Grief and Wonder

By Karen Donelan

S
oon after the birth of my first child, a wise elderly neighbor looked at my exhaustion and said, “The days are long but the weeks are short. The years will fly.”

My experience with grief and loss has been the same. Moments of remembering can feel both timeless and endless. You look up one day, as I did this year, and realize the mother you loved dearly and lost suddenly has been gone for five years. You have felt that loss every day in a glance at a photograph or the children or parents who were in the same room with you at the last moment.

All of us know these ordinary, individual losses. Each day in each city there are dozens more—children, spouses, parents, friends, coworkers. They make their ripples within small ponds or lakes of family and friends and largely escape public attention.

At one time it was my job, in the cause of public health, to work with vital statistics and death certificates and employment records, coding causes of death and occupations and trying to match them to understand why people get sick and why they die. In this epidemiological world, we gathered up data on individual deaths to make population-level sense. There were “expected” deaths and “observed” deaths and the ratios that would measure the relative and attributable risks. Which death or two would throw the “first anniversary” observances, but not public, grief—a cancer recurrence, a sudden catastrophic diagnosis in a child or parent.

I have spent the past year not as a survey researcher, but as an executive of a company called Medrock that helps people who are facing medical crises in their families and workplaces. People who call us have mostly private, not public, grief—a cancer recurrence, a sudden catastrophic diagnosis in a child or parent.

As researchers, we cannot be content here with those “marginal result” phrases Americans report... Americans fear... Americans say...

As we look at how people were affected by those events, how they are living now, surely we must think about how their responses are shaped by how closely they were touched by these disasters. Our questions as researchers have to honor the individual experience of crisis, death and destruction and consider the impact those experiences have on religious belief, fear and loathing, and loss.

Our collective attention moves on. Our national tolerance gets strained, and new issues take hold of the public and personal imagination. In the strains of patriotic fervor come now the voices of dissent, saying, “O ne nation perhaps, but not under God,” and “Why can’t I display the flag the way I choose?” and “Do I really have to take off my shoes here in the airport?” Gradually, individual needs and expressions come forth.

In this time of collective national tragedy my colleagues and I have been thrust into a world of ordinary individuals trying to make their way through population probabilities. They ask many questions, turning the tables on me, the usually comfortable questioner: “Why can’t my case be the exception to the rule?” “Why can’t I find a doctor who will treat me as an individual?” “Why can’t my father qualify for that clinical trial?” “Does my mother have to die in pain?” The n’s of my days are now n’s of 1 or 2, not thousands. We touch people and their grief for days or weeks that seem timeless or endless, and then they go on into the rest of their lives.

As I write this, it is nearly Independence Day. The press is gearing up for the “first anniversary” observances, but for now those who lost loved ones are in between the services and television cameras that have, and will, turn their private grief public. I wonder if theirs will, over the years that fly, become the kind of ordinary grief most of us know when we look at a photo or into the eyes of our children and wonder what might have been and what was lost, for a nation, for a lifetime.

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