

BOOK REVIEW Edited by David E. Balk

This is your brain on grief

A review of *The Anatomy of Grief* by Dorothy P. Holinger. New Haven, CT: Yale University Press, 2020. 328 pp. (ISBN: 978-0300226232). \$27.50. Reviewed by Phyllis S. Kosminsky

Dorothy P. Holinger is a fellow of the Association for Psychological Science and has her own psychotherapy practice. For over two decades she was an academic psychologist with Harvard Medical School. Much of her research focuses on neuroscience. Her dissertation examined the brain and cognitive impairment in schizophrenia (Holinger, 1991). With several coauthors, Holinger wrote, “Williams Syndrome: Neuronal Size and Neuronal-Packing Density in Primary Visual Cortex” (Galaburda et al., 2002) as well as “Relative Sparing of Primary Auditory Cortex in Williams Syndrome” (Holinger et al., 2005).

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Your absence has gone through me
Like thread through a needle.
Everything I do is stitched with its color
(Merwin, 1993).

Like many of you reading this review, I have a large library of books about grief, a lot of work to do, many people to see, and so on. I am not ashamed to say that faced with a new book, I often skim. But books are like people: some of them stop you in your tracks and demand closer attention. Holinger, I imagine, is one of those people, and this is one of those books. To begin with, there is the writing, which is elegant and engaging. Then there is the scope of the book: Holinger weaves the anthropological, the historical, and the cultural, from ancient Greek texts to contemporary film and fiction, to enrich her depiction of the “cascade of sorrows” that is grief.

The book is comprised of three parts and begins with a thorough explanation of how grief affects the brain and the body (thus, the anatomy of grief). The second part details types of grief. Holinger uses case vignettes in part three to demonstrate the relevance and utility of the

concepts and research to which the reader has been introduced.

Part I, “Grief Described,” begins with a chapter on the evolutionary origins of grief, looking back to a time before humans appeared on the scene (yes, that far back). Moving quickly from reptiles to mammals and early primates, Holinger then fast forwards several million years to an event that signaled a “genetic burst” (Holinger, 2020, p. 17) in the brain which resulted in increased brain density—that is, more cells, more brain fibers, more capacity for the transmission of information. By the time early humans were beginning to use tools, they were also beginning to develop a sense of death and a desire to ritualize the end of life. These practices vary widely by culture but express a need for a communal, formal farewell.

While some aspects of our response to loss and our practices for memorializing the dead appear to be specific to *homo sapiens*, we are not the only ones who grieve. Holinger offers examples of grief as evidenced in mammals, birds, and reptiles, and concludes by asserting that the prevalence of grief across species suggests that this response to loss serves a purpose: “Whatever mechanism for survival is embedded in human and non-human primates and other animals, grief is part of it.” (Holinger, 2020, p. 27)

Notwithstanding its evolutionary necessity, grief can be and often is devastating in its effects. In Chapter 2 Holinger explains various forms of grief, including anticipatory grief, disenfranchised grief, and grief related to ambiguous loss. In addition to what are described as “common” forms of grief, the chapter includes a discussion of complicated grief in various forms and traumatic grief. The chapter concludes with an overview of theories of the grief process, from stage models to task models, to the more recent Dual Process Model (Stroebe & Schut, 1999, 2010).

In Chapter 3 we are introduced to the Language of the Bereaved. Grief, Holinger explains, has a language of its own. Although we may refer to it as a “language,” and thus presumably a form of communication, many bereaved people struggle with finding a way to communicate what they are feeling. In truth, the expression of the pain of grief challenges even the most skillful and poetic of writers. Examples are drawn from C.S. Lewis and from contemporary memoirs of grief. Among the most touching is Max Porter’s (2015) book *Grief Is the*

Thing with Feathers. I was not familiar with this haunting and beautiful novel, which conveys the heartache and relentlessness of grief, but also the final lesson: grief is something we must open ourselves to; we must feel what we feel. Grief stays with us until we no longer need it, and the only way to reach that point is to meet grief and allow its presence. After days of fighting with the surreal, mythical crow that has invaded his home, the grieving husband and father are finally driven to say what amount to the magic words that signal it is time for the crow to depart:

‘Hello Crow,’ I said. ‘Good to finally meet you.’ *And he was gone* (Holinger, 2020, p. 68. Italics added).

The theme of this story is one that recurs throughout *The Anatomy of Grief*. Language, Holinger submits, is how we give form and meaning to experience. When grief is allowed to take its time and to “take over the griever,” this language emerges from the depths.

When you bump into something that’s new, thoughts put into words can be used to help figure it out. Spoken, written, signed, or sung, words put things in order (Holinger, 2020, p. 71).

In Part II we move onto “The Physiology of Grief.” These three chapters detail “The Grief Stricken Brain,” “The Broken Heart of Grief,” and “The Grieving Body.” It is here that we become acquainted with Holinger’s expert knowledge of the brain. We start, though, with a personal account, the story of Holinger’s baby sister, who died suddenly, and without explanation, following what Holinger now believes was a case of cerebral meningitis. Holinger’s parents and grandparents were shattered by the child’s death, and tortured by the lack of explanation as to why it had occurred. This account captures many of the elements of the grieving brain: shock, fear, rage. Death, particularly when it is sudden, changes everything in an instant. When a loved one dies, it is as if nothing in the world makes sense. It is impossible for the griever to believe that life will ever be the same. But in most cases, these conclusions are not borne out, at least, not entirely. The griever eventually finds that things are not as bleak as they had anticipated they would be. They miss their loved one, sometimes terribly, but they also come to see that life without their loved one still holds possibilities for meaning, for love, for joy. Much of the reason for this has to do with the brain: how it receives, processes, and makes order out of the chaos of sudden loss.

