause in our contemporary society.

2.5 Death and Grief in Contemporary Society

So how do we relate to death today? Ariès' phase-theory ends with forbidden death and this way of understanding our relationship with death and grief has been taken up by Michael Hviid Jacobsen, in his work on 'spectacular death' (M. H. Jacobsen, 2016, 2020). Initially, a small caveat is called for: The idea of phases as Ariès uses them, of ages as Kellehear does, or any of the ways sociologists through time have explained the passage from pre-modern time, through modern time, to our time, are conceptual. This means there is no clear distinction between the different periods; individuals didn't suddenly wake up and realise they were in a new phase, age, or period. It is a gradual transformation, and these concepts are theoretical explanations that help us grasp the very broad picture of what is going on around us.

The starting point for Jacobsen's proposed phase of spectacular death is the realisation that death is, at least in many respects, clearly not forbidden any more. It is, quite contrary, seemingly everywhere. This resurgence of death and grief has not just appeared, rather it has been a long and ongoing tendency from already before Ariès wrote his books. As I've described, society exists in a dialectical relationship with death and the period of forbidden death that Ariès described, was the period where some of the work I've already written about and highlighted was produced – death was very much forbidden and a problem. And these analyses, such as Becker's *The Denial of Death* (1973), the anthology *The Meaning of Death* edited by Herman Feifel (1959), the work of Otto Rank (1950), and many more were a product of this time. They gave birth to the death-denial and death taboo thesis – i.e., they described it, but in their description, they also heightened it. However, as others have already pointed out (Berridge, 2001; Kellehear, 1984; Tradii & Robert, 2019; Walter, 1991; Zimmermann & Rodin, 2004) this idea of death as a taboo might once have been true, at least to some degree, but has now, if not completely disappeared, at least disintegrated or diminished. I agree, partially, that this taboo has disintegrated and, in some senses, almost vanished. Though it is also worth pointing out, that there are conceptually different ways of understanding the idea of death-denial. For some, denying death equals viewing it as a taboo – something not to be spoken of and something to be hidden. However, one might also understand death denial in different manner, like Otto Rank pointed out:

> *"At the earliest stage of his so-called spiritual belief in the soul, man seemed to deny rather than fear his own death, for his idea of an immortal body-soul comprised a denial of death which cancelled all possible threats to his perpetuity."*
>
> (Rank, 1950, p. 13)

Here, death is not denied in the sense that we attempt to hide it or repress it, rather it simply ceases to be a threat – to be something that we fear. Our social constructions of death give it a demeanour that does not incite fear. Of course, this is more or less impossible to determine – we simply don't know for certain how individuals previously felt about and related to death. Kellehear points to how taming has always been the process by which we relate to death, and that this has gone from a religious to a medical form of taming (Kellehear, 2007a, p. 176). But importantly, none of these two forms of taming have been 'successful' – something the abovementioned works tended to overlook. As Elias argued many years ago in his critique of Ariès:

> *"He does not point out that these medieval epics are idealizations of knightly life, selective wishful images that often throw more light on what the poet and his audience thought it ought to be than on what it was."*
>
> (Elias, 1985, p. 13)

This point could be made for the many arguments that death was met calmly or placidly in the past – we simply don't know. What we can say, though, is that, just as the descriptions Ariès pointed out and used in his influential work, the works mentioned above that also helped solidify this notion of death denial and death taboo, were descriptions of their time and idealizations. But we have moved past this point now. Death and grief are not hidden away anymore – we read books about grief, we watch documentaries about it, people take specialised educations to learn more about grief, and so forth. Even my own work is an expression of the heightened academic interest into grief and death.

Therefore, as suggested by Jacobsen, we have now come to live in a new 'phase' in our relationship to death. Jacobsen himself adds to Kellehear's analysis by describing that: *"'Spectacular death' is death as it is experienced, constructed and performed in the most recent phase of what Australian sociologist Allan Kellehear termed 'the cosmopolitan age'"* (M. H. Jacobsen, 2016, p. 10), and in this age our traditions, beliefs, and so on have been upended and are now being reinterpreted. In this age, death has been transformed into a spectacle – according to Jacobsen this means that we now engage with death. We witness it, but always at a safe distance and never coming to close to it. The academic interest I mentioned above that I am a part of, is one of the 5 facets of spectacular death Jacobsen points out. There is a seemingly ever-increasing academic interest in death, with books, magazine articles, and research, and more constantly being published (M.

H. Jacobsen, 2016, pp. 13–14). This academic interest is somewhat connected to another element in this phase, and that is the palliative care revolution (M. H. Jacobsen, 2020, p. 13) – a revolution that was, in part, born out of the problems highlighted by earlier proponents of the denial of death thesis and sought to combat this (Zimmermann & Rodin, 2004). Works like those of Elisabeth Kübler-Ross (1969) instigated what we now call the hospice movement that sought to remove the denial of death and now hospices are commonplace in Denmark. Along with this, Jacobsen points out, there has been a re-ritualization of death in contemporary society (M. H. Jacobsen, 2016, p. 12). Death is now everywhere, but how we remember and mourn individuals has also been re-interpreted and transformed. We see this in many different forms, from tattoos that memorialise individuals, to personal memorials at home, to unique funerals, and much more. The last two parts are also, in my argument, the most significant: the medialization of death and its increased visibility, and its simultaneous commercialisation. As mentioned, we simply see death more today, but not in the sense of 'actual' death, rather we see a medialized version of death in movies, television, computer games, documentaries, and so forth. As I have written in my 2nd article, *Recreational Grief as Resonance* (Lund, 2020b), we are also engaging more and more with autobiographical books on grief. There are, of course, a myriad of reasons for this, but conceptually viewing our current relationship to death as a spectacular one, makes sense since we do not live in an age of forbidden death, as Ariès argued, but we are not living in a fundamentally different age either. Rather, we are living in a continuation of it, as Jacobsen's theory points to. Death and grief are, as argued, closely connected, and therefore we might also begin to talk about our relationship to grief as spectacular, in much the same manner.

Discussing grief in such a way has already been done by Michael Hviid Jacobsen, Anders Petersen, and myself (M. H. Jacobsen, Lund, & Petersen, 2020). As with death, grief has become individualised, professionalised, commercialised, and medialised. And it is in these areas we also meet a phenomenon as Prolonged Grief Disorder. It is worth sketching out a more general conception of death and grief within, primarily, sociology, which is that death and grief have become individualised, professionalised, and medicalised. Particularly this first point, concerning individualisation, has had a firm grasp in sociological thought about death for some time, and can arguably be seen as stemming from the concept of disenchantment and rationalisation to be found in the works of Weber.

> *"Of course, people in previous centuries also hoped for good health and a life without pain. But then their horizon was strongly determined by religion, which promised life after death and redemption from suffering. Earthly existence was always measured against this and felt to be less important. What did it matter if you lived for two or 20 or 70 years, if then came eternity?"*
>
> (Beck & Beck-Gernsheim, 2002, p. 140)

This quote comes from Ulrich Beck and Elisabeth Beck-Gernsheim's book on individualization and focusses directly on this 'loss of religion' as one of the reasons, death has become more problematic. This diachronic view of the world is prevalent in sociology and we find similar arguments in Bauman's conception of the deconstruction of mortality (Bauman, 1992) where death was deconstructed because the rationalizing tendencies of modernity took hold and offered a solution that was needed in the face of secularization – though this solution ultimately failed. Beck and Beck-Gernsheim (2002, p. 152) note that: *"The more personal and unique life is, the more it is irreplaceable."*. This focus on the self has made death a bigger problem and it is so because we have no religious narratives and traditions that help us through this experience.

> *"Theorists of modernity have long argued that while the modern age has developed alongside a gradual desacralization of social life, it has failed to replace religious certainties with scientific certainties of the same order.*

> *Science may have increased our control over life (though, crucially, it has not conquered death), yet it has failed to provide us with values to guide our lives (Weber, 1948 [1919]). Instead, there has been a gradual privatization of meaning in modernity. This has left increasing numbers of individuals alone with the task of establishing and maintaining values to make sense out of their daily lives."*
>
> (Shilling, 2012, p. 2)

In the works of Chris Shilling, who is predominantly interested in the body and its relations to death, the same arguments are made. We have more control now, but we have less values. Though I do not disagree completely with arguments like these, I do believe they tend to idealize our past relationships to death – as I've mentioned, I do not think that death was ever 'solved' or completely 'tame'. The problems we face now are but new problems. The question though remains: How can we understand something like the diagnostic classification of Prolonged Grief Disorder in relation to these new problems? For years, thinkers of modernity have pointed to the loss of rituals and religion as one of the main causes for our contemporary 'problems' with death:

> *"Ritual is itself an external referent and much has been made by social observers of the decline of ritual activities in relation to major transitions of life: birth, adolescence, marriage and death. The relative absence of ritual in modern social contexts, it has been suggested, removes an important psychological prop to the individual's capacity to cope with such transitions."*
>
> (Giddens, 1991, p. 148)

But not only does this focus on individualization and secularization we find in the works of many thinkers, claim that we have lost something, they also claim that modernity has not been able to replace what has been lost, often arguing that the secularized and rationalized (following closely the arguments set out by Weber) replacements were of little help:

> *"Most importantly, the peculiar Christian theodicy of suffering lost its plausibility and thereby the way was opened for a variety of secularized soteriologies, most of which, however, proved quite incapable of legitimating the sorrows of individual life even when they achieved some plausibility in the legitimation of history."*
>
> (Berger, 1967, p. 146)

As Peter E. Gordon has noted, a lot of this thinking has focussed on how: *"The general trend of modern society was to unravel what Peter Berger called the "sacred canopy" that had once protected all spheres of life."* (Gordon, 2016, p. 467). Now, I am not arguing against many of these perspectives, for there is no doubt that the loss of religion and the secularized societies of today have had a profound effect on our relationship to death. The dialectic relationship between society and death that has moved us here, has massively altered our way of experiencing the death of others and grief. However, these notions tend to 'romanticise' previous 'solutions' to death and grief, and though none of them argue for it explicitly, this way of viewing death as more problematic now leans towards the distinction made earlier between wild and tame death. Death, and grief, have never been tame – they have always been wild and problematic. It is pressing for me to note here, that I do argue that secularization has made an impact on our world and on our relationship to death and grief. But I am not arguing that religious answers to death were 'better' or more 'satisfying'. This idea of disenfranchisement has pervaded sociology – and has become what Charles Taylor (2007) labelled the 'subtraction thesis'. As Martin Hägglund also points out:

> *"Weber holds that the human beings who lived in an enchanted world (his example is "Abraham, or some peasant of the past") had a "meaningful"*

> *relation to death because they supposedly died "fulfilled by life" and regarded themselves as belonging to an "organic cycle.""*

(Hägglund, 2019, p. 15)

Hägglund goes on to criticize Weber's diagnosis as being outright mistaken since it fails to recognize that we cannot live lives that are completely devoid of defining purposes – strictly instrumental - and argues that if everything truly was guided by instrumental reasoning, nothing would make sense and there would be no point in committing to anything (Hägglund, 2019, p. 16)[17]. One could write an entire dissertation focusing on this concept of disenchantment and the rise of its counter-perspective, re-enchantment[18], which is outside the reach of my work. I'm bringing this up to further the point that yes, we may have lost something in the move into modernity, but this is not wholly problematic. These transformations are not only characterised by loss or some deficit, but they are also, in fact, progress. Freeing ourselves from religious dogmas is a progressive move and as Martin Hägglund also points out:

> *"(…) Marx emphasizes that the critique of religion must be accompanied by a critique of the existing forms of our life together. That those who are enslaved or live in poverty may need faith in God to carry on with their lives is not a reason to promote religions faith but a reason to abolish slavery and poverty."*

(Hägglund, 2019, p. 27)

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[17] For a more thorough critique of this subtraction thesis, and particularly of Taylor's appeal to transcendence and Christianity, see Peter E. Gordon (2008)

[18] For a perspective on this see Jason Crawford's (2020) essay on this

The rise in specific forms of what is now called pathological grief may, to some extent, be rooted in the loss of religion, but it is not only situated there. That grief is troublesome in a world that is constantly accelerating – as I will explain further in part 5 – and that religious traditions no longer hold sway over our relationship to finitude, are not meaningful reasons to return to religious myths. Rather, it is a reason to rethink how our society is constituted – to rethink *why* we our societies are constantly accelerating and making experiences of grief increasingly difficult.

My argument here is that, yes, we are now living in a secularized society, and this undoubtedly has had an influence on our relationship to grief and death. However, there are other parts to this equation. Something like PGD has not 'just' come into existence because we are no longer religious; something else is also at play. Part 4 of the dissertation contains the published articles I have written, and they deal with what else might be at play – specifically I focus on temporality and resonance. I think these two concepts are essential when it comes to understanding our current culture of grief. I don't have a name for the phase we are living in now, when we are talking about death and grief, but I do think we are living in a certain time, where death and grief are afforded a certain type of attention – attention that is focussed on, among other things, temporality, and control. I will dive deeper into these discussions in my published articles and return to them in part 5 of the dissertation.

Before this however, I will return to my critical realist perspective. The part above has been the first step in forming an answer to my main research question and attempting to discuss what has enabled the concept of Prolonged Grief Disorder to come into being – i.e., that society is ultimately bound to death and grief, attempting to provide answers to it, but that these answers are frail and so, in connection with the general progress of society, the answers must change. Our society now provides a certain type of answer to grief, that is an attempt at 'doing' something with grief. In the next part, I will discuss death, grief, and the social constructionist perspective in relation to critical realism and discuss how we might understand a phenomenon as death from the stratified view of the world that critical realism posits. This part then furthers the attempt at answering my research question by taking a closer look at some of the empirical observations and experiences I have had and made during my time as a Ph.D.-student., before moving on to the main bulk of the research in part 4 that contains the published articles, and then ending with my final discussions and conclusions in part 5, where I will pick up on the discussion above.

Part 3

Part 2 consisted of a philosophical, historical, and sociological argument meant to show how death, grief, and the social are connected, and how the developments of all three aspects have led us to our contemporary conceptualisation of death – i.e., that there are certain generative mechanisms, such as secularization, industrialisation, rationalisation, and so on, that cause changes to occur in our relationship to death and grief. In this part, I will initially discuss how the applied theories and perspectives from part 2 fit together with my critical realist stance. Following this, I will elucidate my fieldwork and the concept of 'gonzo' sociology that I have employed, discuss where I utilized it, and why, also emphasizing how I ended with this methodology instead of other possible approaches; and I will discuss how and why this form of empirical work fits with critical realism. I do this because this is the 'next step' in answering my research question, concerned with the societal preconditions that have enabled our current conceptualisation of grief. The following part will discuss my experiences of cutting my way through the overgrown forest and how I actually did it – in other words, I will explain how I got lost in the woods, but also how I made my way through it. I will do this by discussing my use of gonzo research, why I chose (or rather fell into) this methodology and not others and give some examples of the process of realisation in my work – i.e., how I 'worked through' my problems and came to the understandings in my articles and my dissertation. Finally, I will end with a small presentation of my 'data' – or rather the oddities, trinkets, and so forth I picked up during my foray into the woods. This will lead into the 4th part of the dissertation containing the results of my work in the form of the 3 published articles.

3.1 Critical Realism, Death, and Social Constructionism

This dissertation has been structured through a critical realist perspective that attempts, via a retroductive questioning, to discover what societal preconditions have made possible the phenomenon of Prolonged Grief Disorder. Part 2 was the first part of this argument and before I move further, it is pressing to discuss how a philosophy or metatheory like critical realism can work alongside the earlier arguments made. Specifically, the view that Berger and Luckmann argue for; namely that reality is a social construction. And it is also necessary to discuss how we might understand a thing such as death from a critical realist point of view. The aim of this following section is thus to corroborate my philosophy of science with the previous discussion of death and grief and argue for death as a generative mechanism that plays an important part in our social world – i.e., that death is 'real' and what changes is not death, but our conception of it.

To begin with, it is pressing that I lay out my position and try to clear the ground a little when it comes to bringing together social constructionism and critical realism. How jarring this combination seems to be, depends – I would argue – on the view and understanding of social constructionism. Earlier I brought up the 'problem' of death as 'real' in relation to Berger and Luckmann's social constructionist view of reality – can death be 'real' if everything is a construction? Essentially, it has to do with reality, or ontology, and as Edwards, Ashmore, and Potter (1995) wrote in *Death and Furniture*, realist positions are more or less wrong in their responses to radical social constructionism – i.e. that there is no 'reality'. I am not going to spend too much time and effort on this discussion, but it does demand some attention in my work. Dave Elder-Vass has dedicated a large part of his book, *The Reality of Social Construction* (2012), to precisely this discussion and he also directly tackles the claims made in *Death and Furniture*. He posits that, in reality, Edwards, Ashmore, and Potter obfuscate the world and their own claims several times through the article: *"In offering their argument at all they implicitly accept the existence of a reality external to themselves, consisting at the very least of people and material texts."* (Elder-Vass, 2012, pp. 241–242). Elder-Vass' arguments, along with more general arguments concerning the nature of reality have been ongoing and at times, it seems to degrade into arguments about realists being extremists who run around banging their fists on tables, stumbling over rocks, and screaming about death, whilst anti-realists are called cultist or dogmatists who are constantly questioning the reality of things being thrown at them (see O'neill, 1995 for the argument about throwing objects). In the end, I side with the critical realists and the observation that there is a reality 'out there'. The next step is then how one fits together a critical realist interrogation of death in contemporary society with a more social constructionist view of said society being a construction in the face of death and/or meaninglessness?

The discussion here is about reality, and Berger and Luckmann in fact have a, seemingly, clear idea about what reality is, namely that:

> *"(…) reality is socially constructed and that the sociology of knowledge must analyse the process in which this occurs. (…) It will be enough for our purposes, to define 'reality' as a quality appertaining to phenomena that we recognize as having a being independent of our own volition (we cannot 'wish them away'), and to define 'knowledge' as the certainty that phenomena are real and that they possess specific characteristics."*
>
> (Berger & Luckmann, 1966, p. 13)

What is one to make of this? Berger and Luckmann both write reality with and without quotation marks through the rest of the book, and as both Dave Elder-Vass (2012, p. 237) and Cristian Smith (2010, p. 127) have pointed out, these inconsistencies often lead readers to think that this form of social constructionism is much 'stronger' than it perhaps really is. As I mentioned earlier, Berger and Luckmann's form of social construction is a 'weak' one – but what does this mean? It means, since they also explicitly deny wanting to spend time on philosophical questions concerning the nature of reality (Berger & Luckmann, 1966, p. 13), that they are, in fact, not talking about reality in the deep sense, or rather in the ontological sense that a critical realist would. They are talking about the social reality and the way we grasp this reality – this is what, from a critical realist position, is epistemic relativism, which is unproblematic. As Christian Smith notes, this form of weak social constructionism can be defined thus:

> *"All human knowledge is conceptually mediated and can be and usually is influenced by particular and contingent sociocultural factors such as material interests, group structures, linguistic categories, technological development,*

> *and the like—such that what people believe to be real is significantly shaped not only by objective reality but also by their sociocultural contexts."*[19]
>
> (Smith, 2010, p. 122)

What it constructed in this sense then is our social reality and society, which in turn is constructed upon reality in its deep ontological sense. However, there is another problem with the use of Berger and Luckmann's social constructionism and the way I have previously defined society – as a form of dialectical relationship both between individuals and society, but also between society and death: "*People and society are not (…) related 'dialectically'. They do not constitute two moments of the same process. Rather they refer to radically different kinds of things.*" (Bhaskar, 1998, p. 36). Bhaskar is fairly explicit here about not seeing the world in the same manner as neither Berger and Luckmann or I have argued. Without going too much into these rather specific discussions, Bhaskar's critique focusses on whether we continuously *create* or *uphold* society or not. For Bhaskar, the term 'dialectic' implies that we continuously are created and in turn create society. Instead, Bhaskar argues that we don't *create* society, it was already there when we arrived or were born – rather we uphold and transform it. Now, for my argument, this discussion is almost just a

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[19] I am not agreeing with Christian Smith's argument to its full extent. Both he and Dave Elder-Vass have written books and articles delivering, among other things, scathing critiques of social constructionism (Elder-Vass, 2012; Smith, 2010, 2015) and while I do agree with certain points they make, they also become too extreme in their critiques; lumping together a vast array of thinkers and teachers that deal with social constructionism and paint a picture of them as almost dangerous.

semantic one.[20] I will still argue for society and death as dialectically related, just as individual and society are.

This all leads to how we might see death and grief from a critical realist point of view. As mentioned in part 2, death is 'real', and it is something that happens to humans, and it is something we must deal with. This makes possible our different social constructions of death and grief, but this does not mean everything is socially constructed. This is the crux of the argument from my critical realist inspired perspective. Saying that our knowledge of and relationship to death is socially constructed or produced, does not mean that it is not real – it is, and it demands something of us. When Berger and Luckmann, or Bauman, or Becker, or many other thinkers pinpoint death as the catalyst or starting point for human society, I would argue that this can be perceived as them highlighting a generative mechanism, as it is defined from a critical realist position. As mentioned, generative mechanisms are the underlying structures in the domain of the real that transcend through the layers of reality and make certain developments and transformations possible. Not in a straightforward or clear way – that is one of the reasons our relationship to death and grief have changed, and why our scientific conceptions of it have changed – but rather it enables the 'activation' of certain causalities and possibilities. Death and grief are societal preconditions, and they therefore act as mechanisms that cause certain things to actualize. However, death is not just something that lies in the domain of the real and therefore is unobservable to us – we see death in front of us, we live the experience of others dying and we construct ways of understanding and representing it in the domain of the empirical. Therefore, it could be argued that death transcends this stratified view of reality that resides in critical realism – it both exists as a mechanism that undergirds reality and the observable

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[20] I am not saying it isn't a worthwhile discussion to have. I am just saying that the discussion of the nature of 'reality' and society is best kept for a dissertation or work with a different focus than mine.

domains, and it is also an observable event in these two domains. Where does this leave my argument?

It means that death and grief are phenomena that we experience and therefore construct ways of handling. The way in which these things are produced or constructed rest on certain historical and social contexts. How these things change are dependent on generative mechanisms. Death and grief are both mechanisms that enable our construction of what we experience in the domains of the factual and empirical, but they are also things we experience here. This means that our relationship to death is not 'just' static. It is influenced by other mechanisms as well and these must also be part my answer, when it comes to the question of what has enabled our current conceptualisation of grief. As Bhaskar notes:

> *"(…) social phenomena only ever occur in <u>open systems</u>, in which events are determined by a multiplicity of mechanisms, perhaps of radically different kinds; (…) open systems are characterised by both complexity and emergence"*
>
> (Bhaskar, 2016, p. 80)

As described, death is resistant to representation, and it is also elusive – that is why it can be difficult to pinpoint its position within a critical realist conception of reality. It is a real fact that occurs in the domain of the empirical and something that we must handle – but the ways in which we handle it are complex and dynamic. It is simultaneously everywhere and nowhere. From a critical realist point of view this isn't inherently problematic, for *"(…) even if we know what the mechanism is, we do not know (…) how it will operate in the specific context concerned."* (Bhaskar, 2016, p. 80). We know, or I have argued here, that death is a mechanism which, though not solely, causes things to occur in the domain of the factual and empirical, but that does not mean we will always know how it influences the social – other mechanisms are also at play. Death enables our construction of the social and is tied to the human experience, but it is also influenced by other mechanisms thereby constantly transforming our relationship to it. Thus, when I ask the question of what has enabled something as PGD to come into being, the answer will be complex. The 2nd part of this dissertation argued for the primacy of death and grief in the construction of the social and this is part of the answer – death and grief are real tangible mechanisms that have enabled our sociality and our individuality. This 2nd part ended with a discussion of how death has changed through time that looked at other mechanisms (i.e., individualism, secularization and so on) as having an influence on our experience of and relationship to death and grief. The 5th part of this dissertation will attempt to bring forth some other possible mechanisms that have transformed grief into how we understand it and 'handle' it today – or rather, what we 'do' with death and grief now. But before I can do this, I will deal with the how of my dissertation – how I went about researching this. Of course, the retroductive form of questioning is a part of this, but there is also a more specifically methodological part of this that is important to discuss.

3.2 Breakdowns and Mystery

So, how does one figure out anything about such a mechanism? Well, since critical realism is, first and foremost, a philosophy of science that is characterised by the primacy of ontology (Bhaskar, 2016, p. 79) epistemological concerns are only secondary and this is why we may talk about epistemological relativism. But where does this leave methods? Two things are worth noting here: Firstly, that critical realism is a pragmatic philosophy of science when it comes to methods and that: "*There is no such thing as the method of critical realism.*" (Danermark, Ekström, Jakobsen, & Karlsson, 2002, p. 71) – at least when we are talking about practical methods, meaning that anything from interview studies to experimental designs are valid if they are trying to identify underlying mechanisms. This means that many different forms of methods may be applied when working from a critical realist starting point and what instead is important, are the ways in which they are applied and what they are attempting to uncover or explain – and this is where the earlier mentioned retroduction comes to the fore. Secondly, I am, as mentioned, not a devout critical realist. I am applying it here as a way of asking specific questions about death, grief, and the ongoing pathologization of grief – as pragmatic as critical realism is when it comes to methods, so to am I pragmatic in my approach to ontology, epistemology, and methods.

Since critical realism aims at discussing and explaining generative mechanisms and how they affect things in specific contexts, many different forms of methods are available, be they quantitative in nature (Benjaminsen, 2006) or qualitative (Fletcher, 2017). For my work, as the articles in this dissertation will also show, this means I have attempted to analyse grief from various perspectives and in different ways. I have drawn on diverse ways of approaching the current culture of grief that include theoretical discussions that lean heavily retroduction in my 1st article, a more cultural study based on popular culture and attempting, through retroduction, to explain certain tendencies in said culture in my 2nd article and a more narrative approach into the field of grief research in Denmark in my 3rd article. These articles all form distinct and independent arguments concerning grief in contemporary society – they offer a bricolage of perspectives on the culture of grief as it is experienced, portrayed, and conceptualised today. They are somewhat varied in their style and subject matter but there is a reason for this which is to do with the field I worked within. They are, though, all bound together by my ‘voice’, and they are all focussed on the culture of grief I am looking at, and the overarching question of what has made possible the existence of PGD. As I explain in further detail in my article, *Prolonged Grief Disorder – An implementation gone awry and a researcher going gonzo* (Lund, 2021), shortly after I was engaged as a Ph.D.-student I had to rethink my plans. I thought I was going to research the implementation of Prolonged Grief Disorder in Denmark and along the way figure out how individuals were being diagnosed, why they were diagnosed, and how they experienced this. However, the diagnosis was not implemented – the working group that was supposed to construct and define the National Clinical Guidelines in Denmark had stopped working and the implementation was, seemingly, at an impasse. Hence, I had to change course. “I have nothing to research”, I thought to myself. My entire research design was, more or less, useless. This meant that I had to think about my research in a different manner and figure out what to do. And this was not a process of going back to the drawing board, sketching a new design and then applying it, since I was somewhat at a loss about what to do. Instead, I went about it differently and just kind of wandered into the world, looking for my research object – or as I have alluded to throughout, I got lost in an overgrown forest of information. Now, this sounds very happenstance and random, and this is of course not the entire story since I did have an inkling about where to look and what to engage – i.e., grief as a phenomenon in contemporary society and its forthcoming diagnostic classification. But there was undoubtedly a lot of mucking about and stumbling onto information at play in my work.

There were several aspects that became important for my haphazard methodology during the development of this dissertation: The notion of research as breakdown-oriented and the process of theorization (Alvesson & Kärreman, 2011), a pragmatic approach to research and research in everyday life (Brinkmann, 2012) and gonzo sociology (Sefcovic, 1995; Wozniak, 2014). In the following, I will elaborate on these and discuss how they fit with the critical realist perspective of this dissertation, and how I applied them in my work. Firstly, I argue for the idea of breakdown-oriented research, as it has been laid out by Mats Alvesson and Dan Kärreman in their book, *Qualitative Research and Theory Development: Mystery as Method* (2011). The idea of using breakdowns as a form of research design is, in itself, a fruitful concept. But in my case, it also makes sense, because both my research design and my research object suffered a breakdown. In Alvesson and Kärreman’s work breakdowns are important for developing theory and producing knowledge: *“Breakdowns may appear problematic initially, but they also create spaces where imagination can be put to work.”* (Alvesson & Kärreman, 2011, p. 18). A breakdown in this sense meaning: *“a lack of fit between one's encounter with a tradition and* *the schema-guided expectations by which one organizes experience."* (Agar, 1986, p. 21). This is, for obvious reasons, a very conducive way of viewing the social and one's research object. For Alvesson and Kärreman the goal in this type of research is to resolve such a breakdown by viewing them as mysteries that need solving – much in the same manner as a good detective story. Now, such breakdowns can be produced or they can occur naturally (Brinkmann, 2012, p. 44). In my case, the breakdown came naturally. I didn't choose Alvesson and Kärreman's 'Mystery as Method' approach because I thought it was interesting or might shed new light on a research object – I chose it because I faced a breakdown in my research object.

The breakdown was the fact that, what I thought was going to happen and what I thought I was going to research, did not happen. The implementation of the Prolonged Grief Disorder diagnosis had broken down and thus my research design had broken down. Now, initially – before I was introduced to Alvesson and Kärreman's work – this stopped me dead in my tracks. However, as I was made aware of a breakdown-oriented way of approaching research, I began seeing how I might shift my focus from what happened when a new diagnosis was implemented, to what had stopped it from being implemented. The fact that this process of implementation had broken down became the mystery I had to resolve. What was going on? Why had it broken down? Who were the people in the working group? The answers to these questions can be found in the 3rd article of this dissertation and I will come back to these elements in part 5 as well.

But how does one go about resolving a mystery like the one I was faced? For Svend Brinkmann an important aspect of qualitative research is that: *"(…) there is no clear difference between 'doing a research project' and 'living a life'."* (Brinkmann, 2012, p. 4). Now, this does not mean that my research became all-consuming, and I only ever thought about research and grief. It does however mean that my time as a Ph.D.-student became something that pre-occupied me constantly. I read about grief, saw documentaries on grief, went to lectures on grief, network meetings for grief researchers, conferences on death and grief, and so on. It was through this I slowly approached the phenomenon in question – I attempted to gain as much insight into the culture of grief and what was happening with PGD in Denmark as possible, by attending as many events on grief as possible, reading what others said about grief, and trying to locate who had been part of the botched implementation of PGD. Working like this, it could be argued, is very much akin to the form of intellectual craftmanship described by C. Wright Mills and a part of this craft is that: *"(…) whether he knows it or not, the intellectual workman forms his own self as he works towards the perfection of his craft."* (Mills, 1980, p. 64) or as Tim Ingold has rephrased this: *"(…) there is no division, in practice, between work and life."* (Ingold, 2011, p. 240). Working in this way meant I attempted to perfect my craft by becoming a researcher. In a more practical sense, it meant that after the initial 'shock' of being told that my research plan was not realizable, I spent time 'following the smoke', so to speak. Instead of trying to follow the implementation of PGD, I came to realise that I had to figure out why it wasn't being implemented – I had to find out what was at stake in the breakdown.

In Alvesson and Kärreman's book they offer a lose 5-point design for how to work with and explore mysteries and breakdown. The first of these points is: *"Familiarization with the setting under study and making inquiries about themes in a fairly open way."* (Alvesson & Kärreman, 2011, p. 67) which coincides with what I was doing in my beginning days as a Ph.D.-student. I tried, in very general terms, to reframe my questions from, 'what happens when Prolonged Grief Disorder is implemented?' and 'how is receiving a diagnosis of Prolonged Grief Disorder experienced?', to broader questions along the lines of 'What is going on here?', which is the exact question Alvesson and Kärreman argue one should be posing in this part of one's research. This was the first step for me in 'following the smoke' of the breakdown. I was lost in the woods, but I also needed to make sense of this confusion – I had to ask the question: 'What is going on here', in an attempt at both figuring what I was dealing with and trying to uncover it. In a more practical sense, this meant trying to approach the diagnosis and unravelling who oversaw the implementation and what was 'at stake'. Alvesson

Kärreman's second point is: *"Encountering/constructing breakdowns in understanding."* (Alvesson & Kärreman, 2011, p. 69) and they caution here that fieldwork should be theoretically informed while still leaving place for the existence and exploration of breakdowns. For me, this wasn't really an issue since I had experienced the breakdown as the first part of my research. This means that the first point of my research was the encounter with a breakdown and then secondly an attempt at understanding what was going on.

Now, this back-and-forth they point towards, between being theoretically informed and locating and engaging with breakdowns, was also a part of my work. As I encountered the breakdown in the implementation of PGD, I had to find a way to engage with it, make sense of it, and methodologically approach it, all the while also engaging theoretically with grief. When I began asking the question of what was going on, I wasn't aware of Alvesson and Kärreman's work or the concept of gonzo sociology, and these things only became structuring for my work later. Why I ended up with this approach of gonzo sociology, I will get into shortly.

However, Alvesson and Kärreman have three more points in their design process, that include reformulating the breakdown into a mystery, solving or reformulating the mystery, and finally the resolution of the mystery so that it gains a broader relevance (Alvesson & Kärreman, 2011, pp. 70–72). I haven't followed the stages in their lose design sketch precisely, but I would still argue that the notion of experiencing a breakdown, intrigued me and facilitated the usage of mystery-resolution as a method. Another important point to make here is what sort of breakdown it was, and we may distinguish between naturally occurring breakdowns or breakdowns brought about by the researcher. As Brinkmann points out: *"When breakdowns occur naturalistically (...) there is an authentic chance to do qualitative inquiry with wider cultural significance."* (Brinkmann, 2012, p. 44) and this is what I was faced with. A breakdown in the implementation of a new diagnosis that might tell me something 'more' than what my original research design had offered. This 'more' was the ability to connect what Mills called private troubles with society at large (Mills, 1959, pp. 132–133) or rather how certain constructed milieus connected to the cultural and social world. Again, the notion that there was something more, or that I might connect what I experienced with a wider cultural significance did not occur to me initially. Connecting these personal troubles with social structure meant 'analysing everything' (Bjerre, 2015) by drawing on as much as possible concerning grief, while also drawing out the example best suited to explain what was going on and best suited for theoretical discussion. Doing this resembles what Brinkmann has called 'making the hidden obvious' (Brinkmann, 2012, p. 27), which entails taking a step back, thereby gaining a critical distance, thus making it possible to ask questions like: What are the conditions of possibility that make this phenomenon meaningful (Brinkmann, 2012, p. 28)? This is a discursive approach, so it is not exactly what I am doing, but the question posed closely resembles my more critical realist question concerning what societal preconditions have enabled the existence of Prolonged Grief Disorder.

One might then ask: why not take a more discursive approach? Why not approach this problem from the perspective of, for example, Carol Bacchi (2012), thereby posing questions concerning representation? Or, as she calls it: 'What's the problem represented to be (WPR)?' Had I done this, my work would have revolved around the way PGD plays a part in public policy – working from the notion that *"what one proposes to do about something reveals what one thinks is problematic (needs to change)."* (Bacchi, 2012, p. 21). This would have meant focussing on policies and policy proposals and taking critical look at the implicit representations of grief within these. This could have been possible, but one problem was that some of the work being done was out of my reach, simply meaning I did not have access to all the proposals and the back-and-forth between different parts of the working group. This way of working would also not have offered me insight into the discussions I observed and the experiences I had in the field. Furthermore, as I have alluded to in the beginning of my dissertation as well, the idea of employing a critical realist approach is tied to the argument of death as a societal precondition. Using critical realism enables me to discuss what is going on with grief and what I have called the culture of grief, in a specific way that tries to look at a deeper level – i.e., that what is occurring with grief in our empirical world (the 'invention' of PGD, the breakdown in its implementation and so forth) are manifestations of more underlying cultural developments. This is not what the WPR approach aims at. Though I am sympathetic to this notion of looking at what implicit representations are at play in different policies, I have attempted a different form of argument, that instead deals more with overarching societal changes, and how these relate to our experience of death and grief.

There is also a second aspect of this notion of making the hidden obvious – the fact that this breakdown in the working group was hidden from the public. The realisation that very few people, in fact, were aware that there were massive disagreements about this diagnosis. The gap between the public understanding of what a diagnosis is and what this specific diagnosis entails, and how it is, in actuality, being discussed and implemented. I needed a form of method that allowed me to do this – to make the hidden obvious or rather to uncover what was happening. And this is where the notion of gonzo sociology or gonzo research came into play (Sefcovic, 1995; Wozniak, 2014).

