

“Is Grief a Disease?” Why Engel Posed the Question

OMEGA—Journal of Death and

Dying

2015, Vol. 71(3) 272–279

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DOI: 10.1177/0030222815575504

ome.sagepub.com



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Abstract

In 1961, George Engel (1913–1999), founder of the innovative general theory of illness and healing known as the biopsychosocial model, wrote a classic paper entitled “Is Grief a Disease? A Challenge for Medical Research.” This article fuelled debate about the status of grief as a medical condition, with Engel’s question frequently taken as the starting point. But what did Engel really say: Was he actually arguing that grief is a disease? Has his position been accurately represented? Given that grief complications are currently under research investigation for potential diagnostic categorization as a mental disorder, it seems timely to reassess Engel’s historic contribution. I outline Engel’s arguments and illustrate the ensuing impact and interpretations of his position. I end with a personal communication from Engel, in which he elaborated why he posed this question, his purpose in writing the article, and his reason for considering that his “provocative title misfired.”

Keywords

biopsychosocial model, grief, bereavement, disease, George Engel

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Introduction

George Engel's (1961) paper entitled "Is Grief a Disease? A Challenge for Medical Research" has been extensively cited by researchers and practitioners across academic disciplines and (in my experience) frequently referred to in conference presentations and university lectures. In the words of Oken (1995), it was a contribution of the "most fundamental nature" (p. 2), one that is important for all persons who contemplate matters of health and disease: "The questions Engel honed and explored, and the directions he suggested for addressing them, have every bit as much significance now as when they appeared in this article in 1961" (p. 2). Not only the provocation and intriguing nature of the question, but also Engel's prominence in the field of medicine has ensured continuing focus of attention on his article over subsequent decades.

The idea that grief should be considered in the context of medical diseases was entrenched in Engel's broad approach to medicine. Early in his career, Engel had achieved eminence for his work in neurology and medicine through his studies of fainting, delirium, and ulcerative colitis (Dowling, 2005). Later, he became a leading figure in the field of psychosomatic theory. He was renowned for the development of the biopsychosocial model (Engel, 1977), a general theory of illness and healing. Throughout his career, he was dedicated to the improvement of training for doctors and highly instrumental in improving the lot of patients (Engel, 1982). His "Monica" case study linking affective states with gastric physiology has gone down in history too (see, e.g., Engel & Reichsman, 1956).

It is with reference to this remarkable scope of expertise, particularly his broad biopsychosocial perspective, that Engel's article is probably best understood. But has his message been correctly represented? What did he actually say: Was he really arguing that grief is a disease? Given the impact of Engel's question across the decades and ethical directives not to misrepresent scientific contributions, it seems crucial to ensure that understanding of his position is accurate.

There is another, more specific reason why Engel's position deserves close scrutiny today. The status of grief in relationship to medical conditions remains a salient topic across scientific disciplines (Stroebe, Schut, & Stroebe, 2007). For example, grief complications are currently under investigation for potential diagnostic categorization as a mental disorder. To illustrate, the new manual for the diagnosis of mental disorders, DSM-5 (American Psychiatric Association, 2013), has included "Persistent Complex Bereavement Disorder" as a condition that requires further research before considering it as an established disorder. There are arguments for and against such a classification (Stroebe, Schut, & van den Bout, 2013), but it is clear that Engel's question is relevant to such ongoing debate: What is the nature of grief and should it be considered a medical condition?

Therefore, in this article I reexamine Engel's paper, "Is grief a disease?" I first outline his scope, highlighting what I consider to be key statements about his purpose. I then illustrate others' interpretations of his position. I end with a personal communication from Engel, in which he elaborated why he posed the question "Is grief a disease?", what his purpose was in writing the article, and his reason for considering that his "provocative title misfired."

What Did Engel Say?

Engel announced in the first paragraph of his article that he was writing in the form of "Socratic dialogue." This approach is critical to understanding his purpose. Characteristic of a Socratic approach is engagement in verbal exchange, a discourse typified by adversarial exchanges between interlocutors. In this context, the posing of the question "Is grief a disease?" can be regarded as a "provocation," a tool to start the process of debating an issue and guiding discussion.

Engel systematically raised and then explored issues relating to his fundamental question, opening the debate with his title question. Importantly, in my view, he justified his "strange question" (p. 18) by arguing that it would "... throw light on some deficiencies in currently held concepts of disease" (p. 18).

He began by defining grief as "the characteristic response to the loss of a valued object, be it a loved person, a cherished possession, a job, status, home, country, an ideal, a part of the body, etc." (p. 18), going on to describe the course and typical symptoms of uncomplicated grief. Then the proposition was made that there is correspondence between grief and other disease situations; it is a natural reaction in the same sense that a wound or burn are normal responses: Symptoms of grief, as other disease states, are disabling, reflecting changed, pathological states. Points and counterpoints followed:

- Everyone experiences grief as part of life.
- The same can be said of other disease states.
- Grief requires no medical treatment.
- Likewise, this is true for other disease processes too.
- Grief is purely subjective; it does not involve of somatic changes.
- Many illnesses are largely subjective.
- No one ever dies of grief.
- Grieving has been related to a variety of illnesses, including fatal ones.
- One should distinguish pathological from normal grief and assign only the former to the category of disease.
- The latter is not normal in the sense of total health.
- Grief is an adaptive, reparative process.
- This is likewise not unlike what is found in a disease.
- A healthy person is just suffering the misfortune of experiencing a loss and responding with grief.

- All systems and levels of organization must be impaired by the stress before the condition can be considered disease. Yet, parts of the body can be more and less healthy at the same time.

Engel concluded this section: “Perhaps by now the sceptic is ready to concede that grief can be considered a disease state” (p. 20). Is the sceptic to agree that grief is a medical disease, or that medical conditions must encompass phenomena such as grief?