One by one, the parts of the brain involved in this process are explained and their functions clarified. As a grief therapist, I was particularly interested in Holinger’s cogent explanation of the emotional processing that takes place in the limbic system and the amygdala’s role in processing fear and protecting against recurrent dangers. Holinger reports on studies of the brain-in-grief which provide an “important beginning for understanding the

neurological underpinnings of grief, and how the effects of grief in the brain may be related to how grief affects the rest of the body” (Holinger, 2020, p. 93).

It is undeniably a struggle for the brain to make sense of grief, and this struggle extends to the impact on the body. In Chapter Five Holinger confirms that grief can break a heart—and not only in a metaphorical sense. A recent novel compared the partner in a long marriage to a retaining wall: the removal of this support results in catastrophic failure of the structure (Backman, 2020). While the causes of “broken heart syndrome” are not fully understood, the incidence of closely timed deaths occurring in long-married couples, among other findings, suggests that in a similar manner the organ poetically designated as the storeroom of love can suffer collapse when deprived of the loved object.

The physical manifestations of grief are further elaborated in Chapter Six. Holinger explains how grief affects sleep and how it compromises the immune system. Particular attention is given to the relatively recent identification of the link between the effects of grief-related stress on the body’s ability to fight off infection.

Much of the information in these chapters was new to me, and I could see it being useful in helping to normalize some of the disturbing symptoms that recently bereaved individuals often report. Equipped with this information, the clinician can explain symptoms reported by clients and can encourage clients to take steps that will support immune system functioning and improve overall physical and emotional health, even in the midst of grief.

With the case studies in Part Three, “Lost Loved Ones,” Holinger puts meat on the bones of her analysis, illustrating the types of grief presented in Part I and the impact of grief on brain and body elaborated in Part II. Holinger is a skilled and empathic clinician, and the case material here serves to illuminate the theoretical and empirical nuggets that the reader has been invited to collect along the way. Chapters are devoted to different relational losses: Mothers, fathers, siblings, children, and life partners. These chapters make a clear case for the variations in response to loss brought on by the relationship with the deceased and the nature of the attachment. While there are undeniable similarities across these relational categories, the author makes a compelling case that there are significant differences in response that have to do with the meaning and substantive impact of the particular relationship that has been lost.

As grounded as it is in theory, research, and clinical experience, some aspects of Holinger’s representation of grief are bound to raise the hackles of some readers. Given the deep divisions in the field concerning such fundamental questions as what constitutes “complicated” grief, the diversity of approaches to “treatment,” and disagreement as to what it means to “heal” from grief, it is virtually impossible to articulate any point of view on the subject without inviting disagreement. Holinger

believes most people can heal from grief, and her goal here is to share information that she believes can aid in that process. She believes that insights from neuroscience research that identify what happens in the brain during grief have the potential to advance the practice of therapy. In particular, she makes a case for how talk therapy—therapy that involves helping the bereaved learn a language for grief and thereby providing them with someone to listen to their narrative of loss—changes the brain. In support of this assertion Holinger cites neuroimaging studies that suggest that “affect labeling” leads to a “decrease in activity in the amygdala and an increase in activity in part of the prefrontal cortex” (Holinger, 2020, p. 164)

In translation: when the feelings that comprise grief are put into words, the griever feels less fear, and in this calmed state, is better able to think about their feelings, to access positive memories, and to engage in the process of relearning the world that is regarded as fundamental to contemporary models of bereavement (Attig, 2011; Neimeyer, 2009). This emphasis on calming the grieving brain and building the capacity to “think about feelings while you are feeling them” is prominent in the work of Jon Allen (2003).

Thinking about our feelings while we are feeling them is essential to regulating and controlling our emotional states effectively, *rather than acting impulsively or doing something to shut off the emotions...* This is a tall order, and these are skills we develop and refine over a lifetime – *not without help* (Allen, 2003, p. 94).

Personal reactions

It did not take me long to become fully immersed in *The Anatomy of Grief*, and once immersed, I wanted to read it with the slow and careful attention I felt it deserved. So much of what I read gave me a greater understanding of the nature of grief—why it looks and feels the way it does, why it persists, how what we identify as *healing* comes to pass. During the time I spent reading Holinger’s book, I found myself sharing bits of it with certain clients, one of whom expressed the intention to buy it because “this kind of stuff is right up my alley.”

Holinger’s book is dense, in a good way; it will be comforting for the grieving person for whom knowledge is a source of comfort. It is not a book to recommend to every client. It is not a book for someone who wants to be soothed into a semi-trance of relaxed, diffused attention. Holinger is not using a filter; on the contrary, her instrumentation is designed for optimal clarity and precision.

There is much here to advance the clinician’s understanding of how grief affects the body and brain, and how the process of developing a personal language for the expression of grief aids in healing. This latter point was particularly interesting to me, as it offers another angle on how talk therapy supports change, or to put it another way, how it supports learning that manifests in behavioral and emotional change. *The Anatomy of Grief* is an eminently worthwhile read, and Holinger’s own facility with the written word does much to convince us of the transformative power of language.

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<https://doi.org/10.1080/07481187.2020.1868096>