3.3 Gonzo Research

As a research method, gonzo sociology is heavily inspired by the *New Journalism* (Wolfe & Johnson, 1973) movement of the 70'ies and particularly the works of Hunter S. Thompson, whose name by now has become almost synonymous with the word gonzo. Thompson applied this form of journalism on many different topics from Hell's Angels (Thompson, 1967), to the loss of the American Dream (Thompson, 1971), to the Kentucky Derby[21] (Thompson, 1979b), and much more (Thompson, 1979a, 1997). In essence, this form of journalism is about eschewing conventional wisdoms about what 'true' or 'real' journalism is – removing the idea of journalistic distance and objectivity. First-person narratives, dialogue, humour, realism, weirdness, and critique all play a significant part in Thompson's work. How does this translate into research? Well, as E. M. I. Sefcovic points out, gonzo research: *"(…) combines the art of the journalistic endeavor with the method and theory of the academy."* (Sefcovic, 1995, p. 33). The goal is thus to be a participant in the field of research, to immerse oneself in the fieldwork, and to lay to rest the notion of the distant and passive observer (Wozniak, 2014). How does this fit with what I have written above? Well, being a gonzo researcher is about practicing a form of reflexivity in one's work (Sefcovic, 1995), though what this entails might be difficult to fully grasp. As Wozniak points out, this reflexivity encompasses a way of doing research that: *"(…) produces novel research demonstrating a breadth of knowledge, possessing face and construct validity."* (Wozniak, 2014, p. 454). Furthermore, the notion of gonzo sociology is an attempt at reinvigorating the work of, among others, C. Wright Mills, and as such, the reflexivity needed in gonzo sociology is very much akin to Mills' sociological imagination. Mills' complaint that formalized research is for: *"(…) those who are not able to handle the complexities of big problems; it is also for highly formal men who do not care what they study so long as it appears to be orderly."* (Mills, 1980, p. 67) and Wozniak refers to this as well, when describing how gonzo research: *"(…) eschews narrow methodological constraints (…)"* (Wozniak, 2014, p. 454).

The goal for my research was then to examine the culture of grief in Denmark and attempt to see PGD, and its non-implementation, as a specific part of this culture, or rather, as the actualization of certain

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[21] Which was the first of his articles that was described as gonzo and would set the tone for his journalistic career and writing.

mechanisms. I had to resolve this mystery and I did so by immersing myself in the field and becoming an active participant in this field. Other dissertations and other forms of research might spend time in a chapter on methods and data, by giving an overview of how many interviews they conducted or how many hours of observations they did, which is of course very valid and useful, but this is more difficult for my work, since I did not follow any strict methodological forms of guidelines – I more or less wandered into the field of grief research in Denmark trying to resolve a mystery. The overgrown forest was impossible to peer through, so I was forced to scramble my way through and only now, on the other side of it, am I able to make sense of the experience. What I found in this forest, I have written about in my 3rd article, but all my articles are products of this way of doing my research and I will explicate how shortly. And again, the arguments I will put forth in part 5 are based on this immersion into the field.

The most direct answer to why this form of alternative autoethnography was the best possible approach for my work, is that the area I researched, demanded a specific type of approach. One that could encompass how my presence affected the field, how the field resisted my presence, and how things, at times, seemed very weird – i.e., being 'watched' by other researchers, being gossiped about, being told secrets about other researchers, and so forth. There is also an argument to be made for this approach, based on similar approaches to 'creation' or implementation of other diagnoses. I am somewhat inspired by Allen Frances' work with the DSM-V and his experiences with the 'scientific progress' that led to the inclusion of a slew of new diagnoses (Frances, 2013). Or the work done by Emily Martin in relation to bipolar disorder in the United States (Martin, 2007). These works also deal with mental illness and diagnostic culture (Brinkmann & Petersen, 2015) and have approaches to their field that share similarities with my work. What differentiates my work from theirs is my focus on the weirdness of my fieldwork. By this I do not mean that other fieldwork into a phenomenon, such as mine, is not weird, but I needed an approach that could fully encompass the weirdness of all my experiences and the difficulties I had – while also aiming at reporting these events in a manner, that might provoke or illicit response.

This ‘gonzo approach’ was not something I came up with or invented. Instead, it has a history – albeit a rather limited one – that can show why it has been a viable option for my work. Seeing how others have used it, may help to show why I have used it. Sefcovic’s *Toward a Conception of Gonzo Ethnography* (1995), was written precisely because of his transition from journalism to ethnography and discusses how he might use the skills he acquired in the former. I participated very much in what I researched, and thus this vision, as Sefcovic calls it, of the academic being part of his research made sense to me as well – and the concept of investigative journalistic work also appeal greatly to me and was to some extent necessary to figure out what was going on. Furthermore, John Sugden and Alan Tomlinson’s work within the sociology of sports argue for the relevance of a gonzo approach in sociology (Sugden & Tomlinson, 1999). They argue that applying this form of ‘style’ as they refer to it, coincides greatly with critical and investigative sociology – i.e., trying to uncover certain aspects of reality. Their article is a good example of how you can use experiences from your fieldwork, to discuss wider implications of different social phenomena. On how to connect, through critical and first-hand investigation, the problems of a specific personal milieu to wider societal problems and developments. Their investigation revolves around sport, and specifically they argue that “*(…) sport politics and the economy of sport conspire within global rhetorics of idealism and hypocritical hyperbole (…)*” (Sugden & Tomlinson, 1999, p. 396), and thus this form of critical investigation is necessary. They go on to argue that a gonzo approach yields important results, because it does not make you friends in high-places or makes you popular, but it does offer a way making your research visible, of making sure you are listened to, and thus helping pave the way for a more public and visible discussion of the problems investigated. In my case, this was also true. After publishing some of my work, I became very unpopular in the community of grief researchers in Denmark, I was removed from teaching-assignments, and I received phone-calls and e-mails from different people, who were involved in some way or other – I've jokingly referred to this as becoming sort of a pariah in the field of grief research in Denmark. I cannot do anymore investigation into this since no one will talk to me anymore. Jesse Wozniak's *When the Going Gets Weird: An Invitation to Gonzo Sociology* (2014) has also been an inspiration. Though our fields of research are vastly different, there are still good arguments for following his lead. In his article, the focus is on marginalised voices – specifically the author's research into the reconstruction of the Iraqi police force – and thus it differs from my work. However, the difficulties he experienced accessing those voices and how he approached them are like mine. Being tossed into complex and confusing situations and putting oneself into the research are facets of what he describes as gonzo sociology, and my work has gone along similar lines. Though I haven't been in immediate danger as Wozniak describes, the experiences of being treated as an expert in different situations, the difficulties with gaining access, the absurdity of certain situations all resound with my experiences. For Wozniak gonzo sociology is about giving a voice to those who are often overlooked within academia, and it is about the corrective power of such research (Wozniak, 2014, p. 471). I am not trying to give a voice to marginalised individuals, but I am trying to investigate, and bring attention to, something that is not visible. Furthermore, the aim is to capture imaginations and not only speak into narrow academic debates – something I hope my work may do. Steven Fedorowicz' *Towards gonzo anthropology: Ethnography as cultural performance*, takes a different approach as he tries to explain what gonzo anthropology is, but in the end questions if it is really necessary (Fedorowicz, 2013, p. 68). He argues that many great anthropological studies through history have been, in a way, gonzo – arguing that much of the time, ethnographic researchers are enacting a cultural performance: they are both actor, director, recorder of events, writer, artist, and audience all in one (Fedorowicz, 2013, p. 55). The performance part of gonzo research – the way in which it is presented and how this presentation fits into the culture it plays out in – is important for him and for me. Specifically in the way I tell the story of my research, in an attempt to show some of the absurdity of what has been happening. Similarly, Justin Harmon and Rudy Dunlap have argued that gonzo autoethnography attempts to: *"(…) blend social critique and satire to tell the story of the phenomenon of interest."* (Harmon & Dunlap, 2020, p. 1) and this notion of satire and social critique have been important for me. Going through this experience of writing my dissertation and seeing how a system meant to be concerned with mental health and diagnosing illnesses is fraught with bickering, pride, money, and much more – demanded a response that was (also) satirical in is representation of it.

The more indirect answers to why I applied this approach are more complex. As Elder-Vass has pointed out, there is a chasm between something like ANT and critical realism, since ANT:

> *"(…) launched the tradition (…) that science creates the realities it describes (Latour & Woolgar, 1979), whereas critical realism (CR) itself was launched with the claim that science is only meaningful because the deepest level of reality exists independently of science and scientists"*
>
> (Bhaskar, 2008)

The difference is the relation to 'reality' or ontology. A critical realist would argue that ANT is a form of empiricism and/or constructionism, that conflates what we see with 'reality' – ANT lacks depth. Similar arguments could be made against discourse theory or ethnomethodology, as Bhaskar has already done (Bhaskar, 2013), but important for me here is not a long discussion of the nature of reality, but instead arguing for critical realism as a meaningful perspectives to employ, since it offers a way of seeing the conditions that have made possible a certain conception of grief in our current society. So, why did I choose the approach of gonzo sociology and not ANT? Well, gonzo sociology is not tied to a specific tradition or ontology, which in turn means it may fit with different positions within the philosophy of science. Conversely to this, a methodology, such as ANT, does, to some extent, adhere to a specific view of reality – i.e., as I have alluded to several times, it is a distinction between a ‘flat’ or ‘deep’ ontology. I do not believe that scientists create what they research, as Latour and Woolgar argued in their ground-breaking study; instead, I ascribe to an understanding of reality that insists on the existence of said reality, and that science does not create reality, it only ever uncovers it incrementally. Further, as Elder-Vass (2008) also points out, from the perspective of ANT, what is important is tracing the connections between actors, thereby neglecting the causality and importance of social structures – i.e., precisely what I am looking at in my work: the ways in which different mechanisms have made possible PGD. Not how it has come into existence as a non-human actor with a life of its own. Again, I am not saying a study with such a focus would be non-sensical, I am only reiterating that this has not been my goal – I am not aiming at this approach, because I would argue that a critical realist view of PGD and what has made it possible, might shed a different and hopefully novel light on our current culture of grief.

3.4 Abduction

Another point to make in this chapter is on abduction as a way of resolving mysteries. This is important, since both Brinkmann, Alvesson and Kärreman, and Bhaskar talk about abduction and because I have used abductive reasoning in my 3rd article. What is abduction? We might look to Charles Sanders Peirce, who in many ways can be viewed as the father of pragmatism and abductive reasoning, when considering this, and begin with his pragmatic maxim: “*Consider what effects, that might conceivably have practical bearings, we conceive the object of our conception to have. Then, our conception of these effects is the whole of our conception of the object.*” (Peirce, 1878). What Peirce is getting at here, is that things *are* the *effects* that they have. For Peirce the pragmatic maxim is focussed on the practical effects a phenomenon has and tied to this is the logic of abductive reasoning. Drawing on these pragmatist conceptions of science, Brinkmann argues that abductive reasoning is what we use when we are attempting to understand or explain an effect we have observed or experienced, and we may formalise it in the following manner: (1) We observe X and (2) this X breaks with our expectations, (3) but if Y is the case, then we can make sense of X, and (4) because of this we me may argue, provisionally, that Y causes X (Brinkmann, 2012, p. 46). And as Brinkmann also points out, we do this every day. But in qualitative research this also constantly occurs and (3) is, according to Brinkmann, where we use our sociological imagination (Mills, 1959). A similar way of describing it can be found in Alvesson and Kärreman's work:

> *"Abduction consists of three steps: 1) the application of an established interpretive rule (theory); 2) the observation of a surprising empirical phenomenon - in the light of the interpretive rule; and 3) the imaginative articulation of a new interpretive rule (theory) that will resolve the surprise."*
>
> (Alvesson & Kärreman, 2011, pp. 58–59)

Abduction in this sense is then a way of reasoning that is concerned with figuring out what might be causing the effect we are observing. This sounds awfully close to earlier arguments made concerning the retroduction so important for working in a critical realist manner. In fact, Bhaskar himself writes about abduction:

> *"Abduction involves redescription or recontextualisation, most usually (in critical realist research) in terms of a causal mechanism or process that serves to explain the state, condition or happening referred to (for example, redescribing a death as a murder)."*
>
> (Bhaskar, 2016, p. 79)

So, for Bhaskar abduction is about redescription and for Brinkmann a form of abduction is about reconceptualization (Brinkmann, 2012, p. 47). We might then consider that, even though there may be small differences between them, there seems to be a cautious agreement on what abduction is. It is about explaining an effect, or condition or happening, by looking at it in a different manner, by considering what conditions might have brought about said effect. This formulation is almost identical to my previous discussion of retroduction as a way posing questions that try to examine what must be real in order for a certain phenomenon to exist. Then, are they not the same thing? The answer is ambiguous. In the work of Danermark et. al., abduction is described along the same lines as it was in the work of Alvesson and Kärreman and abduction means: *"(…) that we (1) have an empirical event/phenomenon (the result), which we (2) relate to a rule, which (3) leads us to a new supposition about the event/phenomenon."* (Danermark et al., 2002, p. 90). For Danermark et. al., abduction is this movement from one conception of something to another more developed and 'deeper' conception of it, and this can be done by recontextualization (Danermark et al., 2002, p. 91). But how is this different from retroduction then? As mentioned earlier retroduction also seeks to understand phenomena in the domains of the factual and the empirical as being enabled or caused by underlying generative mechanisms that we understand through this mode of inference. And for Danermark et. al. this is the crucial difference between the two. Retroduction, they describe, can be understood as: *"(…) as a mode of inference, by which we try to arrive at what is basically characteristic and constitutive of these structures."* (Danermark et al., 2002, p. 96). Their argument is that what differentiates retroduction and abduction is, basically, the level of reality which we are inferring to[22]. Mirroring this, Bridget Ritz' comparison of abduction and retroduction also states that:

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[22] They do also note that a difference between them is that retroduction, unlike deduction, induction, and abduction, is not a formalized mode of inference (Danermark et al., 2002, p. 96).

> *"There is a difference between the phase of theorizing whereby one reaches a conclusion that, if it were true, would explain the observed facts, and the phase whereby one reaches a conclusion about what must be the case supposing a certain premise is true."*
>
> (Ritz, 2020, pp. 462–463)

She argues that they are distinct but complimentary forms of reasoning or inference, wherein abduction might tell us about what appears to us as observable and from this we may, through retroductive inference, discuss what structures underlie these facts and observations. For my work, this distinction is bordering on semantic – though it does allow me to argue, that the abductive reasoning I have argued for in the above, fits nicely with the earlier arguments concerning retroduction. And, as Bhaskar himself points out, with regard to these two concepts: *"In practice, these two often shade into each other: there is only a relative difference between them."* (Bhaskar, 2016, p. 79).

3.5 Why Not Something Else?

So far, I have discussed why I ended up using this approach on a, admittedly, meta-level, but what does it mean practically? What did I, in actuality, do with my time? My time as a Ph.D.-student began with the experience of a breakdown. I had to scrap my original plan and rethink my approach and in those beginning months, I mostly sat around reading books and articles about death and grief. With the knowledge I have today, it is easy to argue that I should have done something different, but when I was stuck in that confusion, I had a difficult time getting out of it. I knew I still had a broad question I wanted to discuss – i.e., looking at our current culture of grief and what had made possible the creation of PGD – but the more empirical part of my project was in shambles. After talking with my supervisors, I began to ask the question 'What is going on?' in a more organized manner. Meaning I began to think of the breakdown in the implementation of PGD as worth investigating. I began by trying to figure out how something like PGD was supposed to be implemented, who would lead such process, and trying to figure out, if anything had been done differently in relation to PGD. This was the first step in the more investigative nature of gonzo research. I didn't call it gonzo research initially, but as I started to approach this question of 'What is going on?', I began reading up on this, somewhat niche, approach.

But this does not adequately answer the question of why 'going gonzo' made sense. Why not do something else? Why not conduct an interview-study of the involved parties? Why not attempt to discuss the nature of PGD as a partially existing object (Latour, 2000) in the ways Latour and Woolgar did in their study of laboratory life? Why not choose an ANT-approach? As I have vehemently discussed both in this dissertation and in my 3rd article, a great deal of the reasons for not doing this are bound to my critical realist position. What I conducted was, for all intent and purpose, very messy research – but doing messy research does not have to be exclusively within the domain of things like ANT. John Law has written a/the book on messy research, called *After Method – Mess in Social Science Research*, where he argues for the inherent ephemeral, messy, and somewhat inconsistent nature of research, and there are many things in these descriptions that also fit with my work and the nature of my research (Law, 2004). The idea that what I was researching was elusive and that it demanded a certain type of approach might also fit within Law's work, but it remains within the realm of ANT. The crux of this, as it has been elucidated by Elder-Vass, is whether or not one's conception of the scientific work that is being studied – i.e., in my case, the process of implementing and negotiating a diagnosis – creates reality. Science produces many things, as Elder-Vass points out: material records, theories, hypotheses, models, explanations, devices and instruments, and objects. But: "*What the experiment does not and can not produce, however, is the mechanism being tested.*" (Elder-Vass, 2008, p. 458). This means that when I examined this failed implementation of PGD and the problems within it – I was not looking at how someone *created* or failed to create PGD as an object or a non-human actor. I was looking at how something real, i.e., grief and the suffering it entails, was handled, understood, and controlled. PGD is not a creation of science, it is the actualization of a mechanism. This is a distinction that is important. It is not science that has created an object out of nothing, but instead it is the actualization of an underlying mechanism. It might seem like splitting hairs or not that important, but from a critical realist point of view, what is happening, when something like PGD comes into existence, is not that psychiatrists invent something out of thin air that then becomes real. Instead, they are identifying a real entity – this is also why I can argue that the suffering that individuals who can be diagnosed with PGD are experiencing is real. The 'need' for PGD is not something invented but is instead a response to real suffering[23]. That is what I am getting at. What is interesting for me about PGD, is how it is a result of our long history with death and grief, and how the existence of PGD is the result of generative mechanisms that enable or actualize it.

What does this mean for me? Well, as Elder-Vass points out, a critical realist should not necessarily shy away from focussing on social constructions or the relations that create them (Elder-Vass, 2008, p. 471). This means that what I am looking at is, to some extent, very similar to what a researcher doing an ANT-study of PGD would look at – i.e., how something like PGD is negotiated and fought about. Indeed, many ANT-

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[23] The distinction here is the critical realist response to Latour's concept of existing and non-existing objects (Latour, 2000). In his now famous example, by way of Ramses II, Latour argues that Ramses II could not have died from tuberculosis and Koch's bacillus, since it was not invented until 1882 – or as he writes, it was not: "*(…) invented, made up, or socially constructed.*" (Latour, 2000, p. 249). Did Ramses II die from tuberculosis or did he die from whatever reason they gave it at the time of his death? Latour would argue for the latter, thereby undermining the progress of scientific knowledge, whereas I would argue for the former. Science approaches the world through progress and thereby gains fallible knowledge, that changes our conceptions of the world. Ramses died of tuberculosis, whether they knew it at the time or not.

studies not only look at similar phenomena as I do, but they also describe their research in a similar manner. Law's book (2004) is full of examples of how to write about the experiences of messy research and alternative ways of structuring articles. In this manner, I admit that there are overlapping aims in my position with that of ANT. But to reiterate, I am not doing an ANT-study, because I am interested in how social structures and generative mechanism have made something like PGD possible. There are other reasons for ending up[24] using the methodology that I did. What I have argued so far, is that gonzo presented itself as a way of grasping the messiness I ended up in, partly because it is not tied to a specific philosophy of science and thus may be used from a critical realist position. But there are other reasons as well that are tied to more practical and/or pragmatic considerations.

The 'disappearance' of my research objects and the troubles this brought with it, is also tied very specifically to why I began to refer to what I did as gonzo research. So far, I have spent time on arguing for my use of gonzo methodology in a very meta-theoretical manner – arguing that my critical realist position means that I cannot subscribe to the flat ontology of something like ANT. But there are still other methods and ways of approaching this phenomenon that might have been applied, so in the following I will explain the more practical and impractical reasons gonzo research became a viable option for my work.

Why not do an interview study? This is the first and most pressing question. I initially planned an interview study, where I would talk to practitioners who would diagnose individuals and I would talk to individuals who received the diagnosis. When it became apparent that there was no diagnosis ready for people to use and receive, I had to rethink things. I thought, for a while, that I would still do interviews, but I quickly realised

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[24] I specifically use the phrase 'ending up' instead of 'choosing' here, because I do not always have a clear sensation that I actively chose to work in this manner.

that it was not possible to do this – who was I going to interview? I could have interviewed different actors in the implementation process, but first I had to figure out who they were. And in this process of trying to figure this out, I came to realise that I would have to use an alternative approach to unravel this 'mystery'. In a way, the most interesting participants in the field I studied where not known to me – they were 'moving targets'. I had to figure out who the key players were, and in the process of figuring this out, I came to realise that I needed a different approach. One that could encompass this search for knowledge, or rather, this investigation into what had happened and who had been involved. The most interesting facts and experiences did not come to me by conducting interviews, rather I discovered them because of my search for these everchanging and moving targets. Thus, as I realised what had happened – i.e., the breakdown in the implementation of the diagnosis in Denmark – my focus shifted, and I needed another approach. I could not do an interview study, since my research object had, I thought initially, vanished, but I then realised that it had only changed. Instead of the impact of the diagnosis, the lack of a diagnosis became what was interesting – and trying to ascertain who had been a part of this breakdown became what was interesting and the search for them necessitated and alternative approach. Going about it in this more informal manner, also afforded me different insights. Instead of interviews that would elaborate, retrospectively, what had happened and what different actors' perspectives and experiences of the breakdown were – I searched for insight by treading into the field, wherein these actors interacted with each other. This made possible a different form of data – a form that was not formalised or tried to tap into possible informants' reconstruction of events, but instead data that let me experience, observe, and enact on the quarrels, infights, and breakdowns of the field.

Then, why not just do an ANT-study[25]? By the time I came to realise that I had to focus on the breakdown in the implementation process, I was still scrambling around the field of grief research and writing my first article. As mentioned, there are many similarities between the methods I've used and ANT, but based on the discussion mentioned earlier, ANT was never a viable option for me. So, there is a philosophical answer to, but there is also a pragmatic answer to it: My research began in shambles, I pieced together a new idea, and then the world closed, leaving me with the notes and observations from my fieldwork. The way I used these experiences have many similarities with an ANT-study, but I needed something that might also convey the troubles I had, during my fieldwork. And something that could grab onto the mess I was a part of and show it in its messiness.

> *"True Gonzo reporting needs the talents of a master journalist, the eye of an artist/photographer and the heavy balls of an actor. Because the writer must be a participant in the scene, while he's writing it -- or at least taping it, or even sketching it. Or all three. Probably the closest analogy to the ideal would be a film director/producer who writes his own scripts, does his own camera work and somehow manages to film himself in action, as the protagonist or at least a main character."*
>
> (Thompson, 1979a, p. 95)

This is what the concept of gonzo research made possible. I'm not the first person to try out this approach – several papers have been published on it (see Fedorowicz, 2013; Harmon & Dunlap, 2020; Kumm & Pate, 2018; Sefcovic, 1995; Wozniak, 2014) and appears in handbooks on qualitative research (Tedlock, 2011). What it makes possible and what the quote from

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[25] I am aware that I've just spent some time on arguing against an ANT-study on the basis of my critical realist footing, but the current argument is about the practical reasons for not doing it.

Thompson shows, is that it lets one participate in one's field of research, simultaneously researching and changing it. Now, it could be argued that most ethnographers and anthropologists know that they influence their research field, but the difference, when it comes to gonzo research, is that the influence is, in a way, deliberate – I'm trying to make my surroundings act and react. This is one part of gonzo, that differentiates it from other forms of ethnography, without wholly shying away from it. Another part of gonzo is also apparent in the quote above: the style in which it is written. Just as the immersion into the field is meant to cause a reaction, so to is the writing. It is tongue-in-cheek and it is provocative. Doing gonzo research entails minimizing the distance between researcher and research object, putting the researcher 'in the action', but it is also about how you report about this research. Gonzo is as much about aesthetics as it is about methods – which is probably why the term gonzo has been applied to a variety of media forms[26]. As Sugden and Tomlinson (1999, p. 390) put it: "*There are two elements of the gonzo approach to journalism: the method, and the stream of consciousness personalized reportage.*". There is an investigative, ethnographic, and critical method to it, but there is also an evocative and provocative way of reporting about it. Furthermore, gonzo research and journalism is about risk-taking: "*People with something to hide do not routinely invite social commentators and confirmed sceptics into their inner sanctums.*" and this risk-taking leads to what is a crucial sociological task: "*to interpenetrate agency and structure.*" (Sugden & Tomlinson, 1999,

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[26] Thus, we might talk about gonzo pornography – which is generally believed to have been invented Jamie Gillis', *On The Prowl*, from 1989 – a style that emphasises POV shots, natural lightning, but also the abandonment of the distanced 3rd person cameraman as well as narratives (Alilunas, 2017). Similarly, we might talk of documentaries adhering to related principles, where "*The filmmakers are the actors and act as themselves, but little or no other people know they are acting*" (Stefan Octavian Popescu, 2013) – for example movies like *I'm Not There* or *Exit Through The Gift Shop*. It is about subversion and provocation, but also about showing 'reality'.

pp. 390–391). Just as Thompson did, when he described political or socio-economic changes in the US, through his writings on Hell's Angels, Las Vegas or the Kentucky Derby.

But what does all this boil down to? Does any of what I am writing make a clear case for applying gonzo methodology or does it differentiate it from other positions and methods? What I argue is that I am aware of the many similarities the approach has with other approaches, but what made gonzo so worthwhile in my work, was that it draws freely on ethnography, journalism, narrative reporting, and so forth, while also allowing me to report about my findings in a way that brought to the forefront the weirdness of it. There is no resolution to my work – that is important. I can, with this dissertation, only point in a certain direction that discusses the culture of grief up to a certain point. Furthermore, there is no ending to the story of the diagnosis – it's not here, it's unclear when or if it ever will be, and the last year of my time as a Ph.D.-student, the world had closed. How do you convey that in a meaningful way? For me, I did so by writing about the experience and doing it through a gonzo approach, thus not forcing a resolution upon it or glossing over the many difficulties and problems I had.

So, what about the practical implications of it? How does one go about using gonzo research? I went about it in an accidental way that turned into a deliberate way. Because gonzo research has a strong emphasis on the experiences of the researcher, my own experiences became important – you might argue that this is just participant observation and, to a degree, this is true. Again, what differentiates gonzo here is the focus on the subjective experience of the researcher, how this experience tells us something about the area of research, and the focus on how it is written. The word gonzo tells us that something is off – that something is bizarre. And this bizarreness is not just about the writing but also about the research itself. Now again, I have written all of this out in my 3rd article, which most precisely shows how and what gonzo research is, and how I came to apply it. However, not all my observations and field work made it into that article, and how I was in the field is not fully fleshed out either. So, in the following I will explain some of the observations I made and how I made them –

skirting somewhere between telling a story and reporting the practical implications of my work.

3.6 The 'Data' or the Lack Thereof

As the previous discussion shows, and as I also talk about in my 3rd article, I don't have a clear overview of data or collection methods I applied, but for the sake of transparency, I feel I should spend some time on my 'data' – or rather spend some time on the notion of 'doing without data' (Brinkmann, 2014a). I did not 'plan ahead' when it came to my data, but rather relied, somewhat, on chance and even serendipity. Serendipity here meaning, as Robert Merton has put it: *"(…) the art of being curious at the opportune but unexpected moment."* (Merton & Barber, 2004, p. 210). Now, I have not perfected the 'art of serendipity', but I have applied in my work as best I can. In an attempt to make this route as clear as possible, it might make sense to give a brief retroactive view of things I spent time on, where my fieldwork took place, and how I took my notes.

The Danish National Center for Grief, Conference 2018

I write about this conference in my 3rd article, calling it my first trip into the field of grief research in Denmark. Here I met researchers, GP's, psychologist, and so forth that gave me my first impressions of the field of grief research in Denmark. I attended talks given by leading figures in grief research in Denmark and by Dr. Katherine Shear from The Center for Complicated Grief. This was also the first time I began hearing about The Danish National Center for Grief's way of discussing Complicated Grief Reactions. At this point, I had not come to think of what I was doing as gonzo in any way. In actuality, I was still trying to figure out what was happening. When I arrived at this event, I was confused and self-conscious.

I went there, partly because everyone who was involved in grief research in Denmark went there, and partly because I thought I might learn something. At that time, I knew the diagnosis was delayed and that the working group had trouble, but I did not know the extent of it. As the fresh-faced Ph.D.-student I was, I brought my notepad and wrote down everything I found interesting – mostly observations about the setting, the people, the points from the different keynote speakers, and the reactions from the audience. Without consciously wanting to do it, I ended up treating this conference as ethnographic fieldwork. I was far from an investigative academic at this point, but the notes I gained from this experience, were the first step towards gonzo. As I recount in my 3rd article, I had a run-in with a GP, who immediately started dismissing the conference and the work being done – told to me in a way that would never be available in a conventional interview situation. I got my first inkling of the target I should be aiming at, but also how elusive this target would be.

Grief Counsellor Education Programme, 2019

This programme was a significant part of my fieldwork, but I have, on purpose, not made it my main focal point in my work. The programme consisted of 5 modules, each with their own specific themes, such as 'theories about grief', 'children and grief', 'elderly and grief', and so on. And one module specifically on what they called 'natural and complicated grief reactions'. This programme played a part in my research, as it helped me gain insight into what was happening amongst the individuals who work with the bereaved on a day to day basis, such as hospice workers, nurses, morticians and more. This was also the place where the idea of grief as deconstructed became fully-fledged for me. Furthermore, this also was the beginning inspiration for my 2nd article on recreational grief as resonance. Not because any of the participants at the programme were participating as a form of recreation, but rather because their interests outside the programme gave me an inkling about what grief meant in a wider setting. In the breaks, I would talk to the participants about their reasons for being there and so on, and as time went by, we got to know each other. They would tell me about their work, but also about why they were interested in grief in general, the books they'd read and the conversations they had with the friends and family about it. This piqued my interest into why this 'need' for grief, as something we spend time on willingly, seemed to be growing. The programme was also a way for me to learn more about The Danish National Center for Grief and the people who worked there. And, most importantly, it became – as I write in my 3rd article – the place where I realised, I was 'being watched' and experienced some of the power-relations at play. This was how I came to understand what I was doing as a form of gonzo research.

During this time, I slowly adopted the more investigative approach to my fieldwork that is part of the gonzo approach. I was trying to solve this mystery of what had happened with the diagnosis – and I learned along the way that The Danish National Center for Grief oversaw its implementation, so naturally they became my focus point. The time spent here also made it apparent to me that I couldn't behave as a distant observer. I had to participate in this and try to trace what had happened. So, as I followed this program, I got to know different individuals working at the Grief Center and got closer to the organization, and thus also closer to the working group that was supposed to implement the diagnosis. I wrote down all my interactions after they had played out, to avoid looking like an over-eager investigative journalist, and I kept a friendly demeanour.

I also enacted on to my research object by being asked questions during the program, both by lecturers and by participants, and I was also asked to do half a day of teaching myself. And I was invited back to do it again. This put me in an odd position, as a researcher at once participating to gain knowledge, while also trying to share knowledge. As of writing this dissertation[27] I have, though, been uninvited from doing more teaching – precisely because of my writing and my gonzo approach, evident in my 3rd article.

Grief Researcher Network Meetings 2018-2019

I only got to attend some of these, since the global pandemic stopped further meetings, but these were smaller meetings hosted by different groups within the field of grief research in Denmark, and they were a good place to gain more knowledge about what was going on. It also became a source of knowledge for me, since, as time went by, people would react differently to me, and I would be positioned as a specific type of researcher. I would also receive gossip from other researchers about what was going on, specifically about the breakdown in the working group supposed to create the National Clinical Guidelines. Along with the abovementioned education programme, this was a place where I became acutely aware of just how big some of the disagreements between researchers were, and it was at one of these meetings I gave a talk that would be reported back to The National Danish Center for Grief. I gained what might be labelled a 'confidant' in the group, who would tell me things that were going on and advise me about who to ask. Basically, the person would give me gossip that I could do with as I pleased. Much like being uninvited to do teaching mentioned above, I am guessing that once these meetings begin again, I will not be welcomed with open arms by all participants.

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[27] By the time this dissertation is finished, my articles will have been published for some time, and I know some of them will have been read by people involved in my research.

Diagnosis Research Network Meeting, 2018

This meeting was a one-off for me and was held by researchers, doctors, GPs, and more who had an interest in diagnoses. This particular meeting was about Prolonged Grief Disorder. I attended by invitation and was asked to give a small talk about my project together with my supervisor. This meeting, as I also describe in my 3rd article, was quite significant for my research, since it brought out the disagreements in the field of grief research very clearly and also gave me a glimpse of the massive conflict in the working group occupied with creating the National Clinical Guidelines for Prolonged Grief Disorder. I describe this meeting as a 'eureka' moment for me, because the weirdness of it all came to the forefront. I had a sense that I was dumped into a polite argument – much like watching two strangers argue at the table next to you at a restaurant. It's uncomfortable and awkward, but it is also, to some extent, interesting. This meeting also made it very clear how I would constantly shift between being an active participant and someone observing.

The 21st Nordic Congress of General Practice, 2019

At this conference, I gave a talk with a clinical psychologist and a GP, about the diagnosis, in front of around 100-120 doctors, GPs, and the like. It was significant for me, because I was expecting a negative reaction to our talk, which was critical of the diagnosis, but it turned out in the Q&A-session that most of the audience agreed with our critique. This surprised me, because I then wondered who really wanted this diagnosis? If all the GPs didn't want it, and they were some of the professionals who were going to be using it, then who was pushing for this development? I talked a lot with different doctors, GPs, and other researchers there about what they conceived as the over diagnosing of different ailments.

The Danish National Center for Grief, Conference 2019

Like the first of these conferences, that I attended in 2018, this gave me a different perspective on what was going on. How people were positioning themselves in the debate and so on. It also gave me a glimpse at more power-relations and gossip. I was told things in secrecy concerning how other researchers viewed me and my research group, how researchers who had been 'left out' of the first working group set to develop the national clinical guidelines were now making their own research group, hoping to 'take over' the job. It gave me sense of the attempts at showing control that existed within the field of grief research – that several institutions and researchers were scrambling for control and the defining rights over grief. Either by gossiping about each other and delegitimizing the work of other researchers, showing their 'power' through hosting a conference such as this one, or by creating their own working groups in secret.

Everything Else

These are just significant events that I participated in, but there is a lot more that became part of my 'data'. I got access to consultation responses that were sent back and forth during the development of the National Clinical Guidelines. I received emails with information that I wasn't supposed to see. I got calls from people about what was going on. I was told things in secrecy at meetings, conferences, and so forth. This all amounted to a lot of pages of emails and a lot of handwritten notes I had scribbled down shortly after hearing things or being told things or notes that I jotted down as I was listening to a talk or lecture. I never formalized my way of doing this and I insisted on not doing more conventional interviews, since I believed that a field shrouded in the form of secrecy and disagreement I entered, was best surveyed in this more journalistic and inquisitive manner. I wanted to avoid looking like a journalist or a researcher while I was participating in something, meaning I wrote things down after I had experienced them, leaving me with notes that were written hastily and most of my quotes were paraphrases. There are, of course, problems with this way of going about things since it lacks transparency. I know this, and for this reason, many of my observations are not the main focal point of my work[28]. A lot of what I discuss in my articles and the conclusions I reach are influenced by these experiences in the field of grief research in Denmark. Yes, a lot of my work is theoretical, but is based on these abductive forms of reasoning that may help inform my retroductive argument. This interplay between eclectic field work and theoretical discussion has guided my work.

In the critical realist perspective, this part has attempted to delineate why I have done things the way I have, and why this has made possible the perspectives I have and the conclusions I draw. Part 4 will then contain the articles that are attempts at surveying and discussing the current culture of grief in Denmark, and what might have enabled the existence of Prolonged Grief Disorder. The articles are the next step in my retroductive argument, or, in other words, they are descriptions of different parts of the overgrown forest that I have been lost in.

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[28] Except in my 3rd article, but in that article the focus just as much on my troubles with research as it is in the problems within the field of grief research in Denmark.