In the second part of the article, Engel asked what would be gained by considering grief as a disease state, posing the explicit question “What are the implications for medical research and practice?” (p. 20). Several consequences were described:

- Grief would become a legitimate topic for medical scientists to study.
- Grief could no longer be passed off as irrelevant to the course of other (psychological or physical) illnesses.
- A strong and (from a contemporary perspective) insightful statement followed:

Until—and not until—much more is known about the biochemical, physiological, and psychological consequences of such losses, no one is justified in passing judgment as to how important this factor is in the genesis of the disease states that seem so often to follow close upon an episode of grief. (p. 21)

- Scientific attention to the central nervous system would be needed when considering psychological components of health and disease (he reasoned why grief must be initiated in the central nervous system).
- It would necessitate inclusion of relevant features of the external environment in consideration of illness. An important statement in helping us understand Engel’s underlying message concluded this point:

This becomes one reason why persons, job, home, goals, etc., in the life of our patients cannot be disregarded in our consideration of illness, at least not until it has been proven that the vicissitudes of object relations, including grief, the disorder consequent to object loss, plays no role in the pathogenesis of disease (p. 21, 22).

Again, attention is on medical disease, not grief.

- Engel turned to a clinical implication: That replacement objects would be important in sustaining health and adjustment, and that health-care professionals (and others) actually have an influential role “... as a psychic object” (p. 22) in adjustment.

How Has Engel's "*Is Grief a Disease?*" Been Interpreted?

Different types of statements referring to Engel's question can be found in the literature, ranging from narrower- (grief is a disease) to broader-focused (grief illustrates the need to extend medical conceptualizations of disease), as illustrated next:

1. Engel was arguing the case for grief being a disease (process). Zisook and DeVaul (1985) commented: "Engel...proposed that grief was a disease state with a predictable course and specific symptoms" (p. 370). Parkes and Weiss (1983/1995) opened their classic monograph on recovery from bereavement by asking: "Is grief an illness? It has been persuasively argued that it is a sickness and should be treated as such (Engel, 1961)" (p. 1). Archer (1999) referred to Engel's portrayal of grief as a disease process. In line with a medical model interpretation, the consequences of Engel's position have been drawn. Wilson (2014) evaluated his contribution as follows: "Engel's argument is well constructed and logical. It does, however, perpetuate the medical and psychiatric position..." (p. 59).
2. Engel was demonstrating how grief was analogous to medical diseases, to better understand the nature of grief; points of correspondence between grief and medical diseases were highlighted. In his influential handbook for mental health practitioners, Worden (2009) commented that Engel was drawing a comparison between grief and the processes of physiological healing, "...just as healing is necessary in the physiological realm in order to bring the body back into homeostatic balance, a period of time is needed to return the mourner to a similar state of psychological equilibrium" (p. 16). Or reference has been made to Engel's specific analogy with a physical burn (e.g., Cooper, 2013): Grief could be conceived of as a psychic injury. In line with the medical analogy focus, Engel's article has sometimes been considered in broader context, namely, to discuss the nature of grief. In doing so, writers have come close to Engel's biopsychosocial approach while focusing on grief rather than medical conditions in general. Averill and Nunley (1993) drew on Engel's comparison: "...the suggestion has been made that grief itself is like a disease (Engel, 1961)" (p. 77). A main aim of Averill and Nunley was to consider grief as an emotion and as a disease, "...to highlight the importance of considering emotions in relation to social as well as biological and psychological systems of behavior" (p. 90).
3. Engel's purpose was to challenge medical science. Oken (1995) gave Engel's (1961) paper the priority of first entry in an edited volume of classic

contributions compiled by the American Psychosomatic Society. He assessed Engel's article as follows:

Questions about the nature of the grieving process have interest and importance in their own right, and they continue to puzzle, intrigue and confound us... In addressing the question posed by his deceptively simple title... Engel explored issues that lie at the very heart of psychosomatic medicine. His elegant exposition leads us to look behind the question about grief and to recognize that grief reflects such fundamental matters as how we can define the constructs of *health*, *normality*, and *disease*; how "causes" of disease may be understood; and how psychological and social factors can qualify as such causes (p. 1).

Answer to the Question: What Did Engel Mean?

Which of the three alternatives outlined above—each of them seemingly reasonable propositions for debate—best represents Engel's own goal in writing his article? I am in the unusual position—rather by chance—of being able to put the record straight with respect to Engel's intention. I received a letter from him in which he explained his purpose. The answer to the question, "What did Engel really propose in his article?" is indicated in the excerpt below:

I know you are familiar with my SCIENCE paper because you refer to it, but for your convenience I am enclosing a copy to remind you of my updating of "Is Grief a Disease?" challenge of some fifteen years earlier. Some of those discussing that paper continue to make the error of assuming that I was proposing that grief be considered "a disease," rather than the paper being an effort to re-examine the concept of disease. Unfortunately my provocative title misfired. (George Engel to the author, personal communication, April 25, 1994)

So Engel was seeking to expand ideas on how diseases are defined, not to define grief as a disease; he regretted that he framed his paper as a provocation. It misfired in the sense that it encouraged readers to think he was medicalizing grief. In my view, it is important to set the record straight on this issue, given the tendency of researchers and practitioners to claim "Engel proposed that grief is a disease." He did not. Rather, he took grief as an illustrative example to explore the very nature of the concept of disease, his intention was to encourage debate about the categorization of disease, to urge readers to reflect on what constitutes a disease. Engel did not claim that grief is a disease.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Author Biography

Margaret Stroebe is Professor at both the Department of Clinical and Health Psychology, Utrecht University, and the Department of Clinical Psychology and

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