Part 4

In the following part are the three articles of this dissertation. The versions here are the Accepted Manuscripts and not the Versions of Record for articles 1 and 2. For article 3 the version here is the Accepted Manuscript that is now in press. Some arguments will follow the beginning of this dissertation – the theoretical argument laid out in part 2 – and there will be a few repeats, but each article consists of perspective built upon the general notion of trying to work out what is happening to grief in contemporary society. There are small differences to the articles as they are presented here, from their finished and published version. This has been done to make them 'fit' better with the overall dissertation, but these changes are minor.

4.1 Deconstructing Grief

- A sociological analysis of Prolonged Grief Disorder

"Your absence has gone through me

Like thread through a needle.

Everything I do is stitched with its color"

- "Separation", by W. S. Merwin (1992)

Introduction[29]

It is becoming more and more apparent: We live in a society that seeks to categorize different types of human suffering as psychiatric diagnosis. The latest addition in this development pertains to the area of grief. That is, we are on the brink of incorporating a new diagnostic classification, called *Prolonged Grief Disorder* (PGD), in contemporary society. This new development has been widely discussed from a variety of perspectives. These are concerned with both the psychometric measurement of the disorder (Prigerson et al., 2009) and the soundness and possibilities of the

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[29] There will be some repeats in this article from part 2 of the dissertation. But the previous discussion and arguments in part 2 greatly further parts of my arguments in this article and there are further perspectives in this article as well. I will make small caveat here that in this article, my arguments concerning the problem of death leans more into the notions of the loss of religion, or the subtraction-theory I touched on previously. This is because I wrote this article more the 1½ years ago and some of my perspectives have been slightly altered since then.

disorder (Killikelly & Maercker, 2018), and has led to discussions of the differences between measurements and the validity of different diagnoses – i.e. whether *Complicated Grief*, *Persistent Complex Bereavement Disorder* (PCBD) or PGD is the most adequate criteria (Maciejewski, Maercker, Boelen, & Prigerson, 2016; Maciejewski & Prigerson, 2017). Others still have attempted to identify the prevalence of the disorder, arguing that, on average, the current research shows a prevalence rate of 9.8 % (Lundorff, Holmgren, Zachariae, Farver-Vestergaard, & O'Connor, 2017). As PGD has been incorporated into the ICD-11[30] – effectively besting *Complicated Grief* in regards to being the dominant criteria – the term *Complicated Grief* is now being given a new definition as an umbrella term that potentially covers different forms of 'pathological' grief (Larsen, Lauritzen, & O'Connor, 2018).

Concurrently with this, a substantial debate has arisen concerning the consequences and implications of this new conceptualization of grief; some have argued for the empirical unsoundness of the criteria (Wakefield, 2013), while others have questioned if it makes sense to diagnose grief as a disorder at all (Brinkmann, 2017). There has also been expressed worry that these developments could be seen as a form of medicalization of grief (Bandini, 2015) and finally some have argued that grief has both been politicized (Granek, 2014) and enmeshed in the field of psychology as something "*(…) privatized, specialized, and treated by mental health professionals.*" (Granek, 2010). It would then seem that grief has increasingly become a measurable and individual experience. One that mental health professionals locate and treat within each bereaved individual. In the following, I would like to discuss the implications of this transformation by drawing on sociological understandings of the importance of death and dying – and by extension therefore also grief. The phenomenon of grief – how it is experienced, understood, framed, and

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[30] International Classification of Diseases (WHO's diagnostic manual)

controlled in society – may act as a prism through which we can grasp certain societal developments. Sociologically, this is interesting because it relates to the construction and meaning of emotions in society. The question I would like to pose in this article is thus: Is the creation and implementation of PGD in contemporary society indicative of new way of understanding grief and, as a consequence, what are the societal conditions that may have enabled this new conceptualization of grief?

However, before this can be done it is pertinent to bring forth the diagnosis of PGD itself to see what is contained within these criteria. In the ICD-11, PGD is described as a disturbance characterized by feelings of longing and a variety of intense emotional pains. These must exceed cultural, social, and religious norms in an individual's given context. Furthermore, the disturbance must persist for more than 6 months following the given loss and this perdurance must have impacts on a person's important areas of functioning. It is of course the diagnosis as a whole that will be discussed, but particularly the temporal threshold is worth taking a closer look at, since it tells us something about our relationship to time and our norms concerning 'how long' one is allowed to grieve. As Bowlby (1980, p. 8) pointed out many years ago there is: "*(…) a tendency to under-estimate how intensely distressing and disabling loss usually is and for how long the distress, and often disablement, commonly lasts.*". The beginning poem by Merwin also exemplifies this: Loss is never-ending and there is no conclusion to grief, instead it lingers on. If we look at these criteria in the light of a sociological understanding of death and grief as important – and perhaps even constitutional – for the self and society, how might we understand this diagnosis and especially its temporal aspects?

I will discuss this in three steps: Initially the article will expound how grief can be viewed as an emotion that in many ways is essential for our self-understanding, self-relation, and relation to others. These arguments will attempt to place grief as a social emotion (Charmaz & Milligan, 2006; Jakoby, 2012), but also as a deeply relational and existential emotion. Following this, I will discuss how an emotion, that is essential for the self and for our relations to others, can be said also to be constitutive for our society and culture. This will predominantly be done by drawing on Zygmunt Bauman's ideas in his book *Mortality, Immortality and other life strategies* (Bauman, 1992). The key point I will address here is Bauman's claim that the knowledge of death is a vital element in understanding society and human culture, and how we deconstruct aspects of life in order to handle our knowledge of death – in the case of death and grief this, I would argue, has most significantly been done through a process of medicalization. Finally, I will draw on Hartmut Rosa's theory of acceleration to try and understand how PGD can be viewed as an attempt at solving the 'problem' of grief, by designing a particular diagnosis, which locates and weeds out disorder. I will explore these elements to ask if and how we might understand PGD as an inaugural step towards the deconstruction of grief into a bag of unpleasantries and as a way of 'speeding up' grief.

Grief as Crucial to the Human Experience

Why is grief important? Why is grief worth academic inquiry? The answer to these questions lies in the universality of grief. The claim I am going to make in this article is that, because of this universality, we can use grief as a prism to understand society as a whole. Therein lies the real importance of this phenomenon and the importance of discussing the development of grief into a diagnostic category. However, before I look closer at PGD, I will reflect upon this universality of grief. Tony Walter is helpful in setting the tone for this, when he states the following:

> *"The academic consensus is that attachment between humans, especially those to whom one is genetically related, is vital not only for survival but also for group cooperation and culture, and grief is a by-product of personal attachment"*
>
> (Walter, 2017b, p. 83)

This quote in many ways sums up a general perception of grief – it is common, a by-product of love and in this quote also an evolutionary necessity. Put simply, it plays a central part in the human experience (Archer, 2001).

However, to narrow it even further down, it is common within the sociology of death and grief to conceptualize the phenomenon in question as a social emotion (Charmaz & Milligan, 2006; Jakoby, 2012). This supports the argument that grief is not only an individual experience, but also a culturally mediated experience that is influenced by societal norms, or control. Hence, the way we handle the loss of a significant other and the emotional experience does not reside solely within the individual – instead it is deeply embedded within a cultural context (Jakoby, 2012). This argument is important because contemporary definitions of grief separate grief and mourning – i.e. an individual's emotions and the way they express them publicly. Recent definitions of grief within the psychiatric field adhere to this separation, claiming that grief is a complex psychological response to bereavement, and that mourning is somehow separated from this (Crunk, Burke, & Robinson, 2017; Valentine, 2006). As mentioned in the introduction, this allows grief to be treated as an individual emotion that must also be seen as an individual problem. However, as Jakoby (2012) points out, this division is problematic and this academic construct of them is unfruitful when it comes to understanding the experience of bereavement. Grief and mourning are not separate. Instead, researchers have argued that they are closely linked and exist in an interdependent relationship, where an individual's grief shapes the way they mourn and vice versa (Valentine, 2006, 2008). One could argue, then, that this echoes a general conviction within the sociology of emotions, namely: "… *that the boundaries of the inner and outer self are forever porous, and more crucially, that they are at once psychological and collective."* (Illouz, Gilon, & Shachak, 2014, p. 222). In terms of grief, this connects the individual's grief emotions with different socio-cultural norms and values, something which Ester Holte Kofod has also touched upon (Kofod, 2017) and something Lyn H. Lofland (1985) epitomized more than 30 years ago. Grief and mourning are not two different aspects of bereavement, but are instead one and the same, because no clear division can be made between an individual's emotions and the ways in which they are expressed. The self is always permeated by the surrounding culture, where culture is: " *(…) both the systematic interpretation of social action and the bestowal of meaning to events, persons and processes."* (Illouz et al., 2014, p. 222).

This argument, that grief and socio-cultural norms are always intertwined, means that as one has developed over time, so has the other. We can see this, for example, in the work of Norbert Elias, and his analysis of the loneliness of the dying (Elias, 1985), caused by our changing attitudes towards death – through what Elias calls a civilizing process (1980). Similar arguments can be found in Ariès' seminal work *The Hour of Our Death* (1981) where he argues that the Western attitudes towards death have evolved through five stages. The final stage involves society's denial of death and a particularly poignant observation is worth drawing out in this context: "*Except for the death of statesmen, society has banished death. (…) Society no longer observes a pause; the disappearance of an individual no longer affects its continuity."* (Ariès, 1981, p. 560). For Ariès the changed relationship towards death is particularly visible within the context of grief – or the lack thereof. This is not to say that we do not grieve. Grief exists and all most of us will experience it, but the societal norms and regulations that shape it, and vice versa, are constantly changing. The importance of this change has been thoroughly discussed in the works of Peter L. Berger (1967), Ernest Becker (1973), Elias, Ariès, and more. However, I would like to argue that grief is equally important in understanding society. We must suffer through seeing those we love most perish in front of us; we must live this experience. "*It's strange. I would die alone; yet it's the others who would live my death*" (Beauvoir, 1956, p. 602) as the character of Anne reflects in *The Mandarins*. Though she is contemplating her own suicide the quote also signifies the position of death – regardless of the reason for this death: that the individual does not live his or her own death. Instead, the living must live through each individual death around them.

As described above, death and grief are linked together and woven into the history of society, but grief is crucial because we relate not only to our own death, but also to the death of others:

> "*(…) an authentic relation to death is not constituted through mineness, but rather through otherness. Death enters the world for me not through my own timor mortis, but rather through my relation to the other's dying, perhaps even through my relation to the other's fear, which I try to assuage as best I can.*"
>
> (Critchley, 2002, p. 171)

Critchley's argument rests here on a critique of Heidegger's (1927) *Being & Time*. Critchley argues, contrary to Heidegger, that authentic being in the world does not stem from a '*being towards death*' but instead through a '*being towards the Other's death*'. This means that grief is both a deeply significant experience for our relation to ourselves and to others. This relationality of grief and death is exactly the reason why it is crucial to the human experience. It is through grief that we relate to death, to our own finitude, and the temporality of life. When we bear witness to the death of a loved one, we are brought face to face with death, forcing us to contemplate on the finitude of life – both our own and all of those around us. Thus, the knowledge of death and what we do with this knowledge is at its most pertinent when we are bereaved and experience grief. The individual experience of grief is therefore neither just individual nor just an emotion – instead it is a deeply existential, relational, and social emotion. It shows us both the importance of others – our relationships with them and responsibilities towards them – and the importance of seeing the self as a part of culture and not a single atom, free from others and society. How then, can it be argued that grief is important in understanding society and culture?

In the following, I will argue that grief is not only constitutive of selfhood, but that it is constitutive of society and culture as a whole. As Walter (1999, p. xvi) argues: *"Grief underlies the very constitution of society."*. Death is not only understood through mineness both through otherness – the death of those around me is what brings me face to face with death and finitude. This means that where society – as in the works of Berger, Becker, and others – is understood as consisting of individuals attempting to grasp their own being-towards-death, grief offers a different perspective. Society consists of individuals attempting to make sense of death and their being-towards-the-other's-death. In this light, the development of PGD is vital, because it entails the constitution of grief as a manageable emotion that we, as individuals, but also intersubjectively, need to keep in order. In the following, I will attempt to flesh out an argument concerning death and society, through the work of Bauman.

Death and Culture

If we seek answers for dealing with the relationship between death and culture, Bauman's book *Mortality, Immortality and other life strategies* (1992) is, in my point of view, still a relevant point of departure. As Blum (2015) has pointed out, death has not been a major constituent of sociology, but Bauman's work is one exception to this and he has written some rather interesting and enlightening texts on the subjects that have been overlooked (M. H. Jacobsen, 2017). Bauman engaged with death in an attempt to sociologically explain its societal importance. Regarding this article it is specifically his notion of death as a pervasive problem that we have deconstructed, that is of particular interest.

The starting point in this oeuvre is clear: the creation of culture is dependent upon the knowledge or awareness of death as its catalyst. This means that not every single element of culture is rooted in death, but that the essence of culture is transcendence – about attaining the permanence and durability which life itself does not possess – so the everlasting work towards this is now paramount for culture (Bauman, 1992, p. 4). Like Berger and Becker, Bauman argues that the 'problem' of death forces humans to create meaning; but Bauman posits that a paradox exists within this meaning-making aspect of culture:

> *"Human culture is, on the one hand, a gigantic (…) ongoing effort to give meaning to human life; on the other hand, it is an obstinate (…) effort to suppress the awareness of the irreparably surrogate, and brittle, character of such meaning."*
>
> (Bauman, 1992, p. 8)

This quote makes clear both Bauman's view on culture and on life – both are void of meaning, so a meaning must be created. However, as the quote shows, this meaning is but a veil – a distraction to help individuals forget the absolute absurdity of life. Death will remain traumatic since it is what Bauman calls the ultimate absence (Bauman, 1992, p. 13). We cannot imagine this nothingness and therefore the thought of our own non-being terrifies us. He bases this notion of the void on Husserl's thoughts on intentionality – all thought and action must be aimed towards something, but since death is an unknown nothingness, we cannot conceptualize it or fathom it. Bauman thus argues that notions of transcendence, survival, and immortality guide culture – culture here being the meaning we instil in our everyday lives through social organization and institutions (Bauman, 1992, pp. 5–6). He points out that a:

"(…) life forgetful of death, life lived as meaningful and worth living, life alive with purposes instead of being crushed and incapacitated by purposelessness – is a formidable human achievement."

(Bauman, 1992, p. 7)

Whether all human history is the history of a certain repression of death is a rather bold statement. However, it could be argued that awareness of death – regardless of whether this awareness has manifested itself in the form of repression or not – has always driven human culture (Walter, 2017a, p. 31). This is also the main ambivalence of culture and society described above. It is the lure of quotidianity that makes life liveable and as Alan Blum (2017) has argued, this invention of the everyday lets individuals live a life forgetful of death. Perhaps, most interesting regarding the aims of this article, is Bauman's arguments concerning the ambivalence of survival and relationship to others. Survival is, for Bauman, one of the defining characteristics of humans (Bauman, 1992, p. 33). We are not just alive, we are *still* alive – we have managed to survive thus far. This trait of living means that nothing – except death – is final. Each individual must constantly measure his or her survival against the survival of others. This is not to be understood as a form of self-preservation (in the sense that self-preservation is an innate and evolutionary motivation that humans share with animals) – no, for Bauman, survival is about the others. It is about how the others die, how we live through their deaths and in Bauman's book, he claims that their deaths are what gives meaning to our own success in the survival game (Bauman, 1992, p. 34). However, the others simultaneously give meaning to the individual's existence (Bauman, 1992, p. 37). As Derrida pointed out a few years before Bauman: *"there is no friendship without this knowledge of finitude."* (Derrida, 1989, p. 29).

A central argument I have tried to address here is thus, that the void of non-being terrifies us, something which sparks culture and the survival game ensues – making us measure our own success in the non-being of others. However, the loneliness of not having the others – the vision of a world devoid of others to connect with and relate to – is equally terrifying. We are deeply dependent on others and in fact, we are incapable of existing without others. This connects to arguments that I have made earlier in the article: That humans are not atoms secluded from one another or from society as a whole. We are not islands, not even in death or in grief. Instead, we are forever porous and dependent on one another to give meaning to our own existence, and to the existence of others. This relationality of the self is what characterizes us, per se. As shown with the Critchley quote earlier, death is to be understood through the others: My own death understood as surviving the others and my own identity as understood through the loss of others; i.e. we realise our dependency on others once they slip into the void, forever out of our reach. The loss of a significant other reveals the existential crisis an individual, who's being is for the other, must face – the other has passed out of his or her reach and thus the connection and relation to the other has vanished. The void reveals its presence; both as the void created by the loss itself and the confrontation with the void that imbues all life and culture. This is why, I would like to stress, grief – and particularly a diagnostic classification of grief – is so important in understanding society and culture: It underlies all of our interactions and the entirety of our culture. We are characterized by our being-towards-death and our being-towards-the-other's-death and when we attempt to pathologize parts of grief, we are pathologizing parts of what makes us human.

Managing Death and Grief in Contemporary Society

How has society and culture then attempted to solve this 'problem' of death ? According to Bauman, during modernity the survival-game came to fruition and the existential insecurity of life – anxieties concerning emptiness and meaninglessness – came to replace previous, and less secular, insecurities of fate, guilt, and condemnation, and these insecurities were solved by re-fashioning death into a series of manageable problems

(Bauman, 1992, pp. 128–130). Death became a task to be dealt with and was emptied of any moral meaning. It was a technical problem, but also a testimony to the failure of modernity. Death, and thereby grief, became obscene and was hidden away from the public eye. Through rationalization and instrumentality death is deconstructed – thereby removing much of the meaning previously bestowed upon it and instead death becomes an increasingly terrifying void in front of us. How is it then, that we can relate PGD to the deconstruction of death and grief in contemporary society? Well, when it comes to the latter, one of the most important developments, in my perspective, is what has been called the medicalization of death and grief.

Following the work of Peter Conrad (2007), medicalization is most often defined as a process whereby a: "(…) *problem is defined in medical terms, described using medical language, understood through the adoption of a medical framework, or "treated" with a medical intervention."*. The rise in medicalization has been underway since the 1960's and this rise is also, to a large degree, exactly what constitutes the deconstruction of death. More and more elements of life become medicalized and thus become things to be treated. It is important to note, that the process of medicalization itself is not inherently a problem – advances in medical treatments are a good thing that both saves and improves lives. However, much of the work done on medicalization identifies that overmedicalization is a problem. This is not only a result of what Ivan Illich (1977), in his work on medicalization, called medical imperialism, i.e. that problems where solely identified and made treatable by doctors and the medical profession overall. Instead, our thresholds for what should be considered a medical problem have changed. We are simply more prone to see various ailments as medical and treatable problems (Conrad, 2007, p. 6). There is nothing surprising about this statement – death is now a technical problem and one that is to be overcome by preventive care and treatment. Ariès noted this, when he talked about 'the forbidden death' (Ariès, 1981), but it has also been discussed by Michael H. Jacobsen (2016), who argues that the medicalization of death has undoubtedly been transformed by the palliative care revolution. This, however, does not make death easier or less problematic for individuals. Though somewhat polemic in nature, Barbara Ehrenreich's book, *Natural Causes* (Ehrenreich, 2018), has also pointed to this and she discusses how our fight against death is fuelled by our fear of it and longing for control over our bodies. Death is thus no longer a part of life that falls under the dominion of the priest or is surrounded by a given set of religious traditions or norms – instead these aspects have now been given to doctors and hospitals. Several researchers in the area of grief have focused on this development as well, most notably here is Leeat Granek's argument that grief has been enmeshed within the field of psychology through development of the discipline and that this has made grief into a private sensation that should be treated by psychologists and psychiatrists (Granek, 2010); i.e. by its classification and identification as PGD. Following in the wake of Conrad's analysis of medicalization, Julia Bandini has also directed attention at this transformation of grief through medicalization – specifically the bereavement exclusion from the DSM-5 [31] – and identified three possible consequences of this development: Overdiagnosis and overtreatment, a larger possible market for pharmaceutical companies, and the transformation and loss of traditional and cultural methods of dealing with loss (Bandini, 2015).

I would argue that these perspectives concerning the current medicalization of life, and particularly grief, are essential when it comes to understanding the current culture of grief. However, Granek's work focusses on grief in more general terms and Bandini discusses the bereavement exclusion from the DSM-5. PGD has instead been implemented in the ICD-11 as a distinct diagnostic classification and has been designed in a particular manner, which can be further explored in the light of what I discussed as the deconstruction of death and our changed relationship to time in contemporary society. PGD is distinct precisely

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[31] Diagnostic and Statistical Manual of Mental Disorders

because it is now possible to be diagnosed with PGD, in accordance with the ICD-11. Furthermore, it is interesting to note that even though it has been argued that PGD and PCBD – which as of now is only in the appendix of the DSM-5 as a condition for further study – are in fact the same or similar (Maciejewski et al., 2016), only PGD has been implemented in a diagnostic manual and only PGD has a 6 month threshold, contrary to PCBD's 12 month threshold. If we take a step back and look at the societal conditions that may have enabled these tendencies, we may come to understand PGD as a form of social control, that tries to 'fix' a certain emotion that we have lost more traditional ways of dealing with and is now also becoming a larger problem, due to some of its inherent characteristics. What is happening with the inclusion of PGD and its focus on *intense emotional pain*, *impairment* and *temporality* (World Health Organization, 2018) in the ICD-11, is that grief is now being understood as a problem to be dealt with by psychiatry, simply because we as a society and as individuals cannot tolerate this emotion.

Drawing on the work of Anders Petersen (2015) who has shown, in regards to Major Depressive Disorder (MDD), that a diagnosis can be understood as a form of design, meant to weed out certain forms of disorder that do not coincide with a given society's normative demands, I would argue that PGD can be understood similarly. Petersen points out how MDD is designed in a particular way that locates and discards individuals who fail to live up to the pressures of current normative demands (Petersen, 2015, p. 81). Depression is antithetical to the normative order of society and those that are depressed must be weeded out to satisfy modernity's demand for order. In what follows, I will argue that deconstruction of mortality is a continuing process and that grief is now – just as death in Bauman's view – being deconstructed into a bagful of unpleasantries. These are to be dealt with by the individual at an increasing pace by designing a specific diagnosis that attempts to locate and segregate those who cannot meet current normative demands of an accelerated society, while simultaneously attempting to 'speed up' grief.

PDG and Temporality

In my perspective, Hartmut Rosa offers one of the most important analyses of the connection between modern society and temporality. The starting point of his endeavor is the claim that sociological work, as such, has not been sufficiently concerned with the discussion of the phenomenon of time. He believes that: *"(…) the manner of our being-in-the-world depends to a great degree on the temporal structures* (Zeitstrukturen) *of the society in which we live."* (Rosa, 2015, p. xxxviii). These temporal structures, Rosa argues, are what bridge the gap between structure and agency – thereby mediating and adjusting the two to each other (Rosa, 2015, pp. 4–5). This is important in relation to my argument since grief radically changes the experience of time (Fuchs, 2018; Ingerslev, 2018; Riley, 2012; D. Turner, 2017) and the 'problematic' aspects of grief that are now being diagnosed might be understood through this perspective. The point here being, that intense emotional pain, lessened functioning, and particularly setting a time limit for grief can be understood through the notion of deconstruction of mortality, via its medicalization and our lessened threshold for suffering, and the acceleration of society and life.

Rosa argues that this acceleration of society is continuous. He pinpoints three dimension of this within society: the technical acceleration, the acceleration of social change, and the acceleration of the pace of life, and these three dimension have consequences for both the increased change in structure of society and the individual experience of everyday life (Rosa, 2015, p. 80). However, what is important for my discussion of PGD is what drives acceleration, particularly what Rosa calls the cultural motor of acceleration. Rosa points to a transformation of our temporal orientation and he locates this change within the ongoing modernization process. Rosa argues that we are still focused on the future, but what has changed is the concept of this future, which previously was seen as a closed horizon to now being viewed as an open horizon of possibilities (Rosa, 2015, p. 178). How did this come to be? If the 'good life', before the secularizing consequences of modernity took hold, was defined as living a pious life to ensure entrance to heaven, Rosa argues that since heaven is no longer an option – at least not for the majority of individuals – the ‘good life’ has now shifted towards lived life. This means that the ‘the good life’ now equates to ‘the full life’; a life lived with as many experiences as possible exhausted, enjoying as much as possible and living a ‘fast life’ (Rosa, 2015, pp. 179–182). This idea of living as fast as possible is, in Rosa’s view, society’s way of imbuing life with a secular alternative to our previous conceptions of ‘eternal life’ – a way of ‘solving’ the inherent meaninglessness of life and finitude (Rosa, 2015, p. 180), much like how Bauman saw culture as a defence from the void. Culture and society are driven by this fear of the void – we need meaning to withstand this fear and to live meaningful lives and in Rosa’s view this is done by living the full life. It is a speeding up of the aforementioned life lived forgetful of death. Quotidianity itself has been sped up through – borrowing from Bauman – a deconstruction of mortality and the loss of religious religion.

The consequences of this increasing acceleration and the promise of a full life may point to why grief is increasingly being viewed and experienced as something problematic and pathological. As Fuchs (2018, p. 8) points out:

> *“The temporality of grief may be described as a separation of two forms of time, one flowing, one arrested, which become more and more desynchronized.”.*

Or as Denise Riley (2012) points to as well, in grief, time is lived without its flow. The bereaved then suffer from this desynchronization, combined with a reality that not only continuously flows but also flows at an accelerated rate. The present becomes problematic, since arrested time – a time, which is bound to the past and the absent presence of the lost one – is made increasingly strenuous by an ongoing, illegible, and rapidly accelerating present. The gap, so to speak, between the arrested time and flowing time widens uncontrollably. When a loved one dies, we can no longer make sense of time and this is further impeded by a general loss of meaning of accelerated society. We are – as always – brought face to face with the false promise of the good life (i.e. the notion of a full and accelerated life) that cannot solve death. When we are bereaved we are called into question as Ingerslev (Ingerslev, 2018) points out and the world we take for granted is disturbed. This means that the promise of a secular alternative to eternal life, i.e. the full life, is revealed as a false promise and the quoitidianity of life is stripped away in lieu of the painful realisation of the intrinsic absurdity and meaninglessness of existence. These temporal aspects of grief may thus explain why PGD contains a specific threshold of 6 months – the process itself of grief must be accelerated along with the rest of everyday life. Simultaneously, grief is also characterized by lingering on the past or 'looking backwards' which may also be understood as counterproductive in an age of acceleration.

This opens for what I would like to call the deconstruction of grief. As Bauman pointed out, death was solved during modernity by deconstructing it into a bag full of unpleasantries; this now seems to be happening with grief. We cannot fix death or grief, and in fact, we cannot make sense of it anymore either, so the solution now becomes deconstructing grief into a mix of different emotions and sensations to be dealt with, treated and subdued. The deconstruction of mortality sliced death into an infinite amount of diseases and ailments that could be solved by medicine and could be traced back to the individual, as I have argued happened predominantly through a process of medicalization. The same is now occurring to grief. This is done by designing a specific diagnosis that weeds out those that cannot meet the normative demands of accelerated society. As the criteria shows in the ICD-11, PGD is a range of different forms of pain that impair functioning. If we see this in light of the discussion above, we might come to understand PGD as an attempt at 'fixing' grief by prying it apart into a range of different, but measurable, sensations and emotions, since these emotions do not coincide with the ideals in contemporary society and also because our threshold for what is considered too much suffering or unpleasantness has changed. Both in regards to the diagnosis itself, but also when it comes to the fact that PGD has been described by some as only one part of the umbrella-term Complicated Grief (Larsen et al., 2018).

Since the primary goal of accelerated society is the increasing pace towards as many experiences and actions as possible, it is no surprise that the emotional pains described in the diagnosis are concerned with impairment of an individual's functioning (World Health Organization, 2018), since an inability to act, function or move forward is seen as pathological in accelerated society. Concurrently with this, the 6 month threshold also seems to be a way of deconstructing grief, by setting a specific time-frame for grief to make sure an individual simultaneously does not allow the gap between arrested time and society's ever-increasing time to widen to much, but also to make sure the individual can return to his or her continued chase for the full life. This means that those who cannot live up to the ideals of acceleration, even in grief, are deemed sick. It is important here to remark, that the felt suffering is thus real if an individual is diagnosed with PGD. As Petersen (2015) points out, in regards to MDD, the people who are diagnosed *do* suffer, but this suffering and the diagnostic criteria must be seen in the light of current societal developments. The same is true for PGD. Individuals who are bereaved suffer greatly. But one might consider, in lieu of the arguments I have brought forth, why they now are understood as 'sick' and why they perhaps suffer more during bereavement.

As Mellor & Shilling (1993, p. 427) pointed out in regards to death: *"Modern society is, in the last resort, people standing* alone *in the face of death."* . And similarly, Walter (1999) pointed out that in contemporary society, grief is to be solved by the individual, just as Bauman pointed to how rising individualization and the fear of death made grief difficult. Therefore, it can be argued that people suffer if they meet the criteria for PGD; they are in fact struggling with their grief. However, concurrently with this, the diagnosis must be understood in relation to society as a whole. That is why the diagnostic criteria are focussed on the temporal aspects of the diagnosis. Grief must be dealt with at an increased speed, but the experience of grief simultaneously becomes problematic since the phenomenon of arrested time is an increasingly bigger problem when the time of society moves faster and faster. Individuals are left to their own devices in grief and must make their way out of arrested time themselves – and they must do this at an increased pace.

Concluding Remarks

In this article, I have used certain perspectives of Zygmunt Bauman and Hartmut Rosa in an attempt to sketch out a theoretical discussion of PGD's implementation in contemporary society. This has led me to see grief, as both constitutive of and constituted by society, and a pervasive 'problem' that Bauman deemed would always remain traumatic. In this perspective, society consists of individuals attempting to make sense of death and their being-towards-the-other's-death and grief then becomes the manifestation of these attempts. As I began by asking: Is the creation and implementation of PGD in contemporary society indicative of new way of understanding grief and what are the societal conditions that may have enabled this new conceptualization of grief? The answer is not completely clear, but the discussion in this article would point towards a reciprocal nature of PGD, where grief has become troublesome due to societal developments that in turn have come to pass due to our relationship to death and grief, and that the individual experience of grief may also have become increasingly problematic. The diagnosis itself, in some ways, also seems to contain this paradox. It simultaneously locates to 'ailments' within the individual as specific forms of emotional pains and impaired functioning, all the while it also argues that these are to be viewed within the contexts of societal, cultural, and religious norms – without considering the fact that the implementation of such a diagnosis changes these same norms. Further research is needed that addresses the specific experience of temporality in grief, specifically regarding the diagnosis and society.

Seen through Bauman's concept of deconstruction, PGD is a way of disassembling grief into a variety of ailments that the individual must take responsibility for by designing a specific diagnosis – i.e. a deconstruction of grief. Coupled with Rosa's theory of acceleration, this must be done within a specific timeframe, since the gap between the arrested time of grief and worldly, flowing time grows rapidly and the return to worldly time is imperative. The reason grief persists as a problem, that we are now attempting to 'fix' by locating it within the individual and giving it a set amount of time to be resolved, is to be found at the start of this article and is concerned with grief's – and by extension – people's relationality.

Grief does not disappear, the individual experience lingers on, but the phenomenon in a societal context will also not vanish. There is a simple, almost banal, reason for this. Individuals are relational; they cannot avoid forming meaningful relationships. Without these, society and even individuality would not be possible. In the words of Levinas: *"[W]hat one calls by the somewhat tarnished term love is par excellence the fact that the death of the other affects me more than my own."*. Love is an unavoidable fact of human existence and therefore grief is an unavoidable fact as well. We cannot escape our own relationality and thus, grief persists. As this happens, it becomes problematic since our current society leaves less time and space for it, both for the individual and society as a whole. If grief is, as I argued, constitutive of selfhood and society, the current pathologization of it is troublesome since we are deeming what makes society and the individual what they are an illness, while the experience itself is also becoming increasingly difficult.

4.2 Recreational Grief as Resonance

- **Sociological notes on grief in popular culture**

Introduction

It has been said that we are living in an age of grief (M. H. Jacobsen et al., 2020) – we not only read about grief or watch movies and TV-shows about grief, but we also listen to music about grief and see plays at the theatre about the phenomenon. It appears, that anything that can be connected to, or seen in the light of grief, is now something many have an acute interest in. How has this come to be? Why are we so interested in grief – an emotion that is mostly defined as something negative (Charmaz & Milligan, 2006) – that we wish to spend our time reading, hearing or seeing things that focus on this painful experience? Death has for years been discussed and the debates as to whether or not we are living in an age of forbidden death (Ariès, 1981) or if we are living under the spell of a death taboo (Walter, 1991) have featured prominently in the academic research into death and bereavement. And as Tony Walter has pointed out, the nature of this taboo is difficult to ascertain, since death is seemingly still a taboo in some areas of life while not in others – i.e. that death is hidden, not forbidden, that we lack meaningful ways of speaking about it, and that society does not deny death, but the individual does (Walter, 1991). In popular culture we have seen a proliferation of things concerned with grief, which the different names given to this phenomenon shows, whether it has been dubbed *emotional rubbernecking* (DeGroot, 2014), *recreational grieving*, *mourning sickness* (S. O'Neill, 2004) or even *grief porn* (Behr, 2005). All these terms revolve around the interest in the suffering of others – often public tragedies, the death of famous people, and so forth, but also deaths of 'ordinary' individuals otherwise out of the public eye – and they all characterise this activity as containing some form of morbid curiosity.

Taking this heightened interest and increased publicity of this phenomenon, in the following, I will discuss the rising interest in grief within popular culture and thereby show how grief on a personal level may still be painful and difficult, but on a public level – i.e. at a safe distance – grief is something people engage with recreationally. Not because of morbid curiosity, but rather because what I dub recreational grief allows people to engage with difficult emotions that are contrary to societal demands and may lead to forms of resonance. This term, resonance, stems from the work of Hartmut Rosa and will be elaborated later in the article. As Jocelyn M. DeGroot (2014) points out, there is a touch of voyeurism in her study of memorials sites on Facebook, where individuals - who either only had a peripheral relationship with or knowledge about the deceased or didn't even know the deceased - spend time looking at these memorial sites, even sometimes commenting on or liking different posts on the page. Important to note here is that the term 'voyeurism' does not necessarily entail something negative – as DeGroot specifically points out, some of the people in her study observed the misfortunes of others in a somewhat pleasurable way, i.e. as grief porn, but most of them had positive agendas for engaging with memorial sites (DeGroot, 2014, p. 83). My interest in this paper is thus how this form of voyeurism might exist beyond the online memorial sites DeGroot identified and how recreational grieving has become something more commonplace – a development that is specific to our time, and I posit that this reveals an underlying socio-cultural mechanism. In other words: What societal preconditions have enabled our arrival at a point in time, where grief is a phenomenon that is actively sought out, engaged with, and popularised?

Certainly, in Denmark (but also in other parts of the 'West') the amount of focus on grief has exploded. The Danish National Television (DR) has made several documentaries on the topic, even devoting entire weeks of programming to grief, something they have not done before. Danish newspapers write about it often and also claim that we live in the age of grief (Sørensen, 2017). In line with this, the number of published books in Denmark alone on the topic (but also in English speaking countries) has seen a great increase – and these books are not a niche, but are instead talked about in the media and given a decent amount of attention (Hundahl, 2019). What is particularly interesting about these books – contrary to other books concerned with helping individuals cope with or handle their grief (see for example Dyregrov and Dyregrov 2018; Guldin 2019) – is that they are not 'self-help books' aimed explicitly at helping people. Instead, they are very intimate, painful, and personal stories concerning loss. This is the development I would like to discuss in the following. The overarching question is then why this has occurred? Of course, there are a multitude of answers to this[32]. However, in what follows I will discuss how recreational grieving – meaning grief that is done as a leisurely activity and at a distance where one is not intimately involved with the loss – might be seen from a societal perspective. I will attempt to explicate this thesis in three parts: Initially by discussing what grief is, how it is a painful emotion and how it relates to the death of significant others – both those intimately close to us and those with whom we may have a more para-social relationship[33] – but also how grief is now 'popularised' in contemporary culture and becoming a phenomenon people invest their spare time in. I will then argue that this heightened need for recreational grieving can be seen as a form of vicarious emotion (Stearns, 1994) that allows us to experience grief, at a distance, and that what individuals might be looking for, when engaging with books that deal with death and grief, are outlets. Furthering this argument, and trying to uncover more fundamental

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[32] It is worth pointing out, at this point, that I am aware of the fact that my own research – and the project to which it is attached – is also a part of this rising interest. It is not only in popular culture grief is on the rise, the amount of research and public debate about this has also increased.

[33] The term here draws on the work of Donald Horton and R. Richard Wohl on mass communication and para-social interaction, wherein they describe the experience of having relationships between individuals that do not have face-to-face interaction, but instead through mass media, as performer and audience (Horton & Richard Wohl, 1956).

mechanisms behind this development, it is discussed how the world might now seem mute to us and how a term such as resonance[34] (Rosa, 2019) – or the lack thereof – might explain both the increased need for this form of recreational grief and the inherent societal problems it reveals.

What is Grief? How it is Associated with Pain and Loss.

We all instinctively know what grief is. It is a universal and intrinsic part of human life that all individuals must encounter at some point in time. What differentiates it from loss in general is that it concerns permanent absence, through the passing of a loved one – specifically another human being (Petersen & Jacobsen, 2018). Life is then more or less always experienced with a certain form of grief, manifesting itself either as the fear of what might – and eventually will – be lost (Derrida, 1989), or the sense or experience of having lost. It is this sensation of loss and absence of something dear to the individual that is important, since it may be the one element of grief that makes it distinguishable from other forms of loss (M. H. Jacobsen & Kofod, 2015). Interestingly, Svend Brinkmann (2018a) has pointed out, that grief is not only about losing someone dear to you or losing shared possibilities with a loved one, since this implies that what is important in the experience is how this affects the bereaved. Instead, Brinkmann argues that what we grieve, in an ontological sense, is the fact that someone no longer exists (ibid., p.182). In grief we encounter the limits of existence, the ultimate absence of 'non-being' (Bauman, 1992, p. 13) or what Jean-Paul Sartre has called 'concrete nothingness' (Sartre, 1956). This fundamental fact is also the reason we may grieve someone whom we did not know. This way of conceptualising grief enables us to understand why

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[34] Resonance, for Rosa, is a form of relationship to the world, wherein both involved parties speak to each other and transform each other. Much like holding a vibrating tuning for close to another tuning fork, that then begins to vibrate and resonate. More on this later.

celebrity deaths may be grieved or why individuals grieve people they did not know through para-social grief (DeGroot & Leith, 2018; Klastrup, 2015). It is not a loss of possible shared experiences or opportunities that one grieves, but rather the fundamental fact that another person is gone – the nature of the relationship is passé. This form of para-social grief is highlighted to show that grief is not bound to exist between two intimately connected people, but rather that it can also be experienced 'at a distance'. This is part of what I further down discuss as vicarious grief, but not completely, since the death of a celebrity may cause an experience of grief, because of the para-social relationship.

However, vicarious grief may also be experienced without a para-social relationship existing – i.e. when reading a book or watching a play where an individual has no relationship to the author or actors, they may still experience grief. I'm pointing to the existential parts inherent in grief that are a prerequisite for being a human. Now, this is not to put all experiences of grief on the same footing and claim that they are the same; no experiences of grief are and the individual encounters with loss are as varied and diverse as every single relationship. Some experiences of grief may be short-lived and less severe, while others may cause significant impacts on an individual's well-being, thoughts, and entire existence (Jakoby, 2015). Of course, there are qualitative differences between varying experiences of grief – losing a life partner of 50 years or losing a child are not the same thing, and they both differ significantly from losing a beloved celebrity or more peripheral acquaintances. However, the point here is that grief, as an experience or emotion of pain caused by a permanent human absence (Petersen & Jacobsen, 2018), is not solely reserved for when someone very close to us dies. We may experience grief as more or less severe – depending on the nature of the relationship to the lost. Insisting on grief as a form of human absence is meaningful because this makes it possible to differentiate it from other forms of loss or absence – grief in the wake of another person's death is a specific emotion, that brings the bereaved face to face with death and the meaning of life (Petersen & Jacobsen, 2018). This is also why the current interest in grief is so peculiar, because it deals with something so deeply existential and so significant in the human experience, i.e. the limit of our own existence. Death is, in the words of Heidegger, what makes *Dasein* an individual (Heidegger, 1927), and though he argues that it cannot be shared, Simon Critchley has pointed out that death is, in fact, relational, i.e. we experience it and live the deaths of others (Critchley, 2002) and therefore grief is a deeply significant experience when discussing what it means to be a human.

Historically, grief has most likely always existed, but it has not always been handled, conceptualised, repressed or expressed the same way. Philippe Ariès' seminal work on Western attitudes toward death throughout history shows this. He described the removal of death and grief from the public sphere and the individualisation and privatisation of both (Ariès, 1974, 1981). Similar arguments can be found in the work of Geoffrey Gorer (1955) and as Peter N. Stearns and Mark Knapp have argued, during the middle of the 20th century grief was (1) discussed less and feeling rules were kept in place to make sure people were aware of this silencing of grief. (2) Grief was framed as something that needed to be reduced and this was done through therapeutic guidance and (3) intense grief was removed from childhood by parents (Stearns & Knapp, 1996, p. 141). This means that though grief and death are static phenomena – i.e. people have always died, and their loved ones have always grieved – the societal backdrop these things play out in front of has changed. Simply put, grief is an emotion mired in the norms and emotional structures of a given society at specific points of time (Brinkmann, 2019; Jakoby, 2012; Kellehear, 2007a; Kofod, 2017). Simultaneously it is constituting and constituted by society, and how we conceptualise, handle, exalt, express, repress or ignore grief at different times throughout history is intimately linked with society at large and what it means to be an individual within society.

What societal preconditions are then in play now? Why is grief now given so much space in popular culture? To support my thesis that this development may have been enabled by some sort of deficit in contemporary society – i.e. a lack of resonance as I will explicate below – it is pertinent to clarify what sort of grief in popular culture I am referring to, and how this differs from the points many earlier researchers such Ariès and Stearns and Knapp have pointed towards. Recently, Michael H. Jacobsen (2016) has proposed a new phase to Ariès' work called 'spectacular death', wherein this repression of death has been transformed once again and this phase: *'(…) revives, rediscovers, recycles and reinvents death'* (M. H. Jacobsen, 2016, p. 17). Interestingly, this notion has now been broadened to encapsulate what has been called the age of spectacular grief (M. H. Jacobsen et al., 2020). Grief is not silenced in the public sphere any longer. In fact, the academic literature on grief today is so diverse that it contains studies concerned with everything from the loss of a job (Papa & Maitoza, 2013), to financial losses (Jenkins et al., 2014; Shepherd et al., 2009), to loss of pets (Cordaro, 2012) – even the loss of a future through climate change is now being studied as a specific form of grief (Cunsolo Willow & Ellis, 2018; Cunsolo Willox, 2012). A quick look at the popular culture in Denmark alone, reveals that we are indeed preoccupied with grief and that we are discussing it constantly. However, a great deal of this discussion still focusses on our lack of openness towards grief, or our understanding of grief, and the feelings of solitude the bereaved experience (DR, 2017; Kamp, 2018; Knudsen, 2016). As mentioned, The Danish Broadcasting Corporation devoted an entire week of programming on the topic of grief and described the reasoning behind it as an attempt at illuminating how *'(…) to live with grief without the burden becoming too heavy.'* and *'(…) how to share one's grief with others in a tolerable way.'* (DR 2018 My translation). These programs thus try to teach individuals about grief through public service – but they simultaneously reveal a specific tendency about grief and offer up grief as a form of prime-time entertainment.

The quotes above show how grief is supposed to be handled: it mustn't be too heavy or burdensome and it must not interfere too much with the lives of those around us. Now, these quotes aren't substantial or thorough evidence, but they do offer an indication of grief in contemporary culture. Focussing on Denmark, while also acknowledging that similar tendencies are at play in Western culture[35], grief is everywhere. As with the Danish Broadcasting Corporation, major Danish newspapers have recently also focussed on grief extensively, writing entire papers, online articles, and special issues on the topic. The newspaper *Information* collected 9 different columns and op-eds in an online special issue (Information, 2017) and similarly *Kristelig Dagblad* released a massive collection of feature stories, columns and op-eds in a special issue, wherein they focussed on personal stories of grief from both ordinary people and celebrities, wrote about what grief is, how it is expressed in art, how it is handled and coped with, how it is being turned into a diagnosis and much more (Kristelig Dagblad, 2018). And again in 2019 they created a collection of articles revolving around similar issues (Kristeligt Dagblad, 2019). A yearly media competition, that is aimed at children in public schools between the ages 11 to 14 in Denmark, encourages children to write newspaper articles about a predetermined theme and they then compete for prize money. In 2019 the competition had grief as a theme, focussing on getting young people talking about death (Politken, 2019). All these elements are meant to enlighten and broaden the perspectives of people who engage with them, but they are also about entertainment – as a way of engaging with something out of the ordinary. It is, perhaps, because grief has become a 'spectacle'. Something to be talked about, read about, and 'entertained' by, but at a safe distance.

The current debate is paradoxical because it is continuously concerned with making grief more visible, less taboo and so forth in the public sphere – but it is also filled with concerns that the individual

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[35] For example one might look at things like the documentary *One More Time With Feeling*, which revolves around the musician Nick Cave and the loss of his 15-year old son, or a number of books like Max Porter's *Grief is the Thing With Feathers*, Lisa Appignanesi's *Everyday Madness*, or even the fact that the Danish writer Naja Maria Aidt's memoir has now been translated into English.

experience of grief is still lonely, painful and difficult as shown in tv-shows called *Alone in Grief* ('Alene i Sorgen' My translation DR 2017) and articles from bereaved that describe their surroundings' pressure to get on with life (Jakobsen, 2018). Interestingly enough – the first comment on Jakobsen's opinion piece criticises the writer for cultivating her emotions, i.e. lingering on them, or showing them of. As was alluded to in the introduction, this form of 'entertainment grief' has been dubbed different things, such as recreational grief, mourning sickness, emotional rubbernecking, or grief porn. The fact that grief is described as a form of rubbernecking – a term used to describe motorists who slow down while passing by accidents, also called accident gawking – shows that there is a desire to look/stare at these emotions, but also that doing this is looked down upon. The same can be said about the term grief porn, where an intimate feeling is sold as something pornographic (Behr, 2005). Mourning sickness is closely related and describes collective forms of grief, that are still recreational – but also directs attention towards the media who cover deaths in an intrusive manner (S. O'Neill, 2004). These terms, as mentioned earlier, are all somewhat pejorative and I would argue that this misses a broader understanding of the phenomenon. Engaging with grief in popular culture is not just about morbid curiosity or staring at the pain of others by emotional rubbernecking. Instead, I would argue that there may be other reasons for doing so, that relate to underlying societal conditions.

It seems now that grief is a part of popular culture. However, ascribing this tendency to things like morbid curiosity or some sort of personal flaw or deficit in character seems to me like a simplistic answer to a complex paradox. As described earlier when mentioning the work of DeGroot, this form of voyeurism is not necessarily a negative thing. The terms of grief porn, emotional rubbernecking, and so forth, all tend to make recreational grief seem like a guilty pleasure, in the sense that they describe these forms of grieving as fake or voyeuristic. In my view this is problematic, because this way of treating it does not give a sufficient or adequate explanation as to why there is such a focus on grief in popular culture, and it does not seriously take into consideration the societal conditions and developments that may have led to this phenomenon. To be clear, what I am attempting to discuss is why grief has been popularized and how we might understand it, since grief usually refers to a painful and unwanted experience. I am thus not problematizing this voyeurism itself – in my view that would miss the bigger picture – instead I am trying to see what might have enabled this, i.e. what underlying societal conditions have led us to this point. I would argue that this is what is interesting: what are people looking for when they are engaging with grief vicariously or through what I call recreational grief? I would argue that popular interest in grief is different from other forms of vicarious emotions, such as fear or excitement, because grief is such a deeply existential and foundational emotion (Brinkmann, 2018b) that is essential when it comes to what it means to be a human. Therefore, in the following, I will expand my thesis and look at how we might see these vicarious emotions as a specific tendency in modernity.

Vicarious Emotions and Recreational Grief

In Peter N. Stearns' classic book *American Cool* (1994), he discusses the transformation of emotions from Victorian to contemporary American culture, and what the consequences of these transformations were. Of interest, regarding this article, is his discussion of the need for outlets in American culture. His argument revolves around how American culture sought to repress the general intensity of emotions over time – and to a large degree succeeded. He argues that: '*The trick was to control or conceal, not to escape altogether.*' (Stearns, 1994, p. 264). Since the emotions were only concealed, they still endured and thus a need for outlets arose. Stearns points to different forms of outlets that allowed for this, namely things like sports, therapy, and fiction. Though he does not in this work write specifically about grief, he has done so elsewhere (Stearns, 2019; Stearns & Knapp, 1996) and has argued that grief has undergone similar transformations as other emotions he describes in *American Cool*. Stearns argues, that whether or not some forms of emotions are basic (i.e. that they are biologically or psychologically programmed in) is not the most important question, rather it is to what degree they have been suppressed or emancipated by the feeling rules and norms of their historical context that is interesting. When it comes to grief we can see, as mentioned, that the more recent spectacular nature of grief, has made it seem less suppressed in public, but that this does not necessarily alleviate the individual difficulty of grief – not to mention that we are also living in a society where grief can now be viewed as something pathological (Granek, 2010). This means that the culture of grief now contains a paradox that both enables and suppresses it, thus opening the need for outlets, as Stearns pointed towards. Similar arguments can be found in the now classical essay by Geoffrey Gorer wherein he puts forth his notion of the pornography of death (Gorer, 1955). Gorer points out that as death and sex shifted places through modernity, it was death that became hidden and pornographic and sex that was liberated – grief followed suit and became almost akin to something like masturbation; an act that was reserved for the individual and kept private (Petersen & Jacobsen, 2018). However, as Gorer points out, the suppression of death does not remove the interest in it – this is exactly what makes it pornographic.

I would argue that this also partially explains the rise in our current age of grief and the heightened interest in grief. As death became pornographic, and grief along with it, the old adage 'sex sells' could now be replaced by the phrase 'grief sells'. This is evident in the term *Grief porn* that is used to describe this development. It sells, because we have a need for this form of vicarious emotional experience, since we lack the space for it under the emotional norms in society. Reading about personal narratives of bereavement – or watching documentaries or listening to music – allows us this 'leisure', since emotions can be understood and experienced this way. As Jack Barbalet (2002, p. 4) points out: '*Novelists can produce in their readers an awareness of a character's emotional state by merely indicating the situation and relationships they are in (…).*'. The same applies to things like movies and music. We know the emotions felt during certain experiences; therefore, it is possible to vicariously experience them through reading about it and grieving at a safe distance – as a recreational act. And, as mentioned earlier, this is different than grief felt through para-social relationships. Now, as I have pointed out, one could argue that individuals who are interested in reading about the suffering and pain of others are nothing more than voyeurs, fulfilling some form of morbid curiosity. However, my thesis is that this would be a too simplistic and demonizing way of understanding it. I would contend that the ways in which we seek these forms of vicarious emotions – the increase in recreational grief – reveals something more. Stearns argued that a certain ideal of coolness had permeated society and made everyday emotionality bland. Though this analysis certainly is valid today, the argument I am making here is that contemporary forms of recreational grief are – despite also being a form of vicarious emotions – qualitatively different than the forms of leisure activities analysed by Stearns, but also that contemporary society is not only marked by an ideal of coolness, but also productivity and acceleration (Rosa, 2015). Where Stearns argued that vicarious emotions took the form of leisurely activities – like watching a horror movie to experience fear or watching sports to experience a sense of intense excitement – recreational grief may still be a leisure activity, but it is marked by a deep focus on existential pain and suffering. Thus, it now seems people are invested in reading and vicariously experiencing very intense descriptions of grief and not in secret or as a tabooed preoccupation. These books, movies and so on, invites us into a very intimate and raw exposition of painful emotions. Some examples of these literary expositions of intense emotional suffering can be found in the works of Naja Marie Aidt's book about losing her son Carl (Aidt, 2017), Esben Kjær's book on losing his 7-year old son (Kjær, 2016), Louise Juhl Dalsgaard's on losing a loved one to cancer (Dalsgaard, 2019), Amalie Langballe's book on losing a mother (Langballe, 2019), Julie Top-Nørgaard's book on losing her father (Top-Nørgaard, 2016) or Maria Gerhardt's book on her own slow death (Gerhardt, 2014). The list goes on and shows how the number of books on grief is large – with the abovementioned examples being interesting, precisely because they offer no clear advice and because they all, in varying degrees, contain criticisms of our current culture of grief. They do, however, perhaps offer what can be called oases of grief – figuratively speaking they are places to engage with grief, which are not available in the contemporary quotidianity of existence.

Something similar to this argument can be found in Paul C. Rosenblatt's work on individuals who grieve while driving (Rosenblatt, 2004). In this arguably anecdotal evidence, it is described how bereaved individuals reserve grief for when they are alone in their vehicles and driving, because at these points in time: *'They are free then from the distractions and monitoring of other people and the demands of work and home life.'* (Rosenblatt, 2004, p. 683). This suggests that grief needs places free from the watchful eyes of one's surroundings, but also that these places are free from societal norms and structures – they become emotional outlets. The need for this in contemporary society might be explained if we look at how grief is contrary to norms and ideals in a high-speed neoliberal society, as pointed out by Mary Ellen MacDonald (2019). Grief is characterized by being, in several ways, the opposite to present-day ideals of growth, productivity, flexibility and so forth – it is slow, burdensome, unproductive and there are no quick-fixes. As Macdonald points out, grief is set within a neoliberal framework of understanding where the phenomenon is often seen in relation to the workplace or the societal costs of people being bereaved, due to sick-leave and unproductivity. She exemplifies this by referring to a report, in *'(…) which metrics calculate the threat of grief to business's bottom line.'* (Macdonald, 2019, p. 130). One can find similar arguments in a Danish context, where the implementation of the diagnosis *Prolonged Grief Disorder* is framed within an economic discourse, that is concerned with how much money these supposedly sick individuals cost society (Engelbrekt, 2016). The personal narratives are free from this – they explicate experiences of grief in a way that elicits emotions and I would argue that they offer oases akin to the experience of driving alone that Rosenblatt pointed to. They do, however, also exist within certain cultures, meaning they are both policed by the specific norms of a certain culture and help transform it (Jakoby & Anderau, 2019) – these works are, in some ways, a direct link for researchers to look into the grief of others, but also the more general culture of grief, since the way they are received and scrutinised by the public reveals a great deal. Novelists, painters and artists in general have a way of opening for and revealing things scientists cannot – grief is a very clear example of this and the way these emotions are evoked in art encapsulates them in ways far superior to any rigorous academic approach.

What are we looking for then, when we read these books if not just some form of excitement or leisure, in what Stearns might describe as a world where grief is left less and less space because of the emotional norms that surround it? I have so far argued that grief is a foundational emotion that, in many ways, is connected to what it means to be a human being. I have also argued that grief does not necessarily have to be experienced intimately but can also be experienced vicariously – as a form of outlet or what I called oases of grief. In the final part of this paper, I would like to bring forth some points from Hartmut Rosa's recent book on resonance, and discuss why we – in a society that according to Rosa lacks resonance and also the possibility of achieving it – seek grief vicariously as a way of achieving resonance and perhaps, however recreational and momentary it may be, reconnect with a silent world and a sense of community. This does not go against the arguments emphasised in relation to Stearns, instead it attempts to further these and look at an even deeper more underlying tendency in modernity that has led us to a point where emotional life, in Rosa's perspective, is perhaps marked by a more accentuated form of silence and emotionlessness – what Rosa describes as the world becoming mute and hostile (Rosa, 2019, 2020b).

Why Wo We Want This? On the Silence of the World.

To unfold all of Rosa's work on resonance is, without a doubt, an impossible task in an article as this one – instead it is a more general introduction to parts of Rosa's arguments that will be discussed.

Specifically, I will attempt to look at how engaging with painful and existential narratives of personal grief might take form as a kind of resonance-seeking activity; one that is, to some extent, more needed in contemporary modernity. His theory of resonance holds some very original and interesting perspectives on the social that I would like to draw out in this article. Chiefly amongst these is what resonance is, why we constantly seek it and need it, and why there is a lack of it – or rather why contemporary social life is characterised by alienation.

Due to his stance as a critical theorist, Rosa characterises resonance as both a descriptive and a normative concept. The term resonance is meant to convey both a way of seeing the world as it is, but also how it ought to be. To begin with, it is worth highlighting what resonance is. According to Rosa: '*Resonance is a kind of relationship to the world, formed through af←fect and e→motion (…) in which subject and world are mutually affected and transformed.*' (Rosa, 2019, p. 174). This means that resonance is not an emotion, but instead a relational mode of being or state that is neutral regarding emotional content. Rosa argues that not only are emotions within a relationship, but that this relationship constitutes the possibility of the good life through its degree of resonance for the individuals involved. Here we meet several obstacles regarding the topic of this article: where does grief, as an emotion, fit within this conception that holds that emotions are in relationships and that these relationships somehow can be resonant? Since grief, as stated earlier, relates to permanent human absence, can we talk about a resonant relationship with emotional involvement, when there isn't a relationship between two living individuals? How about between an individual and a book concerning a personal loss? And furthermore, how can something so painful and even debilitating for individuals be resonant?

For Rosa, the emphasis here is on the fact that resonance is a form of relation – this means that meaningful and resonant relationships are not dependent on the nature or form of the emotions they elicit: '*This is why we can love sad stories.*' (Rosa, 2019, p. 174). What we love is not the emotion of sadness the story evokes in us, but instead the resonant impact that the story and this emotion imparts on us – and here we already begin to see what some of the current literature on grief enables. In this way, resonance is not only possible in relationships between individuals – instead Rosa points to how resonance is a form of world-relation where both subject and world meet and transform each other (Rosa, 2019, p. 172) and that resonant relationships also can be between a subject and an object, i.e. music, works of art, and so forth. This, however, poses an immediate paradox in theoretically conceptualising grief: As Rosa argues, a relationship is thus resonant exactly when the involved subjects and/or objects resonate and transform each other – and he emphasises that a relationship is only resonant if its parts speak to each other. He then contrasts this with the metaphor of the echo, wherein a subject may engage in a relationship and call out to another subject or object, but there is not a meaningful answer, or a response that speaks back – only an echo that does not transform either of the parties involved. As Rosa points out, resonance is only possible due to its ephemeral nature – it is characterised by being momentary and elusive (Rosa, 2019, p. 185). We cannot completely appropriate our surroundings and thus make all relationships resonant, since then they would cease to be resonant. In this way resonance, in some ways, mirrors what Alastair Morgan (2014) has remarked about the paradox of happiness, which is that focussing on it results only in its disappearance. Resonance is thus constituted by its other, that which Rosa calls alienation. Alienating relationships are characterised by their meaninglessness or their muteness – they do not 'speak' to us (Rosa, 2019, p. 178).

Now, what Rosa has proposed in earlier writing (Rosa, 2003, 2014, 2015) and also in his new work, is that the world and social life is accelerating, making life illegible for individuals and this means that we experience more alienation. What the concept of resonance points to is that the world – due to increasing acceleration – has fallen silent and mute to us. Since modernity is focussed on progress and rationalisation, we also adopt this way of seeing the world into our being-in-the-world – and in many ways Rosa's argument mirrors arguments made by researchers such as Gorer, Ariès, Bauman, and so forth, that have described rationalisation as problematic for our relationship to our own finitude and grief – this process of rationalisation leads to medicalisation, professionalisation and so on. It makes the world calculable and controllable, but by doing so, it removes uncontrollable elements and it is these uncontrollable elements that are constitutive for resonance (Rosa, 2020b). Death is no longer a fact of life as much as it is a technical problem to be dealt with and 'solved' (Ariès, 1974; Bauman, 1992). Rosa traces this development through the history of literature and philosophy (Rosa, 2019, p. 320) and shows how in the works of many, from Kierkegaard to Beckett, to Nietzsche, to Goethe, to Shakespeare and more, that what they describe in their narratives and works are muted and alienated relationships to the world. Camus' Meursault from *L'Étranger* (1942) in many ways encapsulates the point being driven home here – he is alienated from the world around him, feeling like a stranger to everything. In the novel he in fact only seems to connect in instances that may be described as relations of resonance; for instance, as he swims in the ocean. Thereby showing how resonance is not an emotion per se, but rather a form of relationship to either another person, an object, nature, art and so forth, wherein both subject and object are transformed. For Meursault this happens in the ocean, where he feels free and in tune with the world and himself.

Can grief then be resonant? Hereby meaning, how might we understand the experience of grief through the lens of Rosa's theory of resonance and alienation? We are accustomed to thinking of grief as a painful and negative experience, but one might come to see that resonant relationships can lie at the heart of something like the theory of *continuing bonds* as put forth by Klass, Silverman, and Nickman (1996) and more recently in 2018 (Klass & Steffen, 2018). In this theory, what occurs in bereavement is that a significant other perishes, but the relationship lingers on. This means that a bereaved individual can have an ongoing symbolic relationship to the deceased and within the framework of Rosa's resonance theory, this relationship could be resonant – a person could be said to both transform oneself and the significant other, through the structuring of a symbolic relationship and the integrating of a deceased into lived life, and though this is painful and sorrowful, it may still be a resonant. As mentioned earlier, relationships are in many ways lost when one part of it dies, but the ways in which the bereaved then integrate or live with this, may depend on whether the continued relationship is a resonant one. If a continued bond is upheld, the bereaved may experience resonance at points in time – i.e. when talking to the deceased, visiting graves, shrines, memorials, and forth, or just by thinking back on the time before death. If this does not occur, the relationship becomes what Rosa calls alienating – there is no response and the bereaved is left with only the echo of a relationship. This might be what bereaved individuals experience when they describe how everything seems 'off' in the daily lives, that they have difficulties engaging with others, with work, with different daily activities or that the flow of time seems wrong – they are experiencing extreme forms of alienation where everything seems mute, indifferent or even hostile.

Now, what I am proposing here is *not* that grief can, at the very moment of death, be resonant and will continue to be so. Instead, I am arguing that we might understand the experience of grief as constantly alternating between resonant and alienating experiences, and that, as with everything else in life, they are dependent of each other. One cannot experience the forms of resonance in grief without also experiencing alienation. And, more importantly, when it comes to using the normative aspects of Rosa's theory, these forms of relationships are socially embedded. As Rosa points out, the problem of modernity is that it lacks the conditions for the possibilities of resonant relationships – there is simply less space and time to experience resonance, due to the social world and its ideals of controllability and mastering of all elements of life (Rosa, 2020b). Grief is a social emotion (Jakoby, 2012) and the ways in which it is experienced, subdued or scaffolded by the social is important for the experience. Affective states are socially scaffolded (Colombetti & Krueger, 2015) and so the experience of grief is simultaneously enabled and restrained in accordance to given social norms, through the things that surround each individual – i.e. through material culture, other people, and so on. A point to be made here is how the current pathologization of grief is part of this – it is a certain way of viewing or 'handling' grief that has implications for the experience of grief (Lund, 2020a). If there is pressure to get over it within a given timeframe there is perhaps also less space for resonance in the experience.

My suggestion is then, that an increased interest into personal descriptions of grief and bereavement may, to some extent, be enabled by their capability to create space for resonant relationships between subject and world – as I described them earlier, as possible emotional oases. What these books enable is thus not just a vicarious experience, caused by the need for an outlet. Instead, they become ways of experiencing a form of resonant relationship. As the short detour about first-hand experiences of grief and how they may be alienating and resonant pointed towards, grief may contain relational experiences that are resonant. As Rosa points out, art is a form of vertical axis of resonance, that offers itself up as a way of meeting our existential desire for resonance (Rosa, 2019, p. 268). We thus seek different ways of establishing resonant relationships to the world through phenomena like those Stearns highlighted. I would argue that the current attention towards grief might be one of the most acute expressions of this. When we experience art as resonant, individuals often describe how a given experience with art has 'changed their lives' or 'given them a brand-new outlook' – this is because they have experienced a resonant relationship that has transformed them. In a passage in Rosa's book he describes this as well and comments on how our engagement and involvement with art lets individuals 'test out' or 'rehearse' different ways of relating to the world and thereby moderate and transform themselves and their relationships to the world (Rosa, 2019, p. 286). As Rosa points out, our existential axes of resonance may involve art, music, and reading (Rosa, 2019, p. 173), and these spaces are necessary for living a meaningful life

Within the theoretical framing of this article, what I have called recreational grieving is, to a certain extent, made possible by an increasingly alienated, mute, and accelerating world. Thus, the need for seeking out and re-establishing resonant relationships grows. As mentioned earlier, grief is an unproductive experience. One that is antithetical to the given neoliberal ideals of society – it is slow, demanding and creates no 'value' in an economic sense – and these characteristics have no place in a neoliberal and accelerated world that focusses on production and domination of nature and the self (Rosa, 2019). This means that the need for spaces where this emotion can exist rises – we strive to find oases of resonance – and engaging vicariously with grief may act as a short-cut towards this. We see this in the both the interest in grief, but also in the expressions of grief themselves in art and popular culture. A poignant example of this, as Brinkmann (2018b) has pointed out, could be found in the tv series *Black Mirror*, where a widow gets a copy of her deceased husband in the form of an android that contains the mannerisms and memories of the real husband. However, she cannot love him because he is not *him* – but instead only a copy *("You're just a few ripples of you. There's no history to you."* as she points out). Here we see art discussing grief – and in fact it also fits with Rosa's analysis. Grief is alienating, but it can also not be 'fixed' by a copy of what has been lost, since it remains a copy or an echo. Of course, this is a science fiction tv-show, but it is a very acute example of art that encapsulates what grief is, much better than most scientific literature attempting to figure grief out.

Similarly, Naja Marie Aidt's book spends time on criticizing her surroundings and is also highly vocal in its critique of the psychological help she is offered (in the book her psychologist 'tests' whether or not she is suffering from Complicated Grief (Aidt, 2017)). Also, Lisa Appignanesi's book *Everyday Madness* spends time contrasting and criticizing her surroundings, as she lives in the wake of her partners death. In Denmark Esben Kjær, who has written a book about the death of his son, has in said book been very critical of his surroundings' way of handling his grief – both his own friends, but also the culture of grief in Denmark. And these critiques have also made him a popular figure on TV, radio, and at events about grief, while his second book has also contained critiques of the contemporary conditions in which grief is experienced (Kjær, 2016, 2019). The other Danish grief memoirs mentioned earlier, all, in varying degrees, contain reflections concerning the world around them – either how their grief is received by those around them or how the world trudges along in its absurdity. In this way, these memoirs become oases of resonance, both by letting their readers vicariously experience a form of grief that may connect them to existential axes of resonance – something which modernity continuously diminishes the conditions of possibility for – but they also become objects that criticize contemporary grief culture. For the readers, this could mean that what I have called recreational grief, is not just about experiencing resonant relationships to these works of art or sharing a sense of community in a mute and hostile world through this experience, but also engaging with a critique of said social environment. We can understand these works of art in this manner, both in their relationship to the consumers of them, but also in their form as active critiques of the world they exist in.

Concluding Remarks

I would argue that the current influx of grief in popular culture reveals that individuals in society are longing for resonant relationships and that (re-)connecting with an emotion such as grief allows individuals to experience resonant relationships, although we may describe the grief experienced herein as grief-by-proxy. They need this since society leaves very little room for resonant relationships because it is characterised by productivity, acceleration, and domination, and thus the need for what I have called oases of grief is created. As discussed, regarding individuals who grieve while driving, grief needs places free from societal norms and ideals. This general 'escape' from norms and ideals of society may be one of the reasons we now seek out experiences of grief vicariously; it connects us to an existential and possible resonant relationship with the world, ourselves, and others. Grief in popular culture is thus a way of connecting with a form of existential axis of resonance for the individuals who engage with it, and many of the works of art, be they memoirs, fiction, movies, and so on, also engage critically with the contemporary societal conditions under which grief is experienced

– they actively resist the tendencies of acceleration and alienation that Rosa points out.

What I would like to stress in this conclusion is thus, that engaging with grief in popular culture – what I have called recreational grief – is not just some form of morbid curiosity or voyeurism, where the pain of others is consumed for enjoyment. Conversely, I would argue that the preoccupation or interest in grief is perhaps driven by an increased need for existential axes of resonance. One might ponder if the words used to describe the engagement with grief in popular culture, i.e. grief porn, mourning sickness or even how the word recreational grief is usually used, instead convey a troubling notion of the space left for grief in the public sphere. My goal by using the word recreational is instead to argue that we can engage with grief in popular culture in our free-time and that we do this because we have an existential need for this engagement. These books, movies, and so on establish oases of grief that both create the conditions for the possibility of resonant relationships, while also highlighting the lack of these possibilities in our current societal conditions – as forms of resistance against acceleration and alienation. Often grief is understood as painful and unwanted – it is an experience that inherently is shattering and alienating, and it manifests the muteness of existence in a very concrete manner. It is strangely easy to understand why it is often hidden – and even at times forbidden. However, this does not mean it cannot also, at times, be resonant. Just as one intuitively may consider love a resonant relationship, grief must also be considered in this manner. We cannot have resonance without alienation, and we cannot have love without grief.

4.3 Prolonged Grief Disorder

- **An implementation gone awry and a researcher going gonzo**

Introduction

In 2017, the research centre, *The Culture of Grief*[36], was established at Aalborg University in Denmark. The goal of the centre was to research grief from different perspectives, and hopefully give a tentative outline of the current culture of grief. The motivations for doing it at that point in time, were to be found in the International Classification of Diseases (ICD-11), which would be released in 2018 and fully implemented by 2021 (World Health Organization, 2018). In this manual, a new disorder had arrived, called Prolonged Grief Disorder, which meant there was a specific diagnostic classification dealing with grief. At the research centre a Ph.D.-position was established, which aimed at researching the diagnosis' implementation in Denmark from a sociological perspective, and that position was given to me. As I began settling into my position, it slowly became clear to me that the diagnosis wasn't here yet and that it had been delayed without any clues as to when it would be implemented. This left me – at the time being – without an object or phenomenon to research. My plan had been to see what happened when the diagnosis came, who received it, what it did to and for them, who gave the diagnosis, and what their thoughts about it were. All of this was thrown to the wind shortly after I was hired. Suddenly, I had no place to gather the data I needed, and I had no

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[36] https://www.kommunikation.aau.dk/forskning/vidensgrupper/cqs/sorg/culture-of-grief/

informants I could interview about their experiences with the diagnosis. I had suffered a breakdown[37] in my research (Alvesson & Kärreman, 2011). I mulled endlessly over my research and my inability to focus and rethink my project – even considering what I was doing in this job and if I should find something else to do with my life. In what follows, I will try to tell the story of how this changed through what I later came to call a form of gonzo[38] sociology or research (Kumm & Pate, 2018; Sefcovic, 1995; Wozniak, 2014). Thus, this article is not just a methodological discussion and neither a report of my findings, instead, adhering to gonzo research, it is the story of how my research and choice of methods came about, told as a narrative. Therefore, the article veers drastically from conventional academic style and writing. I do this attempting to both show how research is often messy, how I went about grasping that messiness, and perhaps taking a small step further in the advancement of 'gonzo sociology' as a form of research methodology.

I begin by introducing the instigating elements of my work, how my research broke down, how my research took form as a mystery, and how I partially 'solved' this mystery through a gonzo approach and what this entails from a ontological and epistemological perspective. I then begin by telling the story of how I went about my research and in this process came to realise how to do my research, what I was researching, and what was

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[37] The term 'breakdown' is here meant to convey a methodology that incorporates: "*(…) encounters between theoretical assumptions and empirical impressions that involve breakdowns.*" (Alvesson & Kärreman, 2011, p. 15), i.e. that the process of work has broken down like a machine or an engine and not a breakdown in the sense of a mental breakdown.

[38] Gonzo is here referring to the works of Hunter S. Thompson and his Gonzo Journalism. I will expand on this later, but suffice to say it is a dubious word that is both a compliment and a detriment – it can mean that something is crazy, eccentric, odd and it can even refer to the last man standing after a night of drinking (Thompson, 1997). For me, it is a word that points to the style of writing and methodology – a specific form of ethnography that entails immersion, a first-person narrative, and tongue-in-cheek writing.

important. This is a narrative driven by my gonzo approach to both doing and reporting my research. I tell the story of certain key moments and incidents in my time as a Ph.D.-student that both made me aware of what was at stake with the implementation of the new diagnosis and how I needed to do my research. I end with a short discussion of my methods and what my research has shown about the process – and lack thereof – of implementing a new diagnosis in a Danish context.

Section 1 – How Nothing Turned Out the Way I Wanted It To and What I Did About It

Breakdowns and Mystery

One point that is important for me to get across, is that how my research played out and how I conceptualize it now, came after the fact. I had, in fact, nothing that resembled a clear research design as I began collecting data and doing field work and only had vague ideas of where to look. I realise now, that this way of thinking about qualitative research is, in several ways, a benefit and 'mucking about' (Van Den Hoonaard, 2011) is a viable way of approaching research design that may lead to epiphanies. Two things became central for my happenstance form of methodology: The idea of breakdown-driven research (Alvesson & Kärreman, 2011) as a form of abductive[39] reasoning and the concept of 'gonzo sociology' (Wozniak, 2014). The idea of research as breakdown-driven is, obviously, meaningful

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[39] Abductive here means a way of reasoning inspired by the works of C.S. Peirce. As Brinkmann (2014a) puts it the abductive researcher is a: *"(…) tool-user, the bricoleur, the craftsperson, as the ideal qualitative researcher. Unlike induction and deduction—both of which address the relationship between data and theory— abduction is a form of reasoning that is concerned with the relationship between a situation and inquiry."*

since my research was instigated by a breakdown – one that involved my own design, but more importantly was involved with the implementation of Prolonged Grief Disorder in a Danish context and the fact that this work was in the midst of breaking down as I began researching. As Alvesson and Kärreman (2011, p. 16) discuss, doing qualitative research is about the construction and the resolution of a mystery. Writing meaningful and good social science is akin to writing a good detective story[40]: You discover something mysterious and attempt to resolve it by the end of the text. Now, this might seem closer to fiction than science, but it is important to note that the point here is *not* that you write a fictitious story concerning whatever you feel like. Instead, it is about conveying the given research in a meaningful manner – for me this has 2 intentions: Writing an article that discloses the points in a style that is pleasing and exciting, and, more importantly, because my actual research had a sense of this unfolding mystery.

The nature of the phenomenon I was researching is best conveyed through my experiences. Not that my research is to be understood as a neat, linear, packaged story with a beginning, middle and end, but it still had a sense of figuring out what this mystery meant. Writing this form of detective story is not just something that 'happens' – it requires skills and academic know-how to find a mystery and tentatively resolve it. For me this meant using my background as a sociologist. It meant using my sociological imagination, as C. Wright Mills (1959) put it. It meant seeing what was happening in the light of my craft and my intellectual background – it became a question of seeing how individuals construct certain social milieus

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[40] Alvesson and Kärreman are inspired by Johan Asplund (1970) here, but also argue that his form of social theory was what we might call armchair sociology and thus removed from a lot of empirical data. For Alvesson and Kärreman, as well as for me, this notion of writing a good detective story must be based on empirical evidence. The mystery and breakdowns must be found in the empirical evidence and the story must be written in an interplay between theory and empirical evidence.

and how these reference society at large (Mills, 1959, pp. 132–133). It does not mean going out into the world and testing a certain theory on empirical evidence. Instead, as Michael Burawoy has put it, it is about using an extended case method to connect the personal troubles of the milieu to the public issues of social structure (Burawoy, 2007; Burawoy et al., 1991, p. 6). It is a question of seeing the reciprocal nature of face-to-face interactions and larger societal tendencies as they inform and influence each other.

Now, I am not going to have an in-depth discussion of my ontological or epistemological position here, but suffice to say that, like the rest of my research, this position is a bit messy. Using my sociological imagination and going about this as a form of detective story is an attempt at uncovering or unearthing a ‘reality’ that is both partially hidden and complex. As this article is part of a larger, now finished, dissertation, I develop my ontological discussion further elsewhere; but I will still position myself here. I am predominantly working within a critical realist position (Bhaskar, 2016), though without swearing any form of allegiance to it. By doing this, I have, through the work presented here, attempted to discover different tendencies and mechanisms that may have enabled our current culture of grief. However, this position and its ‘deep’ ontology or realism is not, as many would believe[41], necessarily incompatible with more discursive or even post-structuralist positions. Indeed, using a more discursive and ethnomethodological approach to the world, is in no way detrimental or opposite of a critical realist position. This is a large discussion concerning the nature of reality and how we conceptualise it, but for the sake of this article’s argument, it should be enough to say that my position is in between these. I see the social as discursively constructed, but the nature of ‘reality’ as such is always just out of our reach; thereby ‘reality’[42] becomes the

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[41] See Elder-Vass, 2012; Smith, 2010, 2015 for both discussion and critique of post-structuralism, symbolic interactionism and so on, from a critical realist position.

[42] I use the term ‘reality’ pretty loosely here, but it more or less coincides with the deepest level/domain of critical realism’s stratified view of the world, i.e. the domain of the real.

condition of possibility for the world as it is. What differentiates these positions, such as post-structuralism or discourse theory and critical realism, is a complex question with complex answers, but they are not wholly incompatible as Roy Bhaskar and Ernesto Laclau have discussed (Bhaskar & Laclau, 2013). Basically, it boils down to whether or not you see reality as completely discursive or if there is something 'real' out there, before our descriptions of it – Laclau would argue that what Bhaskar calls reality, and the scientific endeavour to uncover it, is a discourse in itself and thus not an attempt at uncovering reality, but only creating it. Conversely, Bhaskar would claim Laclau is committing an epistemic fallacy by taking what is seen or what exists in language as everything, thereby conflating our discursive construction of the social with 'reality'. For the sake of this article, I am looking at how something is discussed and talked about as my empirical evidence – thereby necessitating a methodology such as the one in gonzo research.

Doing this requires intellectual craftmanship (Mills, 1980), which entails 3 things: (1) no division between theory and method, (2) no division between work and life, and (3) a reservoir of materials one can draw on (Ingold, 2011, p. 240). For Mills, this last point comes in the shape of notes that contain 'fringe-thoughts' from everyday life, experiences, conversations from a variety of places, and even dreams (Mills, 1980, pp. 64–65). The first point entails the work I've done, since working in the manner I have, calls for a constant back and forth between what I've done – i.e. my gonzo approach – and the theories I apply in my work. This means that the 'mucking about' I mentioned earlier and the breakdowns I experienced, led me to certain theoretical ideas that developed as I made my way into the field of grief research in Denmark. It also accounts for what you are reading right now, which has no clear distinction between what I did, how I did, why I did, and what I learned. Using gonzo research as an approach demands a certain way of telling about one's findings that are at once narrative, methodological, and theoretical. This also accounts for Mills' second point, which is something many researchers probably experience: My research became a huge part of my life, everything was suddenly empirical evidence and it required some skill to separate the two. Doing gonzo research is, to some extent, a 'way of life' or more precisely a 'way of life and research'.

Of course, what I am looking at, i.e. the phenomenon in question, is not a completely new discovery. The fact that psychiatric diagnoses are contested is not news-worthy any longer. Thus, I am fully aware of the work done by others in a similar vein as mine, either as personal narratives of the problems inherent in the DSM-5 as described by Allen Frances in his work, *Saving Normal* (Frances, 2013) or explorative critiques as in Gary Greenberg's, *The Book of Woe* (Greenberg, 2013). Even works such as Emily Martin's, *Bipolar Expeditions* (2007) cover similar ways of approaching a phenomenon and the work of Allan Horwitz and Jerome C. Wakefield in *The Loss of Sadness* (2007) has also aimed important critiques at psychiatric diagnoses before. Furthermore, the research group I am a part of is, in some ways, a continuation of a previous research group on Diagnostic Cultures (Brinkmann, 2016; Brinkmann & Petersen, 2015; Brinkmann, Petersen, Kofod, & Birk, 2014). Therefore, the story I am telling is not completely new or wholly original, but the reason for this story needing to be told is that it is about a new diagnosis and because the story plays out in a specific Danish context. I am thus aiming at telling a story and by doing so both highlighting the problems with the implementation, the difficulties of doing the kind of research I have been doing, and furthering a particular way of reporting and doing said research – i.e. through gonzo research as a concept, which I will explain further now.

Going Gonzo

I would argue that working in the manner I have, is a form of abductive reasoning. As Brinkmann has pointed out, abductive reasoning is used in uncertain situations where something is happening that needs to be understood or explained (Brinkmann, 2014a, p. 722) and this is almost precisely how the beginning of my research was. The second thing I mentioned that became important for me was the notion of 'gonzo sociology'. This has to do with the *how* of the abovementioned reasoning – the way in which I collected empirical evidence. Gonzo is a reference to the form of journalism mostly associated with Hunter S. Thompson and the books he penned, wherein he applied this form of reporting; most famous amongst them are *Fear and Loathing in Las Vegas* (Thompson, 1971) and *Hell's Angels* (Thompson, 1967). As a form of research method, gonzo is focussed on similar dogmas as the ones in Thompson's work: The point is to go out into the world and 'do it' (Wozniak, 2014, p. 454), relying on first-hand narratives and ethnographic immersion into areas that are messy, complicated, and perhaps even dangerous. Now, while I don't claim to boldly go where no one has gone before as a sociologist, the reason for choosing this method has to do with its aim. Since it is inspired by a form of journalism, gonzo sociology aims to: " *(…) combine the art of the journalistic endeavour with the method and theory of the academy,*" (Sefcovic, 1995, p. 33). By doing so, gonzo sociology is a form of participant observation and a specific form of ethnography that has a strong emphasis on the researcher's experiences in the field.

This divide between journalism and academic discipline need not be so vast, if we take into account Albert Camus' notion of what journalism ought to be: Critical, done by thinkers, and not just blindly relaying information (Camus, 1991, pp. 52–54). Now, there is a rather large and ongoing discussion about 'public sociology', which has many similarities with what I am doing here. As far back as the book I referenced earlier by Burawoy et. al (1991) all the way up to Burawoy's presidency of the ASA, there has been a heated debate as to what extent sociology should be public in the sense that Burawoy argues. I am not a declared 'public sociologist' and I am not working within the explicit framework of public sociology – I am sketching a critique and I am writing in a style that may or may not engage or appeal to a larger 'public' debate, but I am still primarily a sociologist and I don't find the distinction between 'professional' and 'public' sociology all that helpful. I am using this gonzo approach because it allows me to not: *"(…) be constrained by abstract codes that have no* *relevance outside the scholarly professions, nor from taking authentic, compassionate, and liberating actions"* (Sefcovic, 1995, pp. 33–34). This allows me to do 2 things: First, it makes it possible to write this story as close as possible to the way it actually happened from my perspective, and second, it allows me to see part of my research as a journalistic endeavour, wherein I attempt to reveal something – in this case how and why the implementation of a psychiatric diagnosis broke down. Once again, it is pressing that I note how this way of going about things was not planned out in advance. I whole-heartedly admit to the messiness of my methods (N. Mellor, 2001), but I also believe that this messiness is what made my findings interesting. To reiterate: the story I'm telling is framed this way because it makes sense. Returning to abductive reasoning, what I bring forth in the following are the elements of my data that could give a sufficient answer to uncertainty – the points of empirical evidence that might help resolve the mystery. These are the elements of my observations that might help answer the question: what happened with the diagnosis in a Danish context, and what might this tell us about diagnoses? I'm not saying that my findings give a satisfying answer to all of the sociological questions one might ask concerning Prolonged Grief Disorder, but I am saying that what my field work has shown is that the implementation of such a diagnosis is fraught with the exact same messiness as my own research.

The 'Data'

During the last 3 years I have attempted to investigate the academic – and, in part, more public – field of grief. I participated in a grief counsellor education programme offered by the Danish National Centre for Grief. I also participated in network meetings between grief researchers in Denmark and network meetings concerned with Prolonged Grief Disorder specifically. I attended conferences on grief, hosted by the Danish National Centre for Grief. I gave talks at conferences for GP's about grief, I gave talks for other researchers working with grief or diagnoses in general, and so on. I also talked to people involved with grief research in the breaks between meetings, conferences, and so forth – what you might call water cooler research. I received e-mails from people about the situation, hints, gossip at events I attended, and so forth. My empirical evidence is thus a bricolage of different things – some long and insignificant, others extremely significant and observed or said to me in secrecy or in passing. This means I don't have any recorded semi-structured interviews. Instead I have field notes, jotted down whilst something was happening or being said or shortly after, e-mails, and quotes I wrote as I heard them. I constantly carried a notepad with me (I still do) and whenever something occurred that may have had any interest, I wrote it down. This led to around 100 pages of handwritten notes, that had been scribbled down over the course or my fieldwork. I wrote them while listening to others give talks, or I would discuss something with someone and then quickly recede to a place where I was able to write things down. I would write down not only quotes that I had heard, but also moods and settings. How was the mood in the room, what were people wearing, at what kind of a place did it unfold? Often I would write what I thought was most odd about a situation and reflect on what that made me feel or think – initially this was a 'technique' to jog my memory, but as I came closer to embracing gonzo research as a viable option, these observations became essential for my work. After an event, if I was unable to write down during, I would find place afterwards where I could drink coffee and smoke cigarettes, while I wrote down all the things I could recall as fast as possible. I wanted to avoid the look of a blue-eyed researcher or journalist that walked around with a notepad in front of his face – instead I opted to soak it up and write things down in breaks. There is no doubt that I am open to critiques of rigour in this sense, but what I am trying to do with my work and this article in particular, is to describe both a process of realisation through this gonzo approach that is a type of autoethnography (Harmon & Dunlap, 2020) and what this approach led to. It is a combination of both analytical and evocative autoethnography, but heavily leaning in the latter, which also means there is no clear 'structure' to my notes and instead it is told as a story that might evoke certain feelings;

both concerning what it is to do this type of research and also what my research shows.

Then, what about the ethical aspects? If things are told to me in secrecy and some of it is gossip, can I even use it as data? I'll resolve some of this by anonymising the individuals I talk about. When it comes to things such as gossip and secrets, these will also be drawn upon; both because I won't reveal from who I received such information and also because the individuals I talked to knew I was researching what was going on – perhaps this was even their reason for telling me this information. I would argue that I, in some instances, became a stranger to the milieu I investigated – someone who is *in* the group but not *of* the group, stuck in between nearness and distance (Simmel, 1950, p. 404). While one might intuitively dismiss gossip and secrecy in research, things like (confidential) gossip is extremely important in organizations (Brady, Brown, & Liang, 2017; Fan, Grey, & Kärreman, 2020; Michelson & Mouly, 2002). And as Norbert Elias and John Scotson found many years ago, the structure of gossip is particularly important for different groups (Elias & Scotson, 1965, pp. 104–105) – and it also turned out to play a role in my own research. I went into this field of research to figure out what was going on, and I also used myself as an element in the research – i.e. by observing how I was viewed by other researchers, how they reacted to what I was doing and saying, and also what was said behind my back. In the following, I will tell the story of how these things became clear to me during my research, thus showing how I stumbled into gonzo research and what this approach revealed.

Section 2 – Eureka and Being Watched Over

The Quarrel

It is January 10th, 2019 and I am 8 months into my time as a Ph.D.-student. So far, I have learned that the diagnosis I was supposed to research hasn't been implemented in Denmark yet, and that it won't be for quite some time. The working group in charge of creating the National Clinical Guidelines (NCG) has been working on them from 2018. In Denmark, these NCG are *"(...) systematically developed, professional recommendations meant to be used by health-care workers"* (Sundhedsstyrelsen 2019 *my translation*). They are mostly developed by the Danish Health Authority through working groups with specific knowledge about the given topic of National Clinical Guidelines – however, it has recently been made possible for other professional interest groups and environments to apply for money to create their own working groups. Such is the case for PGD, where the Danish National Centre for Grief[43] received funding from the Danish Health Authority to develop said guidelines. On this date, I attended a network meeting for researchers, GP's, psychologists, and more with an interest in diagnoses and this meeting was on the topic of PGD. I had been invited to give a talk about my research, which was very much in its infancy and I was filled with my own perpetual self-doubt. As the meeting played out during the day, it slowly became clear to me who I was in a meeting with – several members of the working group developing National Clinical Guidelines about PGD were attending. At this time, I had only been aware of the problems with the working group through gossip and hearsay, but this meeting gave me a clear view of their disagreements.

When the first half of the meeting was done, talks had been given on the diagnosis by what could be characterized as 'proponents' of it – i.e. a specific researcher that had a pragmatic approach to the diagnosis (*"we just have to swallow the diagnosis"* was the wording used) – and by their proponents; probably best summed up in the metaphor aimed at the work with the diagnosis: *"Getting wet only became a problem once the umbrella was invented."*. Then, a clinical psychologist gave a talk that encapsulated a lot of the problems. The framing of her talk was initially a critique of a

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[43] I will be referring to them as the Grief Centre as well.

newly founded grief counsellor education program, based on an article written about it (see Witthøfft, 2018). However, it quickly turned into a scathing critique of the entirety of the National Danish Centre for Grief and their work, the breakdown in the working group developing the National Clinical Guidelines, and the diagnosis in general. *"Prolonged Grief Disorder is society's and the system's disease."* she proclaimed – while researchers and members of the Danish National Centre for Grief protested. *"I don't understand this critique at all."*, one of them said, while shaking her head, *"What else should we do? We should use what works."*. 2 other members of the National Grief Centre protested as well, *"The grief counsellor programme is NOT a treatment-oriented education"*. The clinical psychologist became increasingly annoyed, her face turned red and as more participants got involved, the discussion became heated. Two sides were clear: individuals involved with the Grief Centre and everyone else. Everything from the diagnosis itself, to the way it was being implemented, to the grief counsellor education was discussed. Was it a 'real' diagnosis? Was there enough empirical evidence for its existence? Why did the Danish National Centre for Grief want to implement it so quickly? Was the grief counsellor education a new treatment-orientated education provided by the Grief Centre? Would all these new implementations and educations 'ruin' the existing forms of grief counselling? *"It is a scandal that people die without a diagnosis."*, a GP ironically proclaimed during his talk, *"And I know she is trying to sell cars and has to work with that."*, he continued – referencing a researcher from the National Grief Centre. As this argument unfolded in front of me, I realised that *this* was the reason the guidelines had not been finished – there were massive disagreements of all sorts in the working group. Existential, professional, and even personal disagreements were abundant. This was one of my most substantial eureka-moments (Locke, Golden-Biddle, & Feldman, 2008, p. 908) during my field work and helped me further my research and reasoning throughout – I realised that I couldn't go about this in a conventional manner, and instead I needed to figure out who was involved in this argument and the breakdown in the working group. I needed a methodology that allowed me to deal with doing research in a politicized field.

Afterwards this episode was referred to as 'the quarrel' by the small group of grief researchers and people involved with PGD in Denmark. Now, I'm not saying this sort of thing happens with every new psychiatric diagnosis, but it does lend credibility to the idea of such diagnoses as epistemic objects (Brinkmann, 2015; Danziger, 2003). This means that PGD, is not an essential or natural entity to be found within an individual, but likewise it is not a wholly socially constructed entity either. Instead:

> *"The coming and going of such categories is not the story of "a mirror to nature" that yields ever-more accurate reflections but a much more mundane story of social interests, everyday practices, and human preoccupations."*
>
> (Danziger, 2003, p. 28).

What I discovered through my research, exemplified acutely in 'the quarrel', were precisely these social interests, everyday practices, and human preoccupations – but also personal disagreements and interests. When I talk about these things to people outside of grief research, their first reactions are always of doubt and bewilderment *"But, the diagnosis is a tool for helping people."* as one psychologist said. *"I've been a doctor for many years, and I will never use this diagnosis in my practice"* a GP told me at a talk I gave. *"It seems ill-considered to implement something like this?"*, a hospice-worker said at the grief counsellor education programme. *"Why implement it when there's so much disagreement?"*, I was asked by a nurse at another talk. My task through my gonzo research became to reveal these problems and gauge the reactions of people unaware of the troubles with the diagnosis.

The Cure

Before 'the quarrel', on September 18th, 2018, I attended the Danish National Centre for Grief's first conference. I had been a Ph.D.-student for just shy of 5 months and I knew few of the key-players. When the conference was over, I had a clearer view of this. I remember arriving as a lowly PhD-student and writing in my notes: *"This is a very prestigious place and event."*. The conference counted around 450 participants with keynotes from the most significant grief researchers in Denmark, as well as a keynote by Doctor Katherine Shear. The conference was a signal – it was a way of saying: 'This is our domain and we are the grief researchers in this country.' At the time, I was still not fully aware of the problems between many of the players, but several things struck me as odd. Initially, the sheer scale of it surprised me – so many people were attending, and the event was held at the Maersk Tower[44], which was very new and a very expensive place to rent. Everything was new, everything was filmed, and everything was, to me at least, rather peculiar for an event concerning grief – an emotion usually relegated to the private life. As the keynotes were given, I began realising that they were all – except one – pointing in much the same direction: How can we assess who potentially could develop Complicated Grief or Prolonged Grief Disorder? *"This is the world's biggest grief study!"*, one of the keynotes said. *"It is a judgement call."*, another said when referring to the differences between the Inventory of Complicated Grief scale and the Prolonged Grief Disorder scale. Slideshows were shown to the crowd, filled with data results, numbers and arguments for the validity of psychometric tests and results – as I looked around I wondered: *"How many of the individuals in this room, have a clue what those results mean?"*. In a short video of the event, published afterward, the director of the Danish National

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[44] The Maersk Tower is an award-winning building in the centre of Copenhagen housing parts of the Faculty of Health and Medical Science. It is new, expensive, and very impressive: https://healthsciences.ku.dk/explore-the-faculty/maersktower/architecure/

Centre for Grief explained that the point of this conference was to gather and communicate knowledge about PGD, both how to treat it, detect it, and prevent it.

I was confused. I had gone to a conference on grief, and I came out with a feeling of having participated in a conference specifically about the diagnosis of Prolonged Grief Disorder – with a lot of talk about Complicated Grief, which either was or was not the same; *"It is a judgement call."*. Except it wasn't really a judgement call, as the debate between which criteria where the 'best', most 'precise' or 'correct' was ongoing (Maciejewski et al., 2016). This all happened before 'the quarrel', but it was at this event I got my first inkling about the problems with the National Clinical Guidelines. There was a politeness between everyone – researchers from my own group, researchers connected to the Danish National Centre for Grief, researchers from other groups; but there was still a sense of this friendly demeanour hiding something. A sense that people were eyeing and keeping a watch on each other. I was a completely unknown researcher (I still am) and at that point I could walk about at such a conference, without anyone from the community of grief researchers knowing who I was.

While I was doing so, I was introduced to a GP, who seemed even more confused than me – and a lot more annoyed. I learned he was part of the working group developing the National Clinical Guidelines and I also learned that he was not pleased with what he was seeing – perhaps best summed up in a story from the conference he relayed to me: *"I just came from a smaller seminar,"* he said, *"and someone in the crowd asked the presenter: 'So, how do you get un-diagnosed? When are you cured from it?'. And you know what the answer was? Silence!"*. For the GP, this story was probably the best thing that had occurred all day. It meant that we had arrived at a point in time, where you could get diagnosed with something, but how to get rid of the diagnosis or how best to treat it was unknown. Now, it certainly isn't unusual that diagnoses come into being without a clear way of treating it, but it was unusual that so many researchers were scrambling to define treatments and guidelines for this diagnosis, when one of the proponents of the diagnosis couldn't give an answer to how you knew when someone *wasn't* suffering from PGD any longer, after being diagnosed. But the GP's story also showed me something else: that nobody agreed on anything. He eagerly told me how this diagnosis and the work being done was built on shoddy evidence and that the proponents were only interested in money and in 'winning' the struggle to define grief. *"It's a joke,"* he proclaimed, *"They've just given the rights to define what grief is and is not, to a private organization."*. The GP himself was simultaneously critiquing this struggle and a part of it.

This interaction at the conference became important, because I learned something about the positions in the pending discussion on the diagnosis, but it also made me aware of the difficulties I would have concerning access to this field (Matthiesen, 2020). I would not be able to stand on the side-line or observe from any sort of objective vantage point – I would have to gain access to these discussions as I went along and I would have to employ myself as a research object (Matthiesen, 2020, p. 13). I would have to attend as many events concerned with grief as possible and be where people involved with PGD would be. This meant that I would not just observe the community or field of grief research in Denmark, I would participate in it and thus produce the field through my ongoing engagement with it. None of the people I investigated simply *were* roles or participants, like I was not just a particular researcher observing a field – instead, my engagement with this field was a question of becoming rather than of being. By this meaning that there was no clear case to research with a start and end, or a sense of me *being* a researcher, but rather of sense of me *becoming* a part of the field and my research, as has been described by Elisabeth St. Pierre (2011, 2013, 2019). As I struck up conversations with individuals, presented my work, voiced my concerns and findings, and listened to discussions or what people told me, I was slowly gaining access. But I was also becoming enmeshed in the field – simultaneously engaging and creating what I was researching. I was not a distant observer but a participant in the ongoing field of grief research in Denmark and I needed a methodology and a way of tackling this that made sense, thus opening the door for seeing my research as a form of gonzo research.

Being Watched – Politics of the Field

Three months after ‘the quarrel’ I attended a meeting in a national grief researcher network and this time my own research group were the hosts. I was asked to present my project. *“What project?”*, I thought to myself. I still had nothing really to go on except hunches and hearsay. I agreed and prepared a talk, which revolved around vague notions of me discussing how we might sociologically understand the diagnosis as a phenomenon specific to our contemporary society (Lund, 2020a). I also presented another leg of my research, which, at that point, I did not fully grasp what I wanted to do with. As mentioned above, ‘the quarrel’ revolved around several aspects of the diagnosis, but it began with a scathing critique of The Danish National Centre for Grief’s new grief counsellor education. After having surrendered myself to the absurdities of not having a clear research object, I decided to follow the smoke and tried to get access to the education programme – which turned out to be fairly straightforward, since one of my supervisors’ name, Svend Brinkmann, always gets people’s attention. In an essay, Thompson (1979b) discusses his Playboy Magazine tag and how it opens doors and gives him access: *“Pure Magic”*, he calls it. While the name, Svend Brinkmann, isn’t pure magic, it does get people’s attention and opens doors. The reasons for wanting to observe and participate in the education programme were varied – partially because I wasn’t sure what I was looking for. I wrote to the participants and the course coordinator asking for permission to join the programme, telling them I was interested in the education, but also the people participating. Both goals were vague enough to not elicit any further questioning. What I really wanted to figure out was what they were teaching people – was the aim of the programme to further implement and emphasize their conception of PGD and Complicated Grief?

Anyway, at this network meeting, I gave a very short and deliberately unclear talk about my project. Most of the people attending were from my own research group, with a few other interested researchers. There was, however, one person in attendance from the Danish National Centre for

Grief – a researcher who had been recently hired by them and who was attending her first network meeting. As I gave my 20-minute talk, laying out how I was interested in the diagnosis, the grief counsellor education, the culture surrounding grief and so on – I saw the researcher scribbling away on a notepad. Prior to the meeting I had talked with my supervisors about keeping my presentation somewhat fuzzy and not criticize too explicitly the education, so I wouldn't stir up any trouble or lose access to the education. I made no mention of 'the quarrel', or my sense that something was rotten in the working group, or that the education specifically said that it was meant to improve the participants' knowledge about Complicated Grief – their website lists five bullet-points and three of these pertain to Complicated Grief (Københavns Professionshøjskole, 2020). I kept everything vague, and simply talked about my very general ideas – as mentioned this was easy since I did not really know what I was looking for at this point.

But what happened afterwards was interesting: a little less than a month after my presentation, I got an e-mail from my contact at the grief counsellor education programme. It was very polite, of course, and started off with questions about what I had learned so far and if I wanted to give a talk at the programme, but it ended with something else. "*I heard you gave a talk at the network meeting for grief researchers where you talked about the education – maybe more about the diagnosis – but you coupled the two things. I have a few questions for you regarding that.*". I went back to my slides from the day and ferociously scrolled through them, looking for anything I might have presented that could be understood as critical. I couldn't find anything. At first, I was confused: "*How does she know what I talked about?*". And then I remembered the one person from the Grief Centre who had been in attendance. All the notes that had been scribbled down while I was giving my talk had been reported back to the centre. They were keeping an eye on me – and perhaps even my whole group – and so I was asked to come talk about my talk.

Now, there was nothing threatening in the e-mail, but I did get the sense that they were making sure that I would not cause any trouble. It was a form of pre-emptive damage-control. And this emphasized my experiences from the conference and my meeting with the GP. I had to use these things explicitly in my research. I would have to write out how I became involved with this field – the power relations that surrounded me, my identity as a researcher, and how I negotiated the field (Giampapa, 2011). At this point, I was very much aware of my non-position as a distant observer. Playing it safe with my talk still led to questioning. I knew, like every other researcher, that what I did in the field would have consequences – that's why I played it safe with my talk – but it had not yielded the results I had expected. As a sociologist – and I often refer to myself as a critical sociologist – my work has always sought to examine and criticise power structures, but after this it became painfully clear to me that I needed to put my critique more into action. I needed to be vocal about my critiques and to use my research in the field as a way of putting myself in the thick of it.

At this point I began referring to what I was doing as gonzo sociology and the Thompson quote began rattling around in my brain: "*When the going gets weird, the weird turn pro.*" (Thompson, 1980a, p. 36). I'm not arguing that I fully live up to Thompson's designation of being either pro or weird, but I did find inspiration in that quote – things did get weird for me pretty fast and I had to turn my approach upside down and radically change what I was looking for. I was not 'just' researching something, I was actively a part in what was going on and I was attempting to uncover something – both when it came to my own research, but also regarding how this implementation had gone awry and was fraught with problems and inconsistencies. My experiences, my failed attempts at getting access, the gossip I received, the way I was 'watched over' *was* the research.

Section 3 – Money, Gossip, and a Failed Experiment

Back to School

After the events and experiences described in section 2, I began embracing this style of working more. My notes became more thorough and I sought these things out more actively. I would participate in things and deliberately explain what I was doing, both at talks and presentations, but also in the coffee-breaks and at conference-dinners. I would be vocal about the problems I had heard of, the fact that I was being surveyed by the organization, and the rumours I heard about the working group's breakdown over the National Clinical Guidelines. The grief counsellor education programme became a place where I could test this approach out, while also getting closer to the organization in charge of said working group. The education consisted of five, three-day modules, each with their own specific focus. I attended most of it, and participated in discussions, lunches, and coffee-breaks and even gave a three-hour talk one of the days. The biggest reason for being there, was to figure out how grief was discussed – both by the teachers and by the participants. How big a focus was on Complicated Grief? Especially considering the trouble with PGD and Complicated Grief I had observed elsewhere. After having gotten the OK from the director and vice-director of the Grief Centre, along with written agreements by all the participants, I could begin the programme.

I began by presenting myself and then just sitting with the class – initially this was fine. However, as days went by, I was slowly positioned as an 'expert' by both the students and the teachers, sometimes specifically referring to me with questions or insights, and I played along. As I said, I had a goal with being there, which was to figure out how big a role the diagnosis played. Without ever saying this out loud to anyone else than my supervisor, it still became clear to everyone there, that this was my position. I was already being kept an eye on when it came to what I said and a lot of discussions about the diagnosis at the programme involved me as well. I was placed in the position of the critical researcher by teachers and members of the Danish National Centre for Grief and as time went by, I also took on this role myself. The participants would involve me in discussions in class and come to me in breaks: "*What do you think of the diagnosis?*" they would ask, sensing something was afoot. An entire module was allocated to talking about it, and this was, of course, the most interesting one for me – and this module was in between my talk at the network meeting and the email I received about what I was saying. There was a substantial focus on both PGD and Complicated grief, even though 'the quarrel' revolved around whether the education was about treatment or training participants to treat grieving individuals. And one of the take-aways from the network meeting was that the education was contested, but only meant as a way for 'grief workers' to improve their knowledge.

"*How can we prevent people from having Complicated Grief reactions?*", "*How do we find those who are at risk?*", "*Why can't we just implement the diagnosis already?*". These quotes all came from the participants, showing how the focus from the get-go was on what was framed through the whole course as Natural vs. Complicated Grief – without this distinction ever being clear. "*The Danish National Centre for Grief believes in Complicated Grief and Prolonged Grief Disorder.*", one of the teachers said. We watched a short movie about grieving individuals, "*Would any of you be worried about them?*", the teacher asked, referring to the depicted bereaved, "*Do you think any of them are at risk of developing Complicated Grief?*". It was, seemingly, very important that the participants learned to differentiate between natural and Complicated Grief reactions. One of the problems with this, I learned, was that this difference was hard to explain, since there was no agreement as to what Complicated Grief really was, and the way that the Danish National Centre for Centre described it was criticized heavily by other organizations. In fact, this was one of the reasons the working group broke down, whilst they were making National Clinical Guidelines. All of this wasn't talked about at the programme. There was, to me at least, a somewhat absurd discrepancy between what was being said at the education programme and what was happening amongst the field of grief researchers in general.

Now, I'm not saying that the whole programme was a sham or anything like that – there were lots of good and interesting perspectives – and I am also not saying that this education is solely responsible for the 'spread' of Complicated Grief as a concept in society at large. But I was taken aback at the very pronounced focus that the education had on something that no one really had a clear view of what was or is. I was the odd one out, because I had an inkling about what was going on and because they knew I was there. They were hesitant with their statements and descriptions and I kept wondering if the focus on Complicated Grief and PGD would be bigger had I not been there. As I took a step back and looked at the landscape of grief in Denmark, I noticed that programmes like this one had popped up all over. You could now become a Grief Counsellor (Københavns Professionshøjskole, 2020), a Certified Grief Counsellor (Seminarer.dk, 2020), Grief and Crisis Therapist (Krise & Sorg, 2020), and so on. They all focussed on PGD and Complicated grief and they all had different conceptions of it. Grief had become an arms-race to put forth the best conceptualization of grief and teach individuals about it.

Gossip

I realised this through gossip. My own research group was involved with figuring out what grief was and what it said about the human condition. My part of this was looking at the social conditions of grief and taking a critical look at the diagnosis. There was no focus on treatment, prevention, risk-groups and so on in our research-group. "*They just got a lot of money and are not doing any real research.*", other researchers gossiped about us, as relayed to me from another researcher in the grief community. Our group weren't doing 'real science' and we were being discredited for it. "*Have you heard that they're making their own working group now? So they can develop their own National Clinical Guidelines.*", a confidant told me at a conference, whilst showing me their invitation to participate. As my research progressed, these disagreements became more pronounced.

My access to some places benefitted greatly from the 'magic' of my supervisor's name – but conversely that same name and the research group it represented, closed many things off for me. And this is what the gossip taught me: That research is not apolitical. By this I do not mean that certain political parties benefit from highlighting or suppressing different forms of research (though this is also a very relevant discussion), but rather that what research is and does practically is not value-free. My research, somewhat by my own design and way of being, became a value-laden way of seeing this. The proposed objectivity of something like PGD was revealed as a frail narrative kept alive by researchers arguing for more 'real science' while dismissing the work done by researchers like myself or my research group. And this argument was not only bound to the very micro-scale interactions I waded through, but also at a national and international level. Indeed, as Leeat Granek has pointed out, we might even see the entirety of the current psychological research on grief as a symptom of an academic discipline gone awry (Granek, 2013). We might also see grief as politicized, not only as a form of politicized mourning that fights injustice or motivates the fight for social justice (Butler, 2004; Granek, 2014), but also in the sense that who gets to decide what grief *is* and how it is treated, is a political game.

Stumbling into this field the way I did was difficult, but it was also necessary. How else would I have known what to do with gossip like the abovementioned? How else would I have known how to write out what I found? I'm still not even sure that what I am doing right now, writing this, makes sense. As Thompson himself wrote about his arguably most famous work: *"Fear and Loathing in Las Vegas is a failed experiment in gonzo journalism."* (Thompson, 1980b, p. 95), but that this failed experiments is still worth publishing: *"(…) it's not what I meant it to be,* [but] *it's still so complex in its failure that I feel I can take the risk of defending it as a first, gimped effort in a direction (…)"* (Thompson, 1980b, p. 97), which is 'new' and does something interesting with journalism. While I don't claim to reach the greatness of Thompson's work in any way, I do still find solace in the fact that his greatest work was also a failed experiment. Perhaps my way through the research I have done is also a failed experiment, that, despite this, is still interesting enough to discuss.

Why is it interesting? Because it shows something important when it comes to the way we grasp diagnoses and specifically the way in which we are treating grief: that they are not necessarily essential, objective truths. They are always reciprocally produced by and producing the social. The problems then arise when we lose sight of this and want to do good:

> *"The problem is that a toxic combination of vested interest and good intentions produces continual pressure to extend the range of abnormal, shifting the demarcation point further into the territory previously considered normal."*
>
> (Heath, 2013, p. 1)

All these organisations and individuals want to do good. They want to help; they want to relieve the pain and suffering of grieving individuals. However, wanting to do this becomes problematic and risky when it involves money, professional pride, and personal differences. The gossip I heard shows this. My research group was given money, but we weren't using it to help people or do proper research (i.e. research involving quantifiable data or evidence-based psychotherapy etc.) and so we were discredited. Others were angry that they did not get the funding they wanted, and that it was given to others – creating a rift in the community of researchers. From the very beginning – meaning from the disagreements and discrepancies between Complicated Grief Disorder and Prolonged Grief Disorder – all the way to the competing educations and conceptualisations in Denmark, nobody really agrees on much it seems. I heard stories of how the original researchers behind the two diagnoses hated each other and fought to get their respective diagnosis in the ICD-11 and the DSM-5. And I found similar stories locally. "*We have the biggest data set.*", "*That's not proper research.*", "*She's just angry they didn't get the money.*", "*He has no idea* *what is going on."*. In short, gossip containing bickering about money, about the positions people held, and about who got to define what natural and pathological forms of grief were.

As I talked to more and more people involved in the working group developing the National Clinical Guidelines, I learned that they disagreed on everything. Two methodological consultants had left the group, because they *"(…) couldn't vouch for the evidence or scientific validity in the research."*, as I was told by a member. I read the consultation responses to the first draft by different organizations, that gave scathing critiques of the wording, the empirical evidence, the framing… Pretty much most of it. *"They are extrapolating a badly documented effort from one group to another, even worse defined, group."*, one of the evaluations said of the draft for the NCG. How to understand this? And how to understand a lot of the actors' willingness to gossip about each other? In my view, a lot of it has to do with being in charge – about having control of things. As Heath has pointed out, there are economic interests in diagnosing that propagate this view of suffering in general – and when it comes to PGD specifically. It is estimated that around 10 % of bereaved individuals suffer from PGD (Lundorff et al., 2017) – though the studies are of a varying quality and differ greatly in their estimates. Around 53.000 people die every year in Denmark (Danmarks Statistik, 2020) and if we set the number of close relations that will grieve a loss very low – let's say 2 pr. deceased – around 106.000 individuals will experience grief following the loss of a significant other. This means that somewhere around 10.600 people, every year, could potentially be diagnosed with PGD in Denmark alone.

One way of understanding this, as a lot of proponents of the diagnosis do, is to talk about the large number of untreated and suffering individuals we thereby miss, if we do not have the tools to identify and treat them – they view grief as an economic problem and talk about the cost of grief (Engelbrekt, 2016), which mirrors Mary Ellen Macdonald's argument that grief now exists within a neoliberal society where 'the cost' of grief is important (Macdonald, 2019). This is another way of seeing these developments, which is more critical. From this perspective the bereaved are seen in market-terms: 10.000 people a year requiring treatment is a lot of therapy, psychiatry, and psychological help – it is a lot of money in treatment. And this notion also exists in the debate now, and a lot of the individuals I talked to would aim this critique at the Danish National Centre for Grief, with some even claiming that this was their entire game-plan: Get the money to develop the guidelines, define what treatment works, and design an education that teaches health-care workers to funnel people at risk of developing PGD or Complicated Grief reactions into your organisation. However, as I pointed out, it is not just about money. The process broke down because it was about power and professional disagreements. GP's didn't want '*another diagnosis*' that was too vague and broad, and they did not want psychologists and psychiatrists from a '*semi-private organization*' as the Danish National Centre for Grief to be the ones who decided what the diagnosis was and how it was to be treated. Different psychological organizations disagreed because they all had different conceptions about grief and the diagnosis. The Danish Cancer Society had other opinions, different research-groups argued about how to measure and how to treat it. It became a struggle for grief that was about money, power, and the rights to define a central part of the human experience, which saw the community of grief researchers and people who worked with grief bicker amongst themselves and resort to subversive gossip and public quarrels. All of this without most of the public being aware of it.

Section 4 – In the Absence of an Ending

So, how does one end a story like this? What is the conclusion to these past years of my life where I have been trying to untangle aspects of the culture of grief? In short, there is no real conclusion to this. If one were inclined to muse poetically over such things, it might be said that this is fitting when it comes to grief. Grief, as an individual experience, does not end – it is ongoing (Ingerslev, 2018); and similarly the struggle about grief does not end. There is no clear-cut answer to my research, since there is no clear-cut answer to either grief or the way we conceptualise, handle, control or ignore it, as a society. Grief, as a social phenomenon, is also ongoing (Stearns, 2019). Thus, what I have written out here is an account of my own process of realisation of the fact that research – at least when it comes to my field – is not a fixed, coherent, and temporally sequestered object. It exists in a reality that is constantly changing. As Elisabeth St. Pierre (2011, p. 620) points out, research is not about finishing, but rather it is a question of the ongoing nature of research – as she puts it, it is about the: *"(…) and, and, and (…)"* of research. I could continue to research this phenomenon – figuring out what happens when the diagnosis is eventually implemented, researching the different educations, and so on. The implementation process of PGD in Denmark trudges along and the described breakdown has only slowed it down, leaving those involved scrambling to pick up the pieces and find new way of implementing it.

By adhering to gonzo sociology as a form of research methodology, I was able to gain insight into the ongoing struggle concerning grief, while also acknowledging the difficulties of gaining this insight – and furthermore the co-creation of my empirical findings. I was not wandering into a field of knowledge, as described by Steinar Kvale and Svend Brinkmann, as a traveller – walking around in the landscape and talking to individuals I met and thereby slowly learning about the truth (Kvale & Brinkmann, 2009, pp. 66–67). Instead, I attempted to break into a politicized field and report about it, thus co-creating what I was researching. 'Going gonzo' allowed me to *"exist on the edges where academic practice meets popular culture."* (Sefcovic, 1995, p. 27), which means both that I could use this methodology to report my findings in the manner I have done above and see my findings and experiences in relation to (popular) culture as well. Something I have done elsewhere (M. H. Jacobsen et al., 2020; Lund, 2020a, 2020b). It allowed me the tools to conduct *" (…) wild, immersive, and messy research which captures the imagination rather than speaking to narrow debates."* (Wozniak, 2014, p. 471) – and hopefully what I have written has done so. Through the notion of becoming as described by St. Pierre, to Burawoy's extended case method and public sociology, to Alvesson and Kärreman's breakdown driven research, to Thompson's gonzo approach, I could 'reclaim' or 'rediscover' my research object and also attempt to report my findings. Grief has been described by Catherine E. Foote and Arthur W. Frank as a problem, since it is seen as undisciplined, risky, and 'dangerous' (Foote & Frank, 1999, p. 170) and these elements might not fit neatly into our current cultural climate that elsewhere has been described as a happiness culture (Cederström & Spicer, 2015; Davies, 2016; Frantzen, 2018; Sköld & Brinkmann, 2020) and as a culture that seeks to control as many aspects of life and the world as possible (Rosa, 2020b). My job became to use my sociological imagination to connect my problems, the problems in the field of grief researchers and the breakdown within the working group with wider social issues like these.

If I were to sum up my what to make of this, I would argue that this article and my research in general has showed that: (1) My research – and much research in general – starts in complete confusion and one task is thus to make sense of this confusion and create a coherent argument. In my case, I tried to do this through my ethnographic immersion and gonzo sociology as a method. (2) When you research something thoroughly, everything seems to revolve around or connect to your topic. Thus, I saw grief everywhere. Everything I did, in line with Mills' description of the non-existent distinction between life and research, was about grief and it felt like everything I encountered was connected to the topic of grief in some form or other. (3) That research is political – it is value-laden in many senses. I knew this before doing this research, but it became very pronounced in my mind during this work. (4) Psychiatric disorders are constructions. They are not wholly 'made up' because they do respond to something in 'reality' – i.e. people are suffering and have the experience that this suffering needs some form of treatment – but the way they are implemented in diagnostic manuals and in praxis are, to a great extent, socially constructed.

When it comes to grief, we might consider it a form of aporia (Derrida, 1993) – as something that is impossible to even formulate as a problem, thus making solutions impossible. Neither research, life or grief is a neat, coherent, and satisfying story – perhaps it is more akin to a tragedy. For, as Simon Critchley points out:

> *"Tragedy presents a conflictually constituted world defined by ambiguity, duplicity, uncertainty, and unknowability, a world that cannot be rendered rationally fully intelligible through some metaphysical first principle or set of principles, axioms, tables of categories, or whatever."*
>
> (Critchley, 2019, p. 137).

We cannot know everything, and we cannot control everything either, thus life is tragic. The field of grief in Denmark is fraught with fights over money, defining rights, and personal and professional pride. A diagnosis will have a huge impact on our way of life and its conception and implementation is a political struggle. Thus, grief – a completely integral part of human existence – is now being transformed by psychometric validations and fights in meeting rooms between different forms of proponents and opponents; all vying to either define the diagnosis and its treatment or to remove the diagnosis and not change their ways.

Part 5

As the articles attest to, my work has gone in different directions, and though they are dissimilar, to some degree, in the topics and approach, there is an overarching and unifying argument and approach in them and in the following part, I will make this argument explicit. From the critical realist perspective, this part of the dissertation is thus the last leg of the retroductive argument. Part 2 consisted of the initial search for generative mechanisms that have enabled our current culture of grief and PGD, and I argued that death and grief are connected to society and culture in a dialectical relationship that thus continuously, and in accordance with other mechanisms, transforms our conceptions of and relationship to death and grief. In part 3 I looked at what was happening, and how I approached the domains of the empirical and, to some extent, the factual. Part 4 consisted of the articles I have written and published that are part of the argument for the generative mechanisms behind PGD. The quarrelling, the breakdown in the working group concerned with the implementation of Prolonged Grief Disorder in a Danish context, the way grief is being discussed, the arguments, and so on can – from a critical realist perspective – thus be seen as empirical manifestations of underlying societal mechanisms. Some of these mechanisms have already been discussed in part 2. The function of this 5th part is then to reach a cautious conclusion, and to discuss how these contemporary developments of grief have come to be. I am going to discuss how the observations I have made and the articles I have written can tell us about grief and hopefully answer what mechanisms, in contemporary society, that have made possible the existence and understanding of grief as something that may be pathological. I will attempt this by beginning with the smaller observations – i.e., the struggles and discussions between the involved – and discuss how we might understand this and then, through the combination and application of theoretical perspectives, give a 'deeper' answer to what mechanisms are at play. Metaphorically speaking, the dissertation is now 'out of the woods'. I have discussed some of the findings in the former part of the dissertation, and now I will attempt to give a coherent answer to my main research question.

5.1 Grief as Battleground

As I described in part 3 of the dissertation and in my 3rd article, researching the implementation of Prolonged Grief Disorder was not an easy task – what faced me was as a highly politicized field of researchers, practitioners, and specialists in complete disagreement. An overgrown forest of sporadic information, hearsay, and gossip far from the scientific discussions informed by evidence and rationality that one could have imagined. And this forest was a battleground, whereupon the rights to define, treat, research, and in general 'handle' grief became the object of strife. In 2013, Leeat Granek posed the question of whether grief has become the identified patient for a field gone awry (Granek, 2013), arguing that grief – to some extent – has been usurped by psychology and that all focus is now on how to treat, diagnose, and categorize it. What I stumbled head-first into during my time as a Ph.D.-student, was this struggle for and about grief.

This story isn't unknown to people who research diagnoses, and first-hand accounts of the way diagnoses are implemented have been given before. Allen Frances' book, *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life* (2013), gives a thought-provoking introduction to this, by telling the story of a cocktail-party he attended, where several of his friends and colleagues where almost bubbling over with excitement due to their work developing the DSM-5[45]. His book is a long argument against the over-diagnosing of what we might deem 'normal' behaviour, led in part by pharmaceutical companies, but also by good intentions. By wanting so badly to do good, the inclusion of more diagnoses and the expansion of criteria has had far-reaching and unforeseen consequences (Frances, 2013). As Jerome Wakefield and Allan Horwitz pointed out in their book, *The Loss of Sadness* (2007), the introduction of the diagnosis Major Depression Disorder transformed normal sadness and sorrow into a disorder, specifically because it neglected context. This meant that the depression diagnosis could now be given to people who were experiencing negative life-events, and not just to those individuals for whom there was no clear "cause" of their sadness. Perhaps the same can be expected when it comes to the implementation of Prolonged Grief Disorder. And this is where good intentions that may go bad come into play.

The struggle concerning grief is ongoing and it seems to be unresolvable. There are good intentions behind wanting to do research into grief and wanting to help people, but they are mired in a discipline and a way of viewing it that has, as Robert K. Merton coined it, unintended consequences (Merton, 1936). As Kellehear has also pointed out:

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[45] The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychological Association, 2013)

"(…) we have been told so frequently in the academic and professional literature that grief is sad and bad for your health that we steadfastly refuse to create, much less recognize, a census of its positive features."

(Kellehear, 2007b)

I don't necessarily agree that we must focus on positive features of grief, whatever that entails, but I do agree that we must stop focussing too much on its detrimental sides – specifically, we need to give up the notion of 'fixing' it via diagnoses and medication. Worth noting here, is that as of now, there is no proven medical treatment of Prolonged Grief Disorder, but trials are underway using Naltrexone – a drug primarily used to treat alcohol or opioid dependence – to either treat those were psychotherapy is ineffective and/or to augment the effects of psychotherapy for people diagnosed with Prolonged Grief Disorder (Gang, Kocsis, Avery, Maciejewski, & Prigerson, 2021).

When I attempted to figure out what was happening with the diagnosis in Denmark, the almost sole focus of much of the research going on and the educations offered to those working with the bereaved, focussed on this distinction between 'normal' and 'pathological' grief. As I write in my 3rd article this was everywhere, but without any clear distinctions as to what either of these forms of grief actually entail. As Granek also points out, we might want to ask other questions than "When is grief pathological?" and instead focus on the things we do not yet know about grief (Granek, 2013, p. 11). But in my field work, I experienced that asking these types of questions was not recognised as 'real' science, as a grief-researcher of some importance in Denmark, apparently uttered something along the lines of: "*What they are doing isn't real research. They have just gotten a lot of money and they aren't helping anyone.*". Now, the validity of this statement – i.e., whether it was said in these exact words or not – is not something I can guarantee, but I did experience similar attitudes personally. And these critiques encapsulate both the good intentions and the over-emphasis on grief as painful. Our[46] research was not valid, since it did not specifically deal with treating, helping, or alleviating the pain individuals experience in grief and whoever criticised us were doing valid research because their intentions were good. Hence, one could argue, there seems to be a way of approaching grief, at least in Danish context, but probably also in other countries, that is focussed on treatment, and not on what grief *is*. As I argued in my 2nd article, these days, grief is often experienced vicariously through autobiographical books, movies, documentaries, music, and so forth, which points to the fact that grief isn't inherently something that is only painful or bad, and something we always shy away from. Instead, we might consider grief as something that may be resonant, in the way Hartmut Rosa describes resonance (Rosa, 2019). This does not mean that grief isn't painful and difficult, but it means that this pain might still be meaningful – i.e., that a resonant relationship is one where an individual is affected by something and responds to this affection; in turn leading to a transformation of both. Resonance is not an emotion but a relationship and the asymmetrical relationship between the bereaved and the deceased may be a resonant one, since resonance is not defined by the character of the emotions elicited in the relationship, but rather its transformational power. I have argued for this in my 2nd article pointing towards a theory such as continuing bonds as an example of how this resonant relationship might look.

The ongoing struggle for the defining rights of grief is a struggle for controlling, managing, or handling grief. And the reason it has been so successful might be, as Eva Illouz (2008) has pointed to, that psychologists have become powerful, because they offer symbolic tools that address

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[46] The "our" I am referring to here is the work of the research group, The Culture of Grief, of which I am a part.

ambiguities, uncertainties, and contradictions of life. As she goes on to say: *"Psychology commanded an extraordinary amount of institutional resonance that could in turn organize cultural practices around a common cultural core."* (Illouz, 2008, p. 57). When I surveyed the field of grief work in Denmark, it was not just psychologists and psychiatrists I met, but also GP's, priests, nurses, and so on. What I found was, that if one was a proponent of the diagnosis, there was a certain *"therapeutic discourse"* (Illouz, 2008, p. 56) surrounding one's understanding of it. Sure, they would all say stock phrases like *"grief is the price we pay for love"*, or *"grief is a normal human reaction"*, but they would immediately follow up on this, by beginning to talk about grief as falling into one of the two main categories of normal and pathological grief. As Brinkmann (2014b) has pointed out, there are different languages of suffering and the predominant form of language we use now is the diagnostic language. Even if people were against the diagnosis and criticized it, it was often difficult to talk about it in another way, though not impossible. The mere fact that the diagnosis was now a possibility in Denmark initiated a way of seeing and relating to grief that was steeped in this diagnostic vernacular.

My route through the forest was challenging because grief – at least in Denmark – is now the most recent case of a common human experience that is being enmeshed in the world of psychiatry. From the moment the work began on the National Clinical Guidelines (NCG), trouble arose. Normally, NCG in Denmark are implemented through the Danish National Health Authority, but this time around, the work was 'handed over' to a non-governmental organization – the Danish National Centre for Grief. This way of going about it created the very first uproar concerning the diagnosis and its implementation. A working group was established and almost immediately critiques arose – and one of the main critiques was why such an organization, whose primary focus was on the research, treatment, and education on Complicated Grief and PGD, were allowed to head this group. The probably most substantial critique of them was that the worked was being rushed, simply because their entire raison d'être was that this diagnosis and disease was real – they had been partially funded by the government on the basis that PGD and Complicated Grief were real problems that needed to be fixed. This is a specific Danish problem. Other NGC in Denmark have, historically, been designed within the Danish National Health Authority, but from 2017 to 2020 it was decided that other interest groups could apply for funding to develop NCG. This meant that an organization, such as the Danish National Center for Grief, could begin their work on the guidelines for PGD by applying for funding through the Danish National Health Authority – which was a subject of much contention within the group that was supposed to design the NCG. Along with this, other critiques were raised that focussed on the lack of evidence, conceptual problems with the diagnosis, its name, and so forth. As it states on the Danish National Health Authority's website, they offer methodological guidance and asses the quality of the NCG, but the guidelines do not necessarily coincide with their views and opinions (Sundhedsstyrelsen, 2019b). In the case of PGD, the story goes that several of the consultants meant to oversee the methodological aspects left the working group because of the disagreements and, as some pointed out, the lack of evidence. As the work broke down, everyone withdrew into their respective corners, waiting for the other part to make the next move. Nobody did and during my last correspondence with the Danish National Health Authority, they did not have any idea about what would happen next, and neither did they have any comments on the problems with the working group. The diagnosis will be implemented, but how the NCG will look and who will develop them, remains a question. Looking at the Danish National Center for Grief's website, it simply states that by 2022 the diagnosis will be implemented along with the rest of the ICD-11 in Denmark, but that the diagnosis has no name in Danish yet – there is no longer any mention of the Danish translation, *Vedvarende Sorglidelse*[47], or

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[47] This translation was also the subject of much contention, mostly because many argued that it is an incorrect translation. Instead of Prolonged Grief Disorder, the Danish

the work that has been done on the NCG (Sorgcenter, n.d.). Similarly, there is no trace of the working group at the Danish National Health Authority's website – they have a page specifically for NCG that are underway and PGD is not on that list (Sundhedsstyrelsen, 2021). Right now, it seems as if the work has vanished and that no one is going to mention it. Thus, this struggle is ongoing and without a real conclusion – there is no closure to this part of my work, but rather an open question about what is going to happen.

One of the problems with this struggle surrounding grief is then that it is so focussed on treatment and relief of pain – what I in my 1st article dubbed as the deconstruction of grief. It leaves little space for other understandings of what grief is, other than what sort of symptoms can and should be measured. From a critical realist position, the current way of discussing and 'handling' grief, which is predominantly from a psychological and psychiatric perspective, commits an epistemic fallacy; it treats what it can measure and observe as 'all there is', thereby neglecting what generative mechanisms may have enabled grief to be viewed as pathological, while also neglecting to discuss what grief *is*. The same can be said concerning what I have called the battleground of grief. One might argue that this ongoing struggle of grief is about different professional positions arguing about defining rights and money – which is also true – but in a critical realist manner, to fully grasp what is happening, we must look at what sort of underlying generative mechanisms are at play.

What binds my work together in the three articles I have published, is thus a search for the different mechanisms at play, that may have enabled our current way of relating to grief and death. They are the result of my empirical work and my abductive reasoning. Together, they form an argument concerning how these struggles to define grief, that I have

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translation is more akin to something like Persistent Grief Disorder (which it closer to the DSM-appendix' new diagnosis Persistent Complex Bereavement Disorder).

expanded upon in the above and that I have dubbed a ‘battleground’, and the current cultural preoccupation with grief, have been actualized by certain generative mechanisms. That we are now struggling over grief, as I have shown in my 3rd article, is an actualization of the mechanisms that I have described in my 1st and 2nd articles – i.e., that as the social world slowly accelerates and becomes mute, our relationship to grief grows increasingly alienated. That is why grief is now becoming problematic, it is why we seek out recreational forms of grief, and it is why grief is now caught in a struggle to define treatment for it. In the next section I will further these arguments and thereby give an answer to my research question.

5.2 Grief as Disorder

How might we then come to understand this struggle for grief? Why has grief been annexed by psychology and psychiatry? I have called this dissertation ‘grief as disorder’ for specific reasons. Most obviously because grief is now a disorder in the ICD-11 and in the appendix of the DSM-5, and because its implementation has caused a great deal of disorder within the community of grief researchers in Denmark. The research itself has, because of this, been very disorderly – to stick with my metaphor, it has been a rough and scrambling route through a dense forest. But, more importantly, I have dubbed my dissertation as such, because grief, as a phenomenon, is disorderly – it is unavoidable, uncontrollable, and unrelenting. As part 2 of this dissertation argued, and as I have argued in my 1st article, *Deconstructing Grief*, and 2nd article, *Recreational grief as resonance*, death and grief are intimately tied to society and the human experience. This doesn’t mean that everything around us is a way of ‘handling’ or ‘doing’ something with death, but it does mean that our relationship to death may tell us something about what it means to be a person, in each historical time. As noted in part 2 and my articles, one of the biggest shifts in our relationship to death is the increased secularization of our society. This notion has often over-emphasised the ‘cost’ of this secularization. Ever since Max Weber first talked about the disenfranchisement of society (Weber, 1905) the tale of increased secularization and its problematic consequences for our society has pervaded sociology and while this definitely has changed our relationship to death and spurred new problems. Take Phil Zuckerman's work, *A Society Without God* (2011), wherein he specifically looks at the relationship to death in Denmark; what he calls one of the most secularized societies in the world. In that book, Zuckerman shows that Danish people are not suffering from a heightened fear of death caused by a lack of religious faith. Through his ethnographic studies he discovered that Danes, in general, don't seem to be too concerned with death – at least not to the extent that they feared it in their everyday lives. This immediately poses a question concerning my earlier arguments about death and society: Does this show that society has 'solved' the problem of death? That we did not lose anything when we became modern? Not entirely – society is a response to death and our society supplies a specific form of answer that, perhaps, lessens the 'everyday fear' of death, but we still have a difficult relationship to it. The 'loss' of religion did not necessarily lead to a heightened fear of or anxiety about death – instead it changed our relationship to death and caused new and different fears and anxieties. Furthermore, as Walter points out:

> *"Poll almost any group of westerners today about what they most fear about death, and losing an intimate will trump fear of one's own death. Such evidence questions how universal is fear of my own death, suggesting instead the dominance today of fear of death of the other."*
>
> (Walter, 2017b, p. 14)

This quote might partially explain why grief is now the main focal point of psychology – the main 'problem' to be fixed. It is not that a secularized society tosses us out into a meaningless and rational world, where we long for the fulfilment given to us by religion, since this fulfilment is a myth. Religion is not the answer, it is but one answer that has lost much of its sway over us. When we went from a world where God was something that could not be questioned, to a world where we, in Nietzsche's words, had killed him (Nietzsche, 1887, p. 181), something happened. This is encapsulated in my favourite book, *Niels Lyhne*, by J.P. Jacobsen, where the protagonist incessantly struggles with his new-found atheism and constantly falters while suffering so much pain, death, and grief:

> "*Time seemed to swell up into something enormous and hostile; every day was an unending desert of emptiness, every night a hell of memories. The summer was almost over before the rushing, frothing torrent of his grief had hollowed out a river-bed in his soul where it could flow in a turgid, murmuring stream of sadness and longing.*"
>
> (J. P. Jacobsen, 1919, p. 358)

In the end he relents and prays to God, only to be let down by the lack of an answer – God is not there. "*What a relief it would have been if he had had a god to whom he could have moaned and prayed!* " (J. P. Jacobsen, 1919, p. 369). The grief he feels throughout the novel is made worse by his constant struggle with the lack of religious conviction. Undoubtedly, secularization meant new problems, expressed poignantly in J.P. Jacobsen's work, but it did not suddenly make grief a problem. Instead, it transformed our relationship to death – it made the loss of the other the main problem we faced. Secularization no doubt has played its part in our current way of conceptualising grief, but I have argued that our current relationship to temporality and the value of time is equally important when it comes to grief – something that is also hinted in the quote from Niels Lyhne, where time swells up.

Nonetheless, to understand and explain why grief now can be understood as pathological, it makes sense to look at what has 'replaced' religion, or rather, what has and currently is providing an answer to the problems of death and grief. In Leeat Granek's work, she traces what she calls the evolution of grief theory from Freud until our present conceptualisations of grief as a psychological kind that needs ‘solving’ (Granek, 2010). This precise analysis shows the development of grief theories coinciding with changes in the disciplines of psychology and psychiatry. As I have argued in my 1st article, this development can be understood as a deconstruction of grief. Important in this concept is that grief is not just being diagnosed, because something like psychology or psychiatry is ‘pushing’ or developing a diagnosis. Instead, there is also a need or demand for this diagnosis. Individuals in contemporary society want a diagnosis and have the sensation that their grief is somehow worse or more painful – at least to the extent that it warrants diagnosing and psychological and psychiatric treatment. Thus, a diagnosis such as Prolonged Grief Disorder should be seen as epistemic (Brinkmann, 2015) – meaning that the diagnosis should neither be seen as an essential or natural kind concept, nor as completely discursively constructed (Danziger, 2003). The discussion of whether Prolonged Grief Disorder is a new discovery (i.e., that it has always existed and has only recently been identified) or a new construct (i.e., that it is something completely new that has been socially constructed) is thus redundant. Prolonged Grief Disorder is both something that resides within an individual who is suffering, but this suffering is not wholly separated from the social and cultural conditions under which a person is living. From a critical realist position, this makes perfect sense. The diagnosis is not wholly invented, it is instead the actualization of certain potentialities that have been caused by underlying generative mechanisms – mechanisms such as individualization, social acceleration, secularization, and so forth. Similarly, what I reasoned in my 3rd article and called the struggle for grief, is an expression of this epistemic conception of diagnoses: The debate is concerned with how such a diagnosis is implemented, who gets to decide it, and so forth, but this debate and struggle is instigated – or at least driven – by an increased experience of suffering; i.e. that the diagnosis is not just the construct of psychology and psychiatry, but is a response to individual experiences of pain and suffering – these two elements exist simultaneously and influence each other continuously. As Danziger notes:

> *"The coming and going of such categories is not the story of "a mirror to nature" that yields ever-more accurate reflections but a much more mundane story of social interests, everyday practices, and human preoccupations."*
>
> (Danziger, 2003, p. 28).

People experience grief in a certain way, that requires a 'solution', which comes in the form of a diagnosis – but both the diagnosis and the experience of grief are completely enmeshed within larger societal tendencies. The diagnosis is thus caused by mechanisms in the domain of the real, that change our relationship to finitude and grief, thereby changing our experience of grief.

5.3 Limit Situations and Temporality

With this in mind, I would like to propose the notion of limit situations and existential vulnerability as playing an important part in our current understandings and experiences of grief and as a way of tying together the work in my three published articles, by arguing that in a world where routines and everyday life are becoming illegible, our existential vulnerability becomes more fragile. As we saw in part 2, limit situations are an intrinsic part of life. Human existence is permanently marked by the experience of limit situations, that can take different forms, but I have argued through my work that grief – as the experience of being brought face-to-face with death – is the limit situation par excellence. Thomas Fuchs has also drawn on this concept of limit situations and their connections to psychopathologies in his work and writes:

> *"The paradigmatic characteristic of a limit situation is simply the crumbling of this system that offers a false sense of security: the existential limit is*

> *experienced when the 'housing' breaks; in other words, one's plan for how life should be fails utterly, or at least does so in some key aspect"*
>
> (Fuchs, 2013, p. 303)

This 'housing' Fuchs is referring to is our situatedness in the world and: *"(…) is a consolidated structure of thought and a fundamental attitude."* (Fuchs, 2013, p. 302). From a sociological perspective, this housing can be understood as what Anthony Giddens calls ontological security, which is: *"the `bracketings' presumed by the `natural attitude' in everyday life."* (Giddens, 1991, p. 36). It refers to the way we live our lives, the basic trust we have to the world around us – a general sense of continuity and order in our lives. Our routines and our basic trust in the contingency of the world around us helps provide a protective cocoon (Giddens, 1991, p. 40) – or, as Giddens puts it, that our practical consciousness helps bracket out the chaos that lurks just behind ordinary life (Giddens, 1991, p. 37). It is about how we are situated in the world, as Hartmut Rosa also points to, even referring to how the experience of loss – i.e. grief – is the sensation that: *"(…) the rug has been pulled out from under us."* (Rosa, 2019, p. 48). This is part and parcel of existing and as part 2 showed, grief is the ultimate limit situation and the social is, to some extent, a reply to this situation. This concept of ontological security is a question of meaning, but not meaning in the sense that the individual, one his or her own, presides over what this meaning is. *"What we call 'meaning' is constituted by people in groups who are dependent on each other in this or that way and can communicate with each other."* (Elias, 1985, p. 54) Meaning is not mine alone to make, it is socially dependent and constructed – just as an authentic, non-relational relationship to death is impossible because death is not characterized by mineness but otherness.

If our relationship to death is marked by experiences of breakdowns in our ontological security, Prolonged Grief Disorder can then be understood as an attempt at answering this 'problem'. Fuchs argues that psychopathologies may arise from limit situations, if an individual has a heightened sense of existential vulnerability – that is: *"(…) a heightened sensitivity or fragility, which allows them to experience seemingly insignificant events as limit situations."* (Fuchs, 2013, p. 304). Now, Fuchs is talking about a lowering of an individual's threshold that makes, as he writes, insignificant events into limit situations. But what if this heightened existential vulnerability was not just connected to individuals who are in risk of becoming mentally ill, but instead might be a more general fixture of our society? What if we all are experiencing a heightened existential vulnerability, not because we are all mentally ill, but rather that the conditions for being human in our day and age are becoming increasingly difficult due to the societal tendencies we are living under? Fuchs discusses how trauma might be considered a limit situation, that causes mental illness, but more interestingly for my argument, he discusses vulnerability for limit situations more generally and argues that:

> *"(…) vulnerability is by no means to be understood only as an objective (e.g. genetic, constitutional, or physiological) variable of personality, rather it is also subjectively experienced as a foundational, 'ontological' uncertainty and confusion."*
>
> (Fuchs, 2013, p. 304).

This means that we are not just ascribing this vulnerability to individual predispositions that are biological or neurological; instead, this vulnerability is ontological, much in the sense that Giddens and Rosa would argue. We cannot pinpoint a specific neurological position of this vulnerability, since it is inherently tied to a person's being-in-the-world and his or her relation to the social. The question then becomes, where does this heightened vulnerability stem from?

As I have argued in my 1st and 2nd article, I think Hartmut Rosa's analysis of our times contains important insights that may broaden our understanding of grief. Specifically, when it comes our being-in-the-world, temporality, alienation, and resonance. To begin with, it makes sense to consider how Rosa discusses our being-in-the-world and our *being-in-time* (Rosa, 2015, pp. 8–9), since grief is tied to temporality – both when we are talking about grief in general, but also specifically when we are discussing PGD. Rosa argues that there are three levels of time, or temporal perspectives, that individuals constantly consider and relate to[48]: the time of our everyday lives, biographical time, and historical time. The first is our dominant mode of time consciousness – the way we primarily experience our lives. We go to work, pick up our children, clean our homes, and fulfil the tasks on our to-do lists. Time here is repetitive. Biographical time is then our 'lifetime' – i.e., the time between our birth and death. This is where we conceptualise the story of our lives. 'What do I want to do with my life?', is the dominant question here, and importantly, Rosa argues that this temporal perspective comes to the foreground of our consciousness in situations of crisis – or, I would argue, in limit situations, such as when we experience grief. When we experience something that disturbs the time of our everyday lives, we ask questions concerning our biographical time: Why am I in this job? What sort of career do I want? What am I doing with my life? The final perspective is the time we are living in, or, in other words, our epoch. This is home to the expectations and traditions of one's historical time – i.e., 'in our day and age you must…', 'things were better in older times…' and so forth. It is here we might find things like burial rituals, different forms of ars moriendi tied to different epochs, expectations concerning grief, such as different feeling rules (Hochschild, 1979), forms of expression, and so forth. What Rosa argues is thus that 'the good life' is what occurs when these temporal perspectives are in accordance with one another (Rosa, 2015, pp. 8–9). When an individual undertakes an activity in her life, that is in accordance with her 'life-plan' or her understanding of

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[48] Worth noting here is that Rosa does not argue for the existence of an 'ontological time' that exists independently of us, but rather that time is historically and culturally contingent while appearing before subjects as a facticity in their lives; we are always 'placed in time' as he argues (Rosa, 2015, p. 333)

her biographical time, and this way of being and 'planning' her life is possible within the epoch she is living in, we may talk about an experience of the good life. Or as Rosa has called it elsewhere, resonance (Rosa, 2019).

If the 'good life' resides in instances of accordance between the three temporal perspectives, what Rosa's analysis shows is that this is becoming increasingly difficult due to the incessant acceleration of society in the three spheres. This leads to what Rosa calls the dynamization of the self and the existence of situational identities (Rosa, 2015, p. 224), which are caused by what Herman Lübbe (2009) has called the contraction of the present. This contraction of the present has to do with exactly the temporal perspectives of our being-in-time: *"(…) the contraction of the present entails a process whereby the space of time for which we can calculate our living conditions with a degree of constancy is shortened."* (Lübbe, 2009, p. 159). The past and future thus become illegible to us, and it becomes increasingly difficult to find accordance between the temporal perspectives of our being. Rosa argues that temporal structures are important precisely because these structures help us define who we are:

> *"This orienting frame is decisive for the time structure of identity patterns in which past, present, and future must necessarily be linked because the sense of who one is cannot be separated from the interpretation of who one was and will be or would like to be in the future."*
>
> (Rosa, 2015, p. 224)

The point here is that, as social acceleration increases, individuals lose the ability to meaningfully understand themselves – meaning that: *"(…) the perspectives and horizons of the self can no longer be integrated in a unified or even temporally stable identity project."* (Rosa, 2015, p. 238). In an almost direct reference to Giddens, Rosa has argued that the classic idea from thinkers of modernity of a life-plan has been replaced by this new notion of situational identities, wherein biographical time becomes indecipherable (Rosa, 2014, p. 53). And this is where I would like to propose that the idea of existential vulnerability might come into play. If, as Fuchs argues, limit situations challenge our ontological security, then a society wherein the routineness of everyday life, that should help structure and offer this security, has been almost removed, limit situations might become a bigger problem.

Grief thus becomes a disorder. As I have argued in my 1st and 2nd articles, acceleration is a main characteristic of our society. This means that we lose the ability to understand our identities as a coherent narrative, because the future and the past become illegible to us. As Rosa points out, we become alienated from ourselves and the world (Rosa, 2014, 2019). The generative mechanisms that have made this possible are precisely the motors of acceleration that Rosa point to: The Economic Motor, The Cultural Motor, and The Socio-cultural Motor (Rosa, 2015, p. 160). We are constantly trying to broaden the horizons of what is available, attainable, and accessible (Rosa, 2017) to us, because this is the imperative that surrounds us structurally and also what we wish for as individuals (Rosa, 2020b). We might even argue, through Rosa's perspectives on the cultural motor of acceleration (Rosa, 2015, p. 174), that speed is our new religion. Grief is a problem in a world marked by acceleration and the expansion of opportunities for individuals and society because it is the absolute limit of everything. However, acceleration is not, in itself, a problem either. Technological advancement has extended the possibilities for humans in many ways that are not detrimental to us. The point of drawing on Rosa is not that if we just slow down and stop advancing, then all will be fine.

Instead, what Rosa argues for, is that individuals are resonance-seeking (Rosa, 2019, p. 171) and that the possibilities for experiencing resonant relationships have all but vanished. They have vanished because life is marked by acceleration and thus our temporal perspectives cannot come into accordance with one another. But, as Rosa has pointed out in his recent book on the uncontrollability of the world (Rosa, 2020b), we are also seeing the results of a specific relationship to the world today – one that is marked by a mode of aggression. Making a long argument short, what Rosa describes is that we are simultaneously structurally (externally) forced and culturally (internally) driven to treat the world as a point of aggression (Rosa, 2020a, p. 17). We view the world as something to discover, appropriate, master, and control. This isn’t – just as with acceleration – inherently a problem; we need to treat certain aspects of our lives and our world in this dominant or alienated mode. What Rosa argues is instead that the scale has tipped, so to speak – that we are now living in a world, where our relationships to both each other, ourselves and the world at large are marked by this mode of aggression.

Rosa posits that there are 4 dimensions of controllability – (1) making something visible, (2) making something available and attainable, (3) mastering something, and (4) utilizing something (Rosa, 2020a, pp. 19–20). The point is not that all these analytical categories are best left ‘uncontrolled’, so to speak. The problem is that we are living in an age where as many aspects of life as possible are controlled in all 4 analytical categories. Seeing grief in this light, we might talk about how we are continuously (1) trying to figure out *what* grief is, as Granek has pointed out in the evolution of Grief Theory. But we are also (2) making the world available and attainable, which grief radically resists, leading us to a stronger attempt at (3) mastering it. Again, this is currently being done by psychology and psychiatry and the amount of what is within the limits of our mastering it, is continually growing. We are already seeing how drug trials are being developed to treat and control grief (Gang et al., 2021) faster and more efficiently – or in other words, medical ways of controlling grief. But we are also seeing the optimization of these attempts – the need to ‘screen and intervene’ as Nikolas Rose puts it (Rose, 2010). In the case of grief, the attempts are already being made at identifying those most ‘at risk’ of developing PGD and the discussion is ongoing as to how precisely and efficiently one could and should screen for these symptoms.

These attempts at mastering grief are tied with an ongoing attempt at (4) utilizing it as well – most prominently found in attempts like post-traumatic growth, which, to some extent, are solution-oriented perspective on grief, as discussed by Sköld (2020a). Here, grief cannot ‘just’ be – it must lead to something, there must be a growth or a lesson to be learned. A concept that goes completely against the notion of limit situations as part and parcel of life, that I have discussed. Thus, grief becomes an aggression point – something that 'comes at us' and must be overcome and dealt with. As I've argued in my 1st article, we do this by, among other things, deconstructing it. Grief is disorderly – or in Rosa's words, it is uncontrollable. In his book, Rosa discusses death as a paradigmatic example of the difficulties with balancing what is controllable and uncontrollable (Rosa, 2020a, pp. 71–73). We see these attempts at control in the efforts to define how we are buried, our wills, and the ongoing attempts to prolong life as much as possible. We continuously try to control death. But, as Rosa points out, death is inherently uncontrollable – just as I have argued previously. Whether it be the death of oneself or those around you, how, when, and where death enters is uncontrollable[49].

Hence, there is an innate uncontrollability in our relationships, in our commitments. However, this is exactly what constitutes the possibilities for resonant experiences, Rosa argues. Our continued efforts to control grief subdues these experiences. Our relationality is thus what we end up screening and intervening in. This leads to the return of the uncontrollable as a monster, as Rosa puts it (2020a, p. 93). As we attempt to control grief, or as we try to stave off meaninglessness through the social order, it returns to us as increasingly problematic and uncontrollable. Thus, we struggle with these limit situations, and our way of overcoming them only leads to bigger problems. Once the diagnosis enters our world in praxis, the number of people who will receive it will, most likely, grow incessantly.

What is the solution then? Should we 'give up'? Since we cannot control death and grief and we cannot overcome them, should our response amount to nothing more than a shrug and a sigh? A sort of infinite resignation as Eugene Thacker's pessimistic speculative realism has pointed

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[49] Except, as Rosa also points out, in the case of suicide – here the individual in fact decides over death, but only in a complete surrender to it.

out (Thacker, 2018)? Should we all turn into The Nihilist as described by Simone de Beauvoir in *The Ethics of Ambiguity* : "*Conscious of being unable to be anything, man then decides to be nothing.*" (Beauvoir, 1947, p. 56)? Grief radically exposes our inabilities and current attempts at solving or fixing it, underscores our: "*(…) enormous difficulty in accepting our limitedness, our finiteness, and this failure is a cause of much tragedy.*" (Critchley, 2007, p. 1). We live in a world that is focussed on making as much as possible available, attainable, and accessible – grief makes very clear how that is impossible. Furthermore, grief shows that we are relational beings intimately linked to each other and this relationality is inherently uncontrollable. However, a society that pathologizes grief and simultaneously causes individuals to experience it as pathological, must rethink itself. We should not resign ourselves and try to fix grief – instead we might consider a re-evaluation of what is important to us; namely the being-in-time we all experience, which is a shared being that is hinged on our commitments to each other. Perhaps one can frame it like this: "*The vulnerability of precious things is beautiful because vulnerability is a mark of existence.*"[50] (Weil, 1947, p. 125). We are vulnerable and frail beings, that suffer the passing of the ones we love – such is existence, and we must create the possibilities for these experiences to be something we can endure. There is no resolution or meaning to be found *in* grief, but the fact that grief *is*, is meaningful – its existence reveals its own importance. And we suffer greatly because we lack the conditions to experience this in an accelerated world. There is not meaning to find in grief, but grief is still meaningful. We grieve because we cannot avoid it if we are to be human and recognizing this is paramount to the way we conceptualise grief – if we pathologize part of grief, we deem sick what Hägglund calls our attempts at 'sustaining our commitments' (Hägglund, 2019, p. 388). And this pathologization is closely

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[50] Translated from: "*La vulnérabilité des choses précieuses est belle parce que la vulnérabilité est une marque d'existence.*"

tied to the individual experience of grief, that becomes increasingly insufferable to such an extent that individuals seek treatment, because our culture does not provide the conditions of possibility for grief to be experienced as resonant. We simply lack what I have called oases of grief in our lives.

5.4 Concluding Remarks and Future Perspectives

Through this dissertation I have answered one overarching question: What are the societal preconditions that have enabled our current conceptualization of certain forms of grief as pathological and worthy of psychiatric diagnosing? What I thought was going to be an investigation into who received the diagnosis of Prolonged Grief Disorder and those whose job it was to diagnose with it, instead turned out to be an investigation into why there was no diagnosis yet, and what this struggle might tell us about our current culture of grief. I have argued through all my work for the primacy of grief and death when we discuss what it means to be human – that these two elements, that are inseparable, are the conditions of possibilities for being human and for society and culture in general. I have argued in such a manner because I find this line of thought meaningful, but also to insist upon the importance of death and grief, which may work as an antidote to the current tides of diagnostic culture in which grief is now caught. Grief is more than an emotion or a reaction – it is one of the essential parts of what constitutes us as human beings.

Through the articles contained in this dissertation, I have argued that our contemporary understanding of grief is enmeshed within broader societal developments. That death and grief are intimately connected to each other, and in turn connected to society and what it means to be a human in said society. This has been the focus in my 1st article, where I have sought to show that the diagnosis of PGD is an expression of our increasing problems with temporality, which causes a different experience of suffering when it comes to grief. PGD thus seeks to fix and alleviate grief, because there is less room for grief in society, and because the individual experience is becoming increasingly illegible. These difficulties also connect to my 2nd article, that does not discuss PGD specifically, but rather our seeming cultural preoccupation with grief. If we leave less space for grief in an accelerated society, how might we understand our current relationship to grief in popular culture? Instead of an increased suffering here, I argued that we are interested in grief, because we lack resonance – a lack that is caused by social acceleration. This is thus not about the 'pathological part' of our current culture of grief, but the arguments contained within this article are an extension of those in my 1st article – grief is problematic for those who experience it, but 'recreational grief' is a way of experiencing resonance. And it is so because grief is an emotion that is tied to relations. Relations that in an accelerated society have become increasingly mute and alienated, and thus we may experience grief-by-proxy. In my 3rd article, I discussed the disagreements about the scientific evidence, personal and professional disagreements, money, and so on, that are tied to the diagnosis. This article takes a step away from the critical sociological discussions of article 1 and 2 but is still connected to these in the following manner: We are living in an accelerated society that demands answers to a problem such as grief. But the route to such an answer is not a straightforward one. While not obvious by reading them, the experiences I had while doing my fieldwork tempered my arguments in article 1 and 2. These experiences showed me that the diagnosis was not just something that was set in stone and ready to be implemented. Furthermore, my 3rd article is an extension of the other published works in this dissertation – it zooms in on the diagnosis and attempts to cast a light on the uncertain and contested nature of such diagnoses. The arguments in my first two articles are concerned with the connection between societal changes and grief, and how these changes are now actualizing certain ways of seeing grief as a 'problem' – one that may be pathological. The third article looks at how the actualizations play out in the domain of the empirical – and to some extent the domain of the factual. If we are living in an accelerated society where grief is increasingly viewed as a problem, how do the areas of society, the institutions, the political organizations, and so on, where decisions and implementations of such a diagnosis takes place, 'act' or relate to such a problem as grief. In short, how does the problematic aspects of grief, that I have highlighted, help actualize certain potentialities in the domain of the empirical? The answer is that it enables grief to be viewed as problem – a problem that necessitates a new diagnosis, new forms of treatment, and thus unlocks struggles to define these, since defining these, to some extent, also ensures a form of power to those who treat it. What my 3rd article showed was, that grief is contested and that there is a resistance to letting grief fall into the realm of psychiatry and psychology. However, though these fights have been featured in public media and have been substantial within the professional realm of grief researchers in Denmark, the diagnosis will still be implemented. People will be diagnosed with it. Why is that? Because, as part 2 of this dissertation and my 1st article have argued, we are living in a time where grief is left a decreasing amount of space to exist. We are deconstructing it, as I have put it, and we are doing this both because we cannot provide an answer for it and because the normative ideals of contemporary society are at odds with a phenomenon such as grief. So, while the resistances towards PGD are well argued, they will eventually fail. And they will do so because, just as with the diagnosis itself, they are superficial solutions to underlying problems.

What does this mean? Individuals are not becoming sick of grief, or are not suffering more from their grief, because the losses individuals experience have become worse than before PGD existed, but because the societal preconditions in which grief exists have changed. There is simply less time and space for grief in a society that seeks speed as the greatest good. I argued for these elements in my 1st and 2nd article and the power-struggles I discussed in my 3rd article showed that these generative mechanisms have enabled grief to become a problem in a psychological and psychiatric sense. Diagnosing grief seems like a superficial solution to the underlying problems of our current society, where grief increasingly takes the form of a lumbering, difficult, and unwanted emotion that is at odds with societal ideals. We are providing and answer for grief that is insufficient because it is focussed on fixing individual, deconstructed parts of grief and speeding it up. Likewise, the resistances against the diagnosis of PGD are, to an extent, superficial solutions to underlying problems. Yes, PGD is problematic, and the discussions of empirical evidence are worth having, but the critiques will ultimately fail, and the diagnosis will be implemented, because what is at stake is not 'just' one diagnosis, but rather the ways in which we are in the world as human beings and how we order and construct our society. The social order we have instilled now is one of speed and the bulwarks against limit situations have become fragile – in our attempts to overcome and control grief, it has instead grown more problematic for us.

Then, where does this leave my research and what happens next? Well, the main question that remains after all my work is still: what happens when the diagnosis is implemented? How many people will be diagnosed? What are the consequences for these individuals and society as a whole? These questions will remain, and the answer can only be approached after the diagnosis begins to take hold. Based on my discussions and findings in the above, the outlooks may seem dire. Also pertinent to question and research further is then what sort of answer should be provided to grief instead of our current diagnostic answer? As I have argued in my 2nd article, we might discuss grief as also containing certain aspects that may be resonant. Grief is inherently alienating, in the sense that it is an experience of being brought face-to-face with death and the void, but there might also be parts of the experience that are resonant – i.e., retaining the value and importance of the lost relationship, thereby transforming oneself and the other. It may prove that such a conception of grief – as something both alienating and resonant – could be a fruitful path of research.

Seeing as the concept of social acceleration is focussed on the ongoing acceleration of society, another question is also worth posing: will this lead to more problems with grief? Will the prevalence rise as we continuously 'speed up'? The estimates are, as of now, that around 10 % of the population suffer from PGD (Lundorff et al., 2017) – but can we expect that more people will experience this form of suffering as we attempt to go faster? The concept of deconstructing grief I have tried to develop might also be fruitful to discuss here. Will we see more deconstruction? Will new diagnoses concerning grief be ‘discovered’, thereby furthering the deconstruction of grief into an increasing number of ailments all with specific forms of treatment? This development must be followed closely, especially considering the coming drug-trials researching how to treat PGD medically. A pessimist might argue that by doing this, we are skirting dangerously close to the realisation of Aldous Huxley’s *Brave New World* and the drug Soma (Huxley, 1932). Will people use medication when they experience grief, thereby subduing it? Will this in time perhaps remove grief altogether? What might this do to our relationality?

To sum up, there are 5 main points I would like to emphasize in this conclusion:

The troubled implementation of Prolonged Grief Disorder in Denmark reveals some of the problematic aspects with the diagnosis.

We like to consider diagnoses as scientific progress, but – mirroring Danziger’s points – the practical implementations of such a diagnosis are fraught with many other aspects. These are centred around professional disagreements, funding for research, money, and even personal differences. The transformation of grief from an existential emotion to a pathological entity has been underway for a long time, but the final stage of this transformation is being played out as I write this, by different interest groups and professions vying to define how you and I will understand the experience of loss, from now on. This is already causing trouble, since the mere fact that the diagnosis now exists changes our way of understanding and discussing grief – we already have trouble talking about grief in a non-diagnostic manner that does not include the concepts of ’normal’ or ‘pathological grief’. This struggle is, from a critical realist position, the actualization of the generative mechanisms that have changed our relationship to grief – i.e., acceleration, individualization, secularization, and capitalism.

Death, grief, and society are intimately tied together, so what we 'do' with death reveals much about what kind of society we live in.

I have argued through all my work that we cannot understand grief as separated from what we call society and culture – they are, in fact, built upon the dead in both a figurative and literal manner. Thus, our understanding of death and grief are intimately linked to our culture and vice versa – and a culture that pathologizes grief is a very different one, than a culture that treats grief as painful and debilitating, but not as an individual, medical problem. Our current culture of grief is one mired in the understanding of emotions and mental states as phenomena within the realm of psychology and psychiatry. This is the original societal precondition and holding on to this perspective might enable us to see PGD not as an individual problem, but rather as a collective problem – a pathological condition tied to the developments of society as a whole.

The transformation from a religious to a secularized society has made room for psychology and psychiatry to 'do something' with grief.

That grief is now a 'problem' for the realms of psychology and psychiatry to handle is, among other things, tied to the retraction of religious life, which made possible the increased reliance on psychological and psychiatric explanations and answers to life. In some ways the 'myth of religion' has been superseded by what we might call 'the myth of psychology and psychiatry'[51]. This has been done through the cultural work (Illouz, 2008) of

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[51] I am not arguing that psychology is a myth in the sense that it is a lie or nothing more than a belief system, but rather that the 'function' of religion – to provide answers to existential questions and problems – has slowly been replaced by psychological and psychiatric answers. This is not wholly problematic or worse than previous answers, it just causes new and different problems for us.

psychology and psychiatry, which has helped develop and push forward what Granek (2010) has called Grief Theory. The solution is difficult to work out, but I am not arguing for a return to religion or a re-enchantment of the world. This is worth acknowledging, since secularization, along with other societal changes, are part of my argument – they are generative mechanisms that have actualized PGD and the struggle concerning grief. It is also worth discussing further, since it necessitates a discussion concerning what to do instead of pathologizing or psychologizing grief – is the answer re-enchantment or something completely different?

Grief is now becoming a disorder, precisely because it is becoming more disorderly in a world that has an increasingly strenuous relationship to death.

In itself, the replacement of religious answers to death with psychological answers is not inherently problematic and, as mentioned, cannot explain the recent pathologization of grief on its own. We must also try to understand what other generative mechanisms that have led to this pathologization. Here, I propose that we understand the ongoing 'problem' of grief and death as intimately tied to a society that leaves less space for emotions such as grief – as exemplified best in the work of Paul C. Rosenblatt, who describes the experience of grieving while driving (Rosenblatt, 2004). That grief is 'saved' for moments, such as those alone in one's car, where it does not interfere with everyday life and is freed from the watchful eyes of others. The space for grief is decreasing dramatically and the grieving individual becomes a killjoy that is alienated from the surrounding world (Kofod, 2020). Grief has been relegated to smaller oases of grief that must not interfere with life in general, which means that living our lives as a form of being-towards-grief (Sköld, 2020b) becomes problematic.

Grief is thus being deconstructed, since our capacity to 'live through' a limit situation, such as grief, has become more difficult in an accelerating world.

The deconstruction of grief might only just be beginning. As I have argued for in my articles, grief is becoming increasingly problematic – it is becoming a disorder in a sped-up world, we are struggling to have what I cautiously have dubbed resonant grief experiences, and these changes have actualized a struggle to define what grief is and how to best treat it. Prolonged Grief Disorder is the first step in cutting up grief into smaller ailments – these may, as of now, be treated with a variety of psychological approaches, and will soon, most likely, also be treatable with medication. It is not difficult to imagine that this development will continue and that we will see more diagnoses of grief and the prevalence of individuals treated for these will grow. There is, of course, a critique to be raised here at the 'designers' of such diagnoses and the scientific realm from which they stem, but we must also acknowledge that individuals do suffer from grief, and they experience this suffering as needing treatment and diagnosing. I have argued that this is because we live in an accelerating world that makes our lives increasingly illegible, thus preventing us from upholding an ontological security that may help us live through a limit situation such as grief. We might come to understand grief as a particular form of resonant experience, that has been made impossible in a world fixated on speed, control, and acceleration.

Questions for further research:

- What happens once the diagnosis is implemented? Will we see a rise in individuals who are 'sick from grief'? Will the 10% estimate of prevalence prove to be correct or too low?
- Will more diagnoses concerned with grief arise?

- What alternative answers to grief might we provide that do not exist within the realm of psychology and psychiatry?
- What happens when we find a drug that may treat Prolonged Grief Disorder? Will this make medical treatment of grief more common?
- Might we employ the concept of grief as resonant to better understand the conditions – or lack thereof – for experiencing grief as painful, but not pathological?
- Can we 'go back' now that the diagnostic vernacular has been applied to grief? Can we talk about grief in a non-diagnostic manner again, and not think of the distinction 'normal' or 'pathological' grief?

Grief poses many questions to us as individuals and as a society. In this dissertation, I have attempted to lay bare how grief and death are societal preconditions that change over time – existing in a dialectical relationship with culture. We must face death and grief, but we must live with the inherent ambiguity in our relationship to them. I do not long for previous answers to death and grief, but I do argue that the answers we are providing to death and grief today are marked by an attempt at deconstructing and controlling something uncontrollable. We must instead attempt to conceive of a world, wherein the possibilities to live lives that are resonant are met – while insisting on the importance of grief as inherently painful, demanding, and impossible. It is not a disorder, but it is a disorderly part of existence that we must live through.

> *"You can look at a withered lilac and feel convinced that from that moment on nothing more remains to be said about life and death. Always losing something we love, something we are. Again, we have lost what used to be, and yet are none the wiser for the loss, the lesson. None the wiser, nowhere near changed. Still just a person, grieving over everything that can be remembered…"*
>
> (Klougart, 2017)

Bibliography

Agar, M. (1986). *Speaking of Ethnography* (1st ed.). SAGE Publications.

Aidt, N. M. (2017). *Har døden taget noget fra dig så giv det tilbage. Carls bog* (1st ed.). Copenhagen: Gyldendal.

Alilunas, P. (2017). On the Prowl (Jamie Gillis, 1989). *Porn Studies*, *4*(3), 347–352. https://doi.org/10.1080/23268743.2017.1333025

Alvesson, M., & Kärreman, D. (2011). *Qualitative Research and Theory Development: Mystery as Method* (1st ed.). SAGE.

American Psychological Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5®), Fifth Edition*. American Psychological Association.

Archer, J. (1999). *The Nature of Grief: The Evolution and Psychology of Reactions to Loss* (1st ed.). London: Routledge.

Archer, J. (2001). Grief from an evolutionary experience. In M. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (1st ed., pp. 263–283). Washington, DC: American Psychological Association.

Arendt, H. (1977). *Åndens Liv* (Danish 201; J. (Translator) Wrang, Ed.). Klim.

Ariès, P. (1974). *Western Attitudes toward Death: From the Middle Ages to the Present*. Baltimore: The John Hopkins University Press.

Ariès, P. (1981). *The Hour of Our Death* (1st ed.). Knopf.

Asplund, J. (1970). *Om undran inför samhället*. Argos.

Bacchi, C. (2012). Introducing the 'what's the problem represented to be?' approach. In C. Beasley & A. Bletsas (Eds.), *Engaging with Carol Bacchi: Strategic Interventions and Exchanges* (1st ed., pp. 21–24). https://doi.org/10.1017/UPO9780987171856.003

Bandini, J. (2015). The Medicalization of Bereavement: (Ab)normal Grief in the DSM-5. *Death Studies*, *39*(6), 347–352.

https://doi.org/10.1080/07481187.2014.951498

Barbalet, J. (2002). Introduction: Why emotions are crucial. In J. Barbalet (Ed.), *Emotions and Sociology* (1st ed., pp. 1–9). https://doi.org/10.1111/j.1467-954X.2002.tb03588.x

Bauman, Z. (1992). *Mortality, Immortality, and other Life Strategies* (1st ed.). Cambridge: Polity Press.

Beauvoir, S. de. (1947). *The Ethics of Ambiguity* (2018 ed.). New York: Open Road Integrated Media.

Beauvoir, S. de. (1956). *The Mandarins*. W. W. Norton & Company.

Beck, U., & Beck-Gernsheim, E. (2002). *Individualization - Institutionalized Individualism and its Social and Political Consequences* (1st ed.). London: Sage Publications Ltd.

Becker, E. (1973). *The Denial of Death*. Free Press.

Behr, R. (2005). Boo hoo, said the crocodile. *The Guardian*.

Benjaminsen, L. (2006). Sociale mekanismer og statistiske modeller - mellem tal og teori. In O. Bjerg & K. Villadsen (Eds.), *Sociologiske Metoder - Fra teori til analyse i kvantitative og kvalitative studier* (1st ed., pp. 67–83). København: Forlaget samfundslitteratur.

Berger, P. L. (1967). *The Sacred Canopy - Elements of a Sociological Theory of Religion* (1st ed.). Doubleday.

Berger, P. L., & Luckmann, T. (1966). *The Social Construction of Reality: A treatise in the sociology of knowledge* (1st ed.). New York: Penguin Book.

Berridge, K. (2001). *Vigor mortis: the end of the death taboo*. Profile Books.

Bhaskar, R. (1998). *The Possibility of Naturalism: A Philosophical Critique of the Contemporary Human Sciences* (3rd ed.). London & New York: Routledge.

Bhaskar, R. (2008). *A Realist Theory of Science* (1st ed.). Abingdon: Routledge.

Bhaskar, R. (2013). From science to emancipation: Alienation and the actuality of enlightenment. In *From Science to Emancipation: Alienation and the Actuality of Enlightenment* (1st ed.). https://doi.org/10.4324/9780203141779

Bhaskar, R. (2016). *Enlightened Common Sense - The Philosophy of Critical Realism* (1st ed.; M. Hartwig, Ed.). Abingdon: Routledge.

Bhaskar, R., & Laclau, E. (2013). Critical Realism and Discourse Theory:

Debate with Ernesto Laclau. In *From Science to Emancipation: Alienation and the Actuality of Enlightenment* (1st ed., pp. 79–95). Routledge.

Bjerre, H. J. (2015). *Analysér!* (1st ed.). København: Forlaget Mindspace.

Bjørlykhaug, K. I., & Vetlesen, A. J. (2020). Hva er økologisk sorg? In K. I. Bjørlykhaug & A. J. Vetlesen (Eds.), *Det går til Helvete. Eller?* (1st ed., pp. 71–90). Dinamo Forlag.

Blum, A. (2015). Death, happiness and the meaning of life: The view from sociology. *Journal of Classical Sociology*, *15*(1), 24–38. https://doi.org/10.1177/1468795X14558761

Blum, A. (2017). The dying body as a lived experience. In *The Dying Body as a Lived Experience* (1st ed.). https://doi.org/10.4324/9781315622712

Bowlby, J. (1980). *Attachment and Loss Vol. 3 - Loss, Sadness and Depression* (1st ed.). New York: Basic Books.

Brady, D. L., Brown, D. J., & Liang, L. H. (2017). Moving beyond assumptions of deviance: The reconceptualization and measurement of workplace gossip. *Journal of Applied Psychology*, *102*(1), 1–25. https://doi.org/10.1037/apl0000164

Brinkmann, S. (2012). *Qualitative inquiry in Everyday Life - Working with Everyday Life Materials* (1ST ed.). London: SAGE.

Brinkmann, S. (2014a). Doing Without Data. *Qualitative Inquiry*, *20*(6), 720–725. https://doi.org/10.1177/1077800414530254

Brinkmann, S. (2014b). Languages of suffering. *Theory & Psychology*, *24*(5), 630–648. https://doi.org/10.1177/0959354314531523

Brinkmann, S. (2015). Diagnoser som epistemiske objekter. In S. Brinkmann & A. Petersen (Eds.), *Diagnoser - Perspektiver, Kritisk og Diskussion* (1st ed., pp. 37–58). Aarhus: Forlaget Klim.

Brinkmann, S. (2016). *Diagnostic Cultures* (1st ed.). London: Routledge.

Brinkmann, S. (2017). Could grief be a mental disorder? *Nordic Psychology*. https://doi.org/10.1080/19012276.2017.1381038

Brinkmann, S. (2018a). General Psychological Implications of the Human Capacity for Grief. *Integrative Psychological and Behavioral Science*, *52*(2), 177–190. https://doi.org/10.1007/s12124-018-9421-2

Brinkmann, S. (2018b). The grieving animal: Grief as a foundational emotion. *Theory and Psychology*, *28*(2), 193–207. https://doi.org/10.1177/0959354317747051

Brinkmann, S. (2019). A society of sorrow: the constitution of society through grief. *Distinktion*, *20*(2), 207–221. https://doi.org/10.1080/1600910X.2018.1521339

Brinkmann, S., & Kvale, S. (2018). *Doing Interviews* (Second). Second. https://doi.org/10.4135/9781529716665

Brinkmann, S., & Petersen, A. (2015). *Diagnoser - Perspektiver, Kritik og Diskussion* (1st ed.). Aarhus: Forlaget Klim.

Brinkmann, S., Petersen, A., Kofod, E. H., & Birk, R. (2014). Diagnosekultur: et analytisk perspektiv på psykiatriske diagnoser i samtiden. *Tidsskrift for Norsk Psykologforening*, *51*, 692–697.

Buch-Hansen, H., & Nielsen, P. (2008). *Kritisk realisme* (3rd ed.). Roskilde: Roskilde Universitetsforlag.

Burawoy, M. (2007). Private Troubles Public Issues. In A. Barlow (Ed.), *Collaborations for Social Justice* (1st ed., pp. 125–133).

Burawoy, M., Burton, A., Ferguson, A. A., Fox, K. J., Gamson, J., Gartrell, N., … Ui, S. (1991). Ethnography Unbound. In *Ethnography Unbound: Power and Resistance in the Modern Metropolis.*

Butler, J. (2004). Precarious life: the powers of mourning and violence. In *New York* (2006 ed.). Verso Books.

Camus, A. (1942). *L'Étranger*. Gallimard.

Camus, A. (1991). *Between hell and reason : essays from the Resistance newspaper Combat, 1944-1947* (A. (translator) De Gramont, Ed.). Wesleyan University Press.

Cederström, C., & Spicer, A. (2015). *The Wellness Syndrome* (1st ed.). Cambridge: Cambridge : Polity Press.

Charmaz, K., & Milligan, M. J. (2006). Grief. In J. E. Stets & J. H. Turner (Eds.), *The Handbook of the Sociology of Emotions* (pp. 517–543). New York: Springer.

Collier, A. (1994). *Critical Realism: An Introduction to Roy Bhaskar's Philosophy* (1st ed.). https://doi.org/10.5840/intstudphil199729248

Colombetti, G., & Krueger, J. (2015). Scaffoldings of the affective mind. *Philosophical Psychology*, *28*(8), 1157–1176. https://doi.org/10.1080/09515089.2014.976334

Conrad, P. (2007). *The Medicalization of Society : on the transformation of human conditions into treatable disorders* (1st ed.). Baltimore: The John Hopkins University Press.

Cordaro, M. (2012). Pet Loss and Disenfranchised Grief: Implications for Mental Health Counseling Practice. *Journal of Mental Health*

Counseling, *34*(4), 283–294. https://doi.org/10.17744/mehc.34.4.41q0248450t98072

Crawford, J. (2020). The Trouble with Re-Enchantment. *Los Angeles Review of Books*. Retrieved from https://lareviewofbooks.org/article/the-trouble-with-re-enchantment/

Critchley, S. (1997). *Very Little ... Almost Nothing: Death, philosophy and literature* (2nd 2004). https://doi.org/10.4324/9780203462935

Critchley, S. (2002). Enigma variations: An interpretation of Heidegger's sein und zeit. *Ratio*, *15*(2), 154–175. https://doi.org/10.1111/1467-9329.00182

Critchley, S. (2007). *Infinitely Demanding: Ethics of Commintment, Politics of Resistance*. London & New York: Verso Books.

Critchley, S. (2010). *How to Stop Living and Start Worrying* (1st ed.). Cambridge: Polity Press.

Critchley, S. (2019). *Tragedy, the Greeks, and Us* (1st ed.). New York: Pantheon Books.

Crunk, A. E., Burke, L. A., & Robinson, E. H. M. (2017). Complicated Grief: An Evolving Theoretical Landscape. *Journal of Counseling and Development*, *95*(2), 226–233. https://doi.org/10.1002/jcad.12134

Cunsolo Willow, A., & Ellis, N. R. (2018). Ecological grief as a mental health response to climate change-related loss. *Nature Climate Change*, *8*(4), 275–281. https://doi.org/10.1038/s41558-018-0092-2

Cunsolo Willox, A. (2012). Climate Change as the Work of Mourning. *Ethics and the Environment*, *17*(2), 137. https://doi.org/10.2979/ethicsenviro.17.2.137

Dalsgaard, L. J. (2019). *Alle dage tilbage* (1st ed.). København: EC Edition.

Danermark, B., Ekström, M., Jakobsen, L., & Karlsson, J. C. (1997). *Att förklara samhället* (1st ed.). Lund: Studentlitteratur.

Danermark, B., Ekström, M., Jakobsen, L., & Karlsson, J. C. (2002). *Explaining Society - Critical realism in the social sciences* (1st ed.). London & New York: Routledge.

Danmarks Statistik. (2020). Dødsfald - Danmarks Statistik. Retrieved October 5, 2020, from https://www.dst.dk/da/Statistik/emner/befolkning-og-valg/doedsfald-og-middellevetid/doedsfald

Danziger, K. (2003). Where History, Theory , and Philosophy Meet. In M. J. Kral & D. B. Hill (Eds.), *About Psychology: Essays at the Crossroads of*

History, Theory and Philosophy (1st ed., pp. 19–34). New York: New York Press.

Davies, W. (2016). *The Happiness Industry: How the Government and Big Business Sold Us Well-Being* (1st ed.). New York: Verso Books.

DeGroot, J. M. (2014). "For Whom the Bell Tolls": Emotional Rubbernecking in Facebook Memorial Groups. *Death Studies*, *38*(2), 79–84. https://doi.org/10.1080/07481187.2012.725450

DeGroot, J. M., & Leith, A. P. (2018). R.I.P. Kutner: Parasocial Grief Following the Death of a Television Character. *Omega (United States)*, *77*(3), 199–216. https://doi.org/10.1177/0030222815600450

Derrida, J. (1989). *Memoires of Paul de Man* (Revised Ed). Oxford: Columbia University Press.

Derrida, J. (1993). *Aprias*. Stanford University Press.

Derrida, J. (1994). *The politics of friendship* (2005th ed.; G. Collins, Ed.). Verso.

Derrida, J. (2001). *The Work of Mourning* (1st ed.; P.-A. Brault & M. Naas, Eds.). Chicago: The University of Chicago Press.

Djelantik, A. A. A. M. J., Smid, G. E., Mroz, A., Kleber, R. J., & Boelen, P. A. (2020, March 15). The prevalence of prolonged grief disorder in bereaved individuals following unnatural losses: Systematic review and meta regression analysis. *Journal of Affective Disorders*, Vol. 265, pp. 146–156. https://doi.org/10.1016/j.jad.2020.01.034

DR. (2017). *Kunsten at Miste: Alene I Sorgen*. Retrieved from https://www.dr.dk/tv/se/kunsten-at-miste/-/kunsten-at-miste-at-leve-med-de-doede-2-4#!/00:00,autoplay=true

DR. (2018). DR sætter ord på sorgen | Presse | DR. Retrieved January 15, 2020, from https://www.dr.dk/presse/dr-saetter-ord-paa-sorgen

Dyregrov, A., & Dyregrov, K. (2018). *Mestring af sorg* (1st ed.). Copenhagen: Dansk Psykologisk Forlag.

Edwards, D., Ashmore, M., & Potter, J. (1995). Death and Furniture: The rhetoric, politics and theology of bottom line arguments against relativism. *History of the Human Sciences*, *8*(2), 25–49. https://doi.org/10.1177/095269519500800202

Ehrenreich, B. (2018). *Natural causes: an epidemic of wellness, the certainty of dying, and killing ourselves to live longer* (1st ed.). Hachette UK.

Elder-Vass, D. (2008). Searching for realism, structure and agency in Actor Network Theory. *British Journal of Sociology*, *59*(3), 455–473.

https://doi.org/10.1111/j.1468-4446.2008.00203.x

Elder-Vass, D. (2012). *The Reality of Social Construction* (1st ed.). Cambridge: Cambridge University Press.

Elias, N. (1980). *The Civilizing Process* (2nd ed.). John Wiley and Sons Ltd.

Elias, N. (1985). *The Loneliness of the Dying*. London: The Continuum International Publishing Group Inc.

Elias, N. (1987). The Retreat of Sociologist into the present. *Theory, Culture and Society*, *4*(2), 223–247. https://doi.org/0803973233

Elias, N., & Scotson, J. (1965). The Established and the Outsiders: A Sociological Enquiry into Community Problems. In *The Established and the Outsiders: A Sociological Enquiry into Community Problems* (2nd (1994)). https://doi.org/10.4135/9781446222126

Engel, G. L. (1961). Is grief a disease? A challenge for medical research. *Psychosomatic Medicine*, *2*, 18–22.

Engelbrekt, P. (2016). Forskningscenter: Sorg koster samfundet milliarder. *Altinget: Sundhed*. Retrieved from https://www.altinget.dk/sundhed/artikel/forskningscenter-sorg-koster-samfundet-milliarder

Epicurus. (n.d.). *Letter to Menoeceus* (2016 trans; R. D. Hicks, Ed.). CreateSpace Independent Publishing Platform.

Fan, Z., Grey, C., & Kärreman, D. (2020). Confidential Gossip and Organization Studies. *Organization Studies*, *00*(0), 1–14. https://doi.org/10.1177/0170840620954016

Fedorowicz, S. C. (2013). Towards gonzo anthropology: Ethnography as cultural performance. *Journal of Inquiry and Research*, (98), 55–70.

Feifel, H. (1959). *The Meaning of Death* (1st ed.; H. Feifel, Ed.). McGraw-Hill Book Company.

Fletcher, A. J. (2017). Applying critical realism in qualitative research: methodology meets method. *International Journal of Social Research Methodology*, *20*(2), 181–194. https://doi.org/10.1080/13645579.2016.1144401

Foote, C. E., & Frank, A. W. (1999). Foucault and therapy: The disciplining of grief. In A. S. Chambon, A. Irving, & L. Epstein (Eds.), *Reading Foucault for social work* (1st ed., pp. 157–188). Columbia University Press.

Frances, A. (2013). *Saving Normal: An Insider's Revolt against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the*

Medicalization of Ordinary Life (1st ed.). Harpercollins Publishers.

Frantzen, M. K. (2018). *En fremtid uden fremtid - depression som politisk problem og kunstens alternative fortællinger* (1st ed.). København: Informations Forlag.

Frantzen, M. K. (2021). *Klodens Fald - Æstetiske og økologiske perspektiver på olie, plastik og andre hyperabjekter* (1st ed.). København: Laboratoriet for Æstetik og Økologi.

Freud, S. (1915). Zeitgemässes Über Krieg und Tod. In J. Strachey, A. Freud, A. Strachey, & A. Tyson (Eds.), *The Standard Edition of the Complete Works of Sigmund Freud, Vol. XIV* (Paperback, pp. 274–301). The Hogarth Press.

Fuchs, T. (2013). Existential vulnerability: Toward a psychopathology of limit situations. *Psychopathology*, *46*(5), 301–308. https://doi.org/10.1159/000351838

Fuchs, T. (2018). Presence in absence. The ambiguous phenomenology of grief. *Phenomenology and the Cognitive Sciences*, *17*(1), 43–63. https://doi.org/10.1007/s11097-017-9506-2

Gang, J., Kocsis, J., Avery, J., Maciejewski, P. K., & Prigerson, H. G. (2021). Naltrexone treatment for prolonged grief disorder: study protocol for a randomized, triple-blinded, placebo-controlled trial. *Trials*, *22*(1), 110. https://doi.org/10.1186/s13063-021-05044-8

Gerhardt, M. (2014). *Der bor Hollywoodstjerner på vejen* (1st ed.). København: People's Press.

Giampapa, F. (2011). The politics of "being and becoming" a researcher: Identity, power, and negotiating the field. *Journal of Language, Identity and Education*, *10*(3), 132–144. https://doi.org/10.1080/15348458.2011.585304

Giddens, A. (1991). *Modernity and Self-identity - Self and Society in Late Modern Age* (1st ed.). Polity Press.

Gordon, P. E. (2008). The place of the sacred in the absence of God: Charles Taylor's a secular age. *Journal of the History of Ideas*, *69*(4), 647–673. https://doi.org/10.1353/jhi.0.0019

Gordon, P. E. (2016). Critical Theory between the Sacred and the Profane. *Constellations*, *23*(4), 466–481. https://doi.org/10.1111/1467-8675.12221

Gorer, G. (1955). The pornography of death (revised). *Death, Grief, and Mourning in Contemporary Britain*, *5*(1955), 221–235.

Gorski, P. (2009). Social "Mechanisms" and Comparative-Historical

Sociology: A Critical Realist Proposal. In P. Hedström & B. Wittrock (Eds.), *Frontiers of Sociology* (1st ed., pp. 147–194). Brill Academic Publishers.

Granek, L. (2010). Grief as pathology: The Evolution of Grief Theory in Psychology From Freud to the Present. *History of Psychology*, *13*(1), 46–73. https://doi.org/10.1037/a0016991

Granek, L. (2013). Disciplinary Wounds: Has Grief Become the Identified Patient for a Field Gone Awry? *Journal of Loss and Trauma*, *18*(3), 275–288. https://doi.org/10.1080/15325024.2012.688708

Granek, L. (2014). Mourning sickness: The politicizations of grief. *Review of General Psychology*, *18*(2), 61–68. https://doi.org/10.1037/gpr0000001

Greenberg, G. (2013). *The Book of Woe: The DSM and the Unmaking of Psychiatry* (1st ed.). Blue Rider Press.

Guldin, M.-B. (2019). *Kort & godt om sorg* (1st ed.). Copenhagen: Dansk Psykologisk Forlag.

Hagemeyer, S. (1986). Making sense of divorce grief. *Pastoral Psychology*, *34*(4), 237–250. https://doi.org/10.1007/BF01794549

Hägglund, M. (2019). *This Life: Secular Faith and Spiritual Freedom.* (1st ed.). New York: Pantheon Books.

Harmon, J., & Dunlap, R. (2020). Gonzo Autoethnography: The Story of Monkey. *Leisure Sciences*, *42*(5–6), 502–514. https://doi.org/10.1080/01490400.2018.1499057

Heath, I. (2013). Overdiagnosis: when good intentions meet vested interests--an essay by Iona Heath. *BMJ (Clinical Research Ed.)*, *347*(f6361), 1–3. https://doi.org/10.1136/bmj.f6361

Heidegger, M. (1927). *Being & Time* (2010 ed. 1; J. Stambaugh, Ed.). Oxford: Basil Blackwell Publisher Ltd.

Hertz, R. (1960). *Death & The Right Hand* (R. Needham & C. Needham, Eds.). https://doi.org/https://doi.org/10.4324/9781315017600

Hochschild, A. R. (1979). Emotion Work, Feeling Rules, and Social Structure. *Emotion Work American Journal of Sociology*, *85*(3), 551–575. Retrieved from http://www.jstor.org/stable/2778583

Horton, D., & Richard Wohl, R. (1956). Mass Communication and Para-Social Interaction. *Psychiatry*, *19*(3), 215–229. https://doi.org/10.1080/00332747.1956.11023049

Horwitz, A. V, & Wakefield, J. C. (2007). *The Loss of Sadness* (1st ed.). Oxford University Press.

Hundahl, A. B. (2019). Sorg og bøger. Retrieved January 17, 2020, from Litteratursiden website: https://litteratursiden.dk/anmeldelser/sorg-og-boger

Huron, D. (2018). On the Functions of Sadness and Grief. In H. C. Lench (Ed.), *The Function of Emotions* (1st ed., pp. 59–91). https://doi.org/https://doi.org/10.1007/978-3-319-77619-4

Huxley, A. (1932). *Brave New World* (1946 ed.). HarperCollins Publishers Ltd.

Illich, I. (1977). Medical nemesis: The expropriation of health. *Social Forces*, *55*(3), 830–832. https://doi.org/10.1093/sf/55.3.830

Illouz, E. (2008). *Saving the Modern Soul: Therapy, Emotions, and the Culture of Self-Help* (1st ed.). https://doi.org/10.1177/009430610903800112

Illouz, E., Gilon, D., & Shachak, M. (2014). Emotions and Cultural Theory. In J. E. Stets & J. H. Turner (Eds.), *Handbook of the Sociology of Emotions* (1st ed.). https://doi.org/10.1007/978-94-017-9130-4

Information. (2017). Serie: Foranderlig sorg | Information. Retrieved January 16, 2020, from https://www.information.dk/serie/foranderlig-sorg

Ingerslev, L. R. (2018). Ongoing: On grief's open-ended rehearsal. *Continental Philosophy Review*, *51*(3), 343–360. https://doi.org/10.1007/s11007-017-9423-7

Ingold, T. (2011). *Being Alive - Essays on Movement, Knowledge and Description*. Routledge.

Jacobsen, J. P. (1919). *Niels Lyhne*. London: Oxford University Press.

Jacobsen, M. H. (2016). "Spectacular Death"—Proposing a New Fifth Phase to Philippe Ariès's Admirable History of Death. *Humanities*, *5*(2), 19. https://doi.org/10.3390/h5020019

Jacobsen, M. H. (2017). Individualised immortality in liquid-modern times: teasing out the topic of symbolic immortality in the sociology of Zygmunt Bauman. In M. H. Jacobsen (Ed.), *Postmortal Society - Towards A Sociology of Immortality2* (1st ed., pp. 57–78). New York: Routledge.

Jacobsen, M. H. (2020). *The Age of Spectacular Death* (1st ed.; M. H. Jacobsen, Ed.). London: Routledge.

Jacobsen, M. H., & Kofod, E. H. (2015). Sorg - en fraværsfølelse under forandring. In I. G. Bo & M. H. Jacobsen (Eds.), *Hverdagslivets Følelser* (1st ed., pp. 245–279). Hans Reitzels Forlag.

Jacobsen, M. H., Lund, P. C., & Petersen, A. (2020). Spectacular Grief - On the individualisation, professionalisation and memorialisation of grief in contemporary society. In M. H. Jacobsen (Ed.), *The Age of Spectacular Death* (1st ed.). Routledge.

Jakobsen, F. H. (2018). *Frederikke Havgaard Jakobsen mistede som 22-årig sin far: Hvorfor må jeg ikke blive i sorgen lidt endnu? - politiken.dk.* Retrieved from https://politiken.dk/debat/debatindlaeg/art6337550/Hvorfor-må-jeg-ikke-blive-i-sorgen-lidt-endnu

Jakoby, N. R. (2012). Grief as a social emotion: Theoretical perspectives. *Death Studies*, *36*, 679–711. https://doi.org/10.1080/07481187.2011.584013

Jakoby, N. R. (2015). The self and significant others: Toward a sociology of loss. *Illness Crisis and Loss*, *23*(2), 110–128. https://doi.org/10.1177/1054137315575843

Jakoby, N. R., & Anderau, F. A.-. (2019). A story of loss - Self-narration of grief and public feeling rules. In M. H. Jacobsen & A. Petersen (Eds.), *Exploring Grief - Towards a Sociology of Sorrow* (1st ed., pp. 84–103). London: Routledge.

Jaspers, K. (1932). *Philosophy - Volume 2* (1970 ed.; E. B. Ashton, Ed.). Chigaco: The University of Chicago Press.

Jenkins, A. S., Wiklund, J., & Brundin, E. (2014). Individual responses to firm failure: Appraisals, grief, and the influence of prior failure experience. *Journal of Business Venturing*, *29*(1), 17–33. https://doi.org/10.1016/j.jbusvent.2012.10.006

Johnson, J. M. (2008). Existentialism. In *The SAGE Encyclopedia of Qualitative Research Methods Existentialism* (1st ed., pp. 319–321). https://doi.org/10.4135/9781412963909.n161

Kamp, S. (2018). Hun filmede det urørlige: Hvorfor helvede har ingen lært os, hvordan vi taler om sorgen? *Politiken.Dkk*. Retrieved from https://politiken.dk/kultur/film_og_tv/art6402169/Hvorfor-helvede-har-ingen-lært-os-hvordan-vi-taler-om-sorgen

Kellehear, A. (1984). Are we a "death-denying" society? A sociological review. *Social Science and Medicine*, *18*(9).

Kellehear, A. (2007a). *A Social History of Dying* (1st ed.). https://doi.org/10.1017/CBO9780511481352

Kellehear, A. (2007b). The end of death in late modernity: An emerging public health challenge. *Critical Public Health*, *17*(1), 71–79. https://doi.org/10.1080/09581590601156365

Killikelly, C., & Maercker, A. (2018). Prolonged grief disorder for ICD-11: the primacy of clinical utility and international applicability. *European Journal of Psychotraumatology*, *8*, 1–9. https://doi.org/10.1080/20008198.2018.1476441

Kjær, E. (2016). *Min Usynlige Søn - Kunsten at leve med sine døde resten af livet* (1st ed.). København: Gyldendal.

Kjær, E. (2019). *Døden - en overlevelsesguide: en eksistentiel håndbog til efterladte* (1st ed.). Gyldendal.

Klass, D., Silverman, P. R., & Nickman, S. L. (1996). *Continuing Bonds: New Understandings of Grief* (1st ed.). New York: Routledge.

Klass, D., & Steffen, E. M. (2018). *Continuing Bonds In Bereavement: New Directions for Research and Practice* (1st ed.). Retrieved from www.routledge.com/series/SE0620

Klastrup, L. (2015). "I didn't know her, but.": Parasocial mourning of mediated deaths on Facebook RIP pages. *New Review of Hypermedia and Multimedia*, *21*(1–2), 146–164. https://doi.org/10.1080/13614568.2014.983564

Klougart, J. (2017). *Of Darkness*. Dallas: Deep Vellum Publishing.

Knudsen, S. E. (2016). Vi mangler et sprog til at tale ordentligt om døden. *Politiken.Dk*. Retrieved from https://politiken.dk/debat/art5608346/Vi-mangler-et-sprog-til-at-tale-ordentligt-om-døden

Københavns Professionshøjskole. (2020). Sorgrådgiveren. Retrieved March 5, 2020, from https://www.phmetropol.dk/videreuddannelser/diplomuddannelser/den+sundhedsfaglige+diplomuddannelse/valgmoduler/sorgraadgiver

Kofod, E. H. (2017). From morality to pathology: A brief historization of contemporary Western grief practices and understandings. *Nordic Psychology*, *69*(1), 47–60. https://doi.org/10.1080/19012276.2016.1267914

Kofod, E. H. (2020). The grieving killjoy: Bereavement, alienation and cultural critique. *Culture and Psychology*, *0*(0), 1–17. https://doi.org/10.1177/1354067X20922138

Krise & Sorg. (2020). Sorg- og kriseterapeut uddannelsen. Retrieved March 5, 2020, from https://www.kriseogsorg.dk/uddannelser/

Kristelig Dagblad. (2018). Sorg. Retrieved January 16, 2020, from https://www.kristeligt-dagblad.dk/sorg

Kristeligt Dagblad. (2019). Artikelsamling om sorg. Retrieved January 16, 2020, from https://www.kristeligt-dagblad.dk/sorg/artikelsamling-sorg

Kübler-Ross, E. (1969). *On Death and Dying* (1st ed.). Scribner.

Kumm, B. E., & Pate, J. A. (2018). Joyful Digressions: Going Gonzo. *Qualitative Inquiry*, *24*(10), 768–774. https://doi.org/10.1177/1077800418788097

Kvale, S., & Brinkmann, S. (2009). *Interview - Introduktion til et håndværk* (2nd ed.). Hans Reitzels Forlag.

Langballe, A. (2019). *Forsvindingsnumre* (1st ed.). København: Lindhardt og Ringhof.

Larsen, L., Lauritzen, L. R., & O'Connor, M. (2018). Kompliceret sorg og vedvarende sorglidelse-begrebsmæssig adskillelse og sammenhæng. *Psyke and Logos*, *39*(1), 15–36.

Latour, B. (2000). On the Partial Existence of Existing and Non-Existing Objects. In *Biographies of Scientific Objects* (pp. 247–269).

Latour, B., & Woolgar, S. (1979). *Laboratory Life: The Contruction of Scientific Facts* (1st ed.). SAGE Publications.

Law, J. (2004). *After Method - Mess in Social Science Research* (1st ed.). Routledge.

Levinas, E. (2000). *God, Death, and Time* (B. (Translator) Bergo, Ed.). https://doi.org/10.5840/intstudphil2003352200

Locke, K., Golden-Biddle, K., & Feldman, M. S. (2008). Making doubt generative: Rethinking the role of doubt in the research process. *Organization Science*, *19*(6), 907–918. https://doi.org/10.1287/orsc.1080.0398

Lofland, L. H. (1985). The Social Shaping of Emotion: The Case of Grief. *Symbolic Interaction*, *8*(2), 171–190. https://doi.org/10.1525/si.1985.8.2.171

Lübbe, H. (2009). The Contraction of The Present. In H. Rosa & W. E. Scheuerman (Eds.), *High-speed Society: Social Acceleration, Power, and Modernity* (1st ed., pp. 159–178). Pennsylvania State University Press.

Lund, P. C. (2020a). Deconstructing grief: a sociological analysis of Prolonged Grief Disorder. *Social Theory and Health*. https://doi.org/10.1057/s41285-020-00135-z

Lund, P. C. (2020b). Recreational grief as resonance - sociological notes on grief in popular culture. *Mortality*, *00*, 1–17. https://doi.org/10.1080/13576275.2020.1823354

Lund, P. C. (2021). Prolonged Grief Disorder: An Implementation Gone Awry and a Researcher Going Gonzo. *International Journal of Qualitative Methods*, *20*. https://doi.org/10.1177/16094069211020176

Lundorff, M., Holmgren, H., Zachariae, R., Farver-Vestergaard, I., & O'Connor, M. (2017). Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *Journal of Affective Disorders*, *212*(October 2016), 138–149. https://doi.org/10.1016/j.jad.2017.01.030

Macdonald, M. E. (2019). The denial of grief - Reflections from a decade of anthropological research on parental bereavement and child death. In M. H. Jacobsen & A. Petersen (Eds.), *Exploring Grief - Towards a Sociology of Sorrow* (1st ed., pp. 125–139). Routledge.

Maciejewski, P. K., Maercker, A., Boelen, P. A., & Prigerson, H. G. (2016). "Prolonged grief disorder" and "persistent complex bereavement disorder", but not "complicated grief", are one and the same diagnostic entity: an analysis of data from the Yale Bereavement Study. *World Psychiatry*, *15*(3), 266–275. https://doi.org/10.1002/wps.20348

Maciejewski, P. K., & Prigerson, H. G. (2017). Prolonged, but not complicated, grief is a mental disorder. *The British Journal of Psychiatry : The Journal of Mental Science*, *211*(4), 189–191. https://doi.org/10.1192/bjp.bp.116.196238

Martin, E. (2007). *Bipolar Expeditions - Mania and Depression in Amercian Culture* (1st ed.). Princeton: Princeton University Press.

Matthiesen, N. (2020). A question of access: metaphors of the field. *Ethnography and Education*, *15*(1), 1–16. https://doi.org/10.1080/17457823.2018.1493696

Mead, G. H. (1934). *Mind, Self & Society* (2015th ed.; H. Joas, D. R. Huebner, & C. W. Morris, Eds.). University of Chicago Press.

Mead, G. H. (1982). *The Individual and the Social Self: Unpublished Work of George Herbert Mead* (1st ed.; D. L. Miller, Ed.). University of Chicago Press.

Mellor, N. (2001). Messy method: The unfolding story. *Educational Action Research*, *9*(3), 465–484. https://doi.org/10.1080/09650790100200166

Mellor, P. A., & Shilling, C. (1993). Modernity, Self-Identity and the Sequstration of Death. *Sociology*, *27*(3), 411–431. https://doi.org/10.1177/0038038593027003005

Melnikov, A., & Kotarba, J. A. (2015). Existential Sociology. In *The Blackwell Encyclopedia of Sociology* (1st ed., p. 6). https://doi.org/10.1002/9781405165518.wbeose083.pub2

Merleau-Ponty, M. (1945). *Phenomenology of perception* (2005 ed.). Routledge.

Merton, R. K. (1936). The Unanticipated Consequences of Puprosive Social Action. *American Sociological Review*, *1*(6), 894–904.

Merton, R. K., & Barber, E. (2004). *The Travels and Adventures of Serendipity - A Study in Sociological Semantics and the Sociology of Science*. Oxford: Princeton University Press.

Merwin, W. S. (1992). *The Second Four Books of Poems* (1st ed.). Copper Canyon Press.

Michelson, G., & Mouly, V. S. (2002). 'You Didn't Hear it From Us But…': Towards an Understanding of Rumour and Gossip in Organisations. *Australian Journal of Management*, *27*(1), 57–65. https://doi.org/10.1177/031289620202701s07

Mills, C. W. (1959). *The Sociological Imagination*. Oxford University Press.

Mills, C. W. (1980). On intellectual craftsmanship (1952). *Society*, *17*(2), 63–70. https://doi.org/10.1007/BF02700062

Morgan, A. (2014). The happiness turn: Axel Honneth, self-reification and "sickness unto health." *Subjectivity*, *7*(3), 219–233. https://doi.org/10.1057/sub.2014.9

Nietzsche, F. (1887). *The Gay Science: With a Prelude in Rhymes and an Appendix of Songs* (1974th ed.; W. Kaufman, Ed.). New York: Vintage Books.

O'Neill, J. (1995). 'I gotta use words when I talk to you': A response to Death and Furniture. *History of the Human Sciences*, *8*(4), 99–106. https://doi.org/10.1177/095269519500800406

O'Neill, S. (2004). Britain "wallowing in mourning sickness." *The Daily Telegraph (London)*, p. 7.

Papa, A., & Maitoza, R. (2013). The Role of Loss in the Experience of Grief: The Case of Job Loss. *Journal of Loss and Trauma*, *18*(2), 152–169. https://doi.org/10.1080/15325024.2012.684580

Pearce, C. (2019). *The Public and Private Management of Grief - Recovering Normal* (1st ed.). Palgrave Macmillan.

Peirce, C. S. (1878). How To Make Our Ideas Clear. *Popular Science Monthly*, *12*, 286–302.

Petersen, A. (2015). Diagnoser som Designet Orden: Depression i Præstationssamfundet. In S. Brinkmann & A. Petersen (Eds.), *Diagnoser - Perspektiver, Kritisk og Diskussion* (1st ed., pp. 59–82).

Aarhus: Forlaget Klim.

Petersen, A. (2020). Når klimaets tilstand gør ondt: Følelser i klimakrisens tid. In K. I. Bjørlykhaug & A. J. Vetlesen (Eds.), *Det går til Helvete. Eller?* (1st ed., Vol. 1, pp. 91–106). Dinamo Forlag.

Petersen, A., & Jacobsen, M. H. (2018). Grief: The painfulness of permanent human absence. In *Emotions, Everyday Life and Sociology* (pp. 191–208). https://doi.org/10.4324/9781315207728

Pfeiffer, J. E. (1972). *The Emergence of Man* (Revised an). New York: Harper & Row.

Pogue Harrison, R. (2003). *The Dominion of The Dead* (1st ed.). Chicago: The University of Chicago Press.

Politken. (2019). Elever skal i dette års Mediekonkurrence producere nyheder med afsæt i temaet 'Døden er da noget, vi taler om'. Retrieved January 16, 2020, from https://politiken.dk/skole/art7149011/Elever-skal-i-dette-års-Mediekonkurrence-producere-nyheder-med-afsæt-i-temaet-'Døden-er-da-noget-vi-taler-om'.

Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., … Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine*, *6*(8). https://doi.org/10.1371/journal.pmed.1000121

Rank, O. (1950). *Psychology and the Soul: Otto Rank's Seelenglaube und Psychologie* (W. D. (Translator) Turner, Ed.). University of Pennsylvania Press.

Riley, D. (2012). *Time lived, without its flow* (1st ed.). London: Capsule Editions.

Rilke, R. M. (1993). *Letters to a Young Poet* (M. D. H. (Translator) Norton, Ed.).

Ritz, B. (2020). Comparing abduction and retroduction in Peircean pragmatism and critical realism. *Journal of Critical Realism*, *19*(5), 456–465. https://doi.org/10.1080/14767430.2020.1831817

Rosa, H. (2003). Social Acceleration: Ethical and Political Consequences of a Desynchronized High-Speed Society. *Constellations*, *10*(1), 3–33. https://doi.org/10.1111/1467-8675.00309

Rosa, H. (2014). *Fremmedgørelse og acceleration* (1st ed.). Berlin: Hans Reitzels Forlag.

Rosa, H. (2015). *Social Acceleration: A New Theory of Modernity* (1st ed.). New York: Columbia University Press.

Rosa, H. (2017). Dynamic Stabilization, the Triple A. Approach to the Good Life, and the Resonance Conception. *Questions de Communication*, *31*(31), 437–456. https://doi.org/10.4000/questionsdecommunication.11228

Rosa, H. (2019). *Resonance: A sociology of our relationship to the world* (1st ed.). John Wiley & Sons.

Rosa, H. (2020a). *Det ukontrollerbare* (1st ed.; H. (Translator) Sander, Ed.). Copenhagen: Eksistensen.

Rosa, H. (2020b). *The Uncontrollability of the World* (1st ed.). Polity.

Rose, N. (2010). ‘ Screen and intervene ’: governing risky brains. *History of the Human Sciences*, *23*(1), 79–105. https://doi.org/10.1177/0952695109352415

Rosenblatt, P. C. (2004). Grieving while driving. *Death Studies*, *28*(7), 679–686. https://doi.org/10.1080/07481180490476533

Sartre, J.-P. (1944). *No exit: And three other plays* (1989th ed.; S. (translator) Gilbert, Ed.). Random House.

Sartre, J.-P. (1956). *Being and Nothingness: An essay in phenomenological ontology* (2018 editi). https://doi.org/9780415529112

Sayer, A. (2000). *Realism and Social Science* (1st ed.). London: SAGE Publications.

Sbarra, D. A., & Emery, R. E. (2013). In the presence of grief: The role of cognitive-emotional adaptation in contemporary divorce mediation. In *Handbook of divorce and relationship dissolution* (pp. 553–573). Taylor and Francis.

Schutz, A. (1962). *Collected Papers. Volume I: The Problem of Social Reality.* (M. Natanson, Ed.). The Hague, Boston, London: Martinus Nijhoff Publishers.

Schutz, A. (1967). *The Phenomenology of the Social World.*

Sefcovic, E. M. I. (1995). Toward a Conception Of “Gonzo” Ethnography. *Journal of Communication Inquiry*, *19*(1), 20–37. https://doi.org/10.1177/019685999501900102

Seminarer.dk. (2020). Bliv certificeret sorgvejleder. Retrieved March 5, 2020, from https://seminarer.dk/uddannelser/sorgvejleder/

Shepherd, D. A., Wiklund, J., & Haynie, J. M. (2009). Moving forward: Balancing the financial and emotional costs of business failure. *Journal of Business Venturing*, *24*(2), 1–15. https://doi.org/10.1016/j.jbusvent.2007.10.002

Shilling, C. (2012). The Body and Social Theory. In *The Body and Social Theory* (2nd ed.). London: Sage Publications Ltd.

Simmel, G. (1910). The Metaphysics of Death. *Theory, Culture & Society*, *24*(7–8), 72–77. https://doi.org/10.1177/0263276407084474

Simmel, G. (1950). *The Sociology of Georg Simmel* (K. H. Wolff, Ed.). The Free Press.

Sköld, A. B. (2020a). A Hopeless Search for the Hopeless: a Literature Review of Contemporary Qualitative Studies on Partner Bereavement. *Human Arenas*, 1–24. https://doi.org/10.1007/s42087-020-00122-w

Sköld, A. B. (2020b). Being-towards-grief: rethinking death awareness. *Mortality*. https://doi.org/10.1080/13576275.2020.1779203

Sköld, A. B., & Brinkmann, S. (2020). *Kampen om Lykken - perspektiver, potentialer og problemer* (1st ed.; A. B. Sköld & S. Brinkmann, Eds.). København: K.

Smith, C. (2010). What Is a Person? In *Journal of Chemical Information and Modeling* (1st ed., Vol. 53). Chicago: The University of Chicago Press.

Smith, C. (2015). *To Flourish or Destruct - A Personalist Theory of Human Goods, Motivations, Failure, and Evil* (1st ed.). https://doi.org/10.7208/chicago/9780226232003.001.0001 Library

Sørensen, S. (2017). Vi befinder os i sorgens århundrede. *Politikken.Dk*, pp. 1–6. Retrieved from https://politiken.dk/kultur/art5912012/Vi-befinder-os-i-sorgens-århundrede

Sorgcenter, D. N. (n.d.). Forlænget sorglidelse: En ny diagnose. Retrieved September 27, 2021, from https://sorgcenter.dk/videnscenter-for-det-nationale-sorgcenter/vedvarende-sorglidelse-en-ny-diagnose/

St. Pierre, E. A. (2011). The Critique and the Coming After. *Handbook of Qualitative Research*, Vol. 4, pp. 611–625. Sage Thousand Oaks, CA.

St. Pierre, E. A. (2013). The posts continue: Becoming. *International Journal of Qualitative Studies in Education*, *26*(6), 646–657. https://doi.org/10.1080/09518398.2013.788754

St. Pierre, E. A. (2019). Post Qualitative Inquiry, the Refusal of Method, and the Risk of the New. *Qualitative Inquiry*. https://doi.org/10.1177/1077800419863005

Stearns, P. N. (1994). *American Cool: Constructing a Twentieth-Century Emotional Style* (1st ed.). New York; London: NYU Press.

Stearns, P. N. (2019). Grief in Modern History: An Ongoing Evolution. In M. H. Jacobsen & A. Petersen (Eds.), *Exploring Grief - Towards a*

Sociology of Sorrow (1st ed.). London: Routledge.

Stearns, P. N., & Knapp, M. (1996). Historical Perspectives on Grief. In R. Harré & W. G. Parrott (Eds.), *The Emotions: Social, Cultural and Biological Dimensions* (1st ed., pp. 132–150). https://doi.org/10.4135/9781446221952.n10

Stefan Octavian Popescu. (2013). Hyper-real Narratives: The Emergence of Contemporary Film Subgenres. *Journal of Literature and Art Studies*, *3*(9), 568–575. https://doi.org/10.17265/2159-5836/2013.09.005

Stridsberg, S. (2019). *Kærlighedens Antarktis* (1st ed.). GRIF.

Sugden, J., & Tomlinson, A. (1999). Digging the dirt and staying clean: Retrieving the investigative tradition for a critical sociology of sport. *International Review for the Sociology of Sport*, *34*(4), 385–397. https://doi.org/10.1177/101269099034004006

Sundhedsstyrelsen. (2019a). Nationale kliniske retningslinjer (NKR). Retrieved October 19, 2020, from https://www.sst.dk/da/Opgaver/Patientforloeb-og-kvalitet/Nationale-kliniske-retningslinjer-NKR

Sundhedsstyrelsen. (2019b). Puljefinansieret NKR: Celleforandringer på livmoderhalsen. Retrieved September 27, 2021, from https://www.sst.dk/da/Opgaver/Patientforloeb-og-kvalitet/Nationale-kliniske-retningslinjer-NKR/Puljefinansierede-NKR/Celleforandringer-paa-livmoderhalsen

Sundhedsstyrelsen. (2021). Igangværende NKR. Retrieved September 27, 2021, from https://www.sst.dk/da/Opgaver/Patientforloeb-og-kvalitet/Nationale-kliniske-retningslinjer-NKR/Igangvaerende-NKR

Taylor, C. (2007). *A Secular Age* (1st ed.). Cambridge: The Belknap Press of Harvard University Press.

Tedlock, B. (2011). Braiding narrative ethnography with memoir and creative nonfiction. In *The SAGE handbook of qualitative research* (pp. 331–339). Sage Thousand Oaks, CA.

Thacker, E. (2018). *Infinite Resignation* (1st ed.). Repeater.

Thompson, H. S. (1967). *Hell's Angels: A Strange and Terrible Saga*. Ballantine Books.

Thompson, H. S. (1971). *Fear and Loathing in Las Vegas: A Savage Journey to the Heart of the American Dream*. Vintage Books.

Thompson, H. S. (1979a). *The Great Shark Hunt* (1st ed.). London: Picador.

Thompson, H. S. (1979b). The Kentucky Derby is Decadent and Depraved.

In *The Great Shark Hunt* (pp. 11–24). London: Picador.

Thompson, H. S. (1980a). Fear and Loathing at the Super Bowl. In *The Great Shark Hunt* (1st ed., pp. 33–63). Picador.

Thompson, H. S. (1980b). Jacket copy for Fear and Loathing in Las Vegas: A Savage Journey to the Heart of the American Dream. In *The Great Shark Hunt* (pp. 94–99). Picador.

Thompson, H. S. (1997). *Proud Highway: Saga of a Desperate Southern Gentleman, 1955-1967*. Ballantine Books.

Tiryakian, E. A. (1962). *Sociologism and Existentialism* (1st ed.). Prentice Hall.

Top-Nørgaard, J. (2016). *Jeg går i min fars støvler* (1st ed.). København: Rosinante.

Tradii, L., & Robert, M. (2019). Do we deny death? II. Critiques of the death-denial thesis. *Mortality*, *24*(4), 377–388. https://doi.org/10.1080/13576275.2017.1415319

Turner, D. (2017). Perspectives on the Experience of Sudden, Unexpected Child Death. In *Perspectives on the Experience of Sudden, Unexpected Child Death* (1st ed.). https://doi.org/10.1007/978-3-319-66017-2

Valentine, C. (2006). Academic constructions of bereavement. *Mortality*, Vol. 11, pp. 57–78. https://doi.org/10.1080/13576270500439274

Valentine, C. (2008). *Bereavement narratives: Continuing bonds in the twenty-first century*. Routledge.

Van Den Hoonaard, D. K. (2011). *Qualitative Research in Action: A Canadian Primer*. Oxford University Press.

Wakefield, J. C. (2013). Is complicated/prolonged grief a disorder? Why the proposal to add a category of complicated grief disorder to the DSM-5 is conceptually and empirically unsound. In M. Stroebe, H. Schut, & J. van den Bout (Eds.), *Complicated Grief. Scientific Foundations for Health Care Professionals* (1st ed., pp. 99–114). Routledge.

Walter, T. (1991). Modern Death: Taboo or not taboo? *Source: Sociology*, *25*(2), 293–310.

Walter, T. (1996). *The Eclipse of Eternity - A Sociology of the Afterlife* (1st ed.). London: Palgrave Macmillan.

Walter, T. (1997). Secularization. In C. M. Parkes, P. Laungani, & B. Young (Eds.), *Death and Bereavment Across Cultures* (pp. 166–190). London: Routledge.

Walter, T. (1999). *On Bereavement - The Culture of Grief* (1st ed.). Open

University Press.

Walter, T. (2017a). How the dead survive. In M. H. Jacobsen (Ed.), *Postmortal Society - Towards A Sociology of Immortality* (1st ed., pp. 19–39). New York: Routledge.

Walter, T. (2017b). *What Death Means Now - Thinking critically about dying and grieving* (1st ed.). Bristol: Policy Press.

Weber, M. (1905). *The Protestant Ethic and the Spirit of Capitalism* (S. Kalberg, Ed.). Oxford: Oxford University Press.

Weil, S. (1947). *La pesanteur et la grâce* (2019th ed.). Paris: Plon.

Witthøfft, A. (2018). Sorg som sygdom kræver opkvalificering. *Sygeplejersken*, *118*,(1), 42–47.

Wolfe, T., & Johnson, E. W. (1973). *The New Journalism* (1st ed.; T. Wolfe & E. W. Johnson, Eds.). Harper & Row.

World Health Organization; (2018). WHO releases new International Classification of DISEASES (ICD 11). Retrieved October 20, 2020, from https://www.who.int/news/item/18-06-2018-who-releases-new-international-classification-of-diseases-(icd-11)

World Health Organization. (2018). *International statistical classification of diseases and related health problems (11th Revision)* (11th Revis).

Wozniak, J. S. G. (2014). When the Going Gets Weird: An Invitation to Gonzo Sociology. *American Sociologist*, *45*(4), 453–473. https://doi.org/10.1007/s12108-014-9242-9

Wrong, D. H. (1961). The Oversocialized Conception of Man in Modern Sociology. *American Sociological Review*, *26*(2), 183–193. https://doi.org/10.4324/9781351303408-4

Zimmermann, C., & Rodin, G. (2004). The denial of death thesis: Sociological critique and implications for palliative care. *Palliative Medicine*, *18*(2), 121–128. https://doi.org/10.1191/0269216304pm858oa

Zuckerman, P. (2011). *Society Without God: What the Least Religious Nations Can Tell Us about Contentment* (1st ed.). New York University Press.

SUMMARY

This article-based dissertation explores the current culture of grief with a particular focus on the forthcoming diagnostic classification of Prolonged Grief Disorder. By situating the dissertation within a sociological understanding of death and society as inherently connected, the dissertation attempts to work out what has led us to a point in time where grief now exists as something that may be considered pathological and what this tells us about contemporary society. Drawing on sociological but also philosophical, psychological, and historical insights it is argued that society and culture are both literally and figuratively built on the dead. This approach makes possible the discussion of how society is formed by and simultaneously forms our understandings of grief. The dissertation combines a theoretical discussion with an eclectic qualitative approach. I call this approach gonzo sociology. Because making sense of how to survey and explore the field of grief research in Denmark and the highly politicised work with implementing the diagnosis, demanded an alternative approach, I went about it in this manner – thereby putting myself, as a researcher, into what I was researching.

ISSN (online): 2246-123X
ISBN (online): 978-87-7210-923-7

AALBORG UNIVERSITY PRESS