The use of pathological grief outcomes in bereavement studies on African Americans

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Abstract
Pathological bereavement outcomes (i.e., complicated grief, traumatic grief, prolonged grief disorder) are a robust and growing research area in the psychological and medical sciences. Although grief is considered to be a universal phenomenon, it is well documented that grieving processes and outcomes are culturally and contextually bound. The objectives of this study were: (a) to examine representations of African Americans in the grief and mourning literature and to assess the extent to which this research utilizes pathological grief outcomes; and (b) to examine the characteristics of pathological grief constructs in the literature to assess their relevance for African American populations. We conducted comprehensive searches of three scientific databases including PsycNET, Medline, and CINAHL, which contain the majority of grief and mourning literature published between January 1998 and February 2014. We found 59 studies addressing grief and mourning in African Americans. Thirteen of these studies used pathological grief outcomes. Pathological grief outcomes that were constructed and validated on White populations were frequently used as outcome variables with African American participants. We discuss the implications for the grief and mourning field and argue that the failure to use culturally sensitive outcome measures in research studies is a form of epistemological violence that may have negative research and clinical implications for African Americans and other ethnic minorities.

Keywords
African Americans, complicated grief, pathological grief, traumatic grief, universalism

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Introduction

Grief, the experience of a person who is responding to the death of another human being, is widely considered to be a universal phenomenon (Archer, 1999; Cowles, 1996; Eisenbruch, 1984a, 1984b; Stroebe & Schut, 1998). One definition offered is that “bereavement refers to the loss of a loved one by death, and grief refers to the distress resulting from bereavement” (Genevro, Marshall, Miller, & Center for the Advancement of Health, 2004, p. 498). While some researchers make a distinction between grief, as “a reaction to loss” (DeSpelder & Strickland, 2005, p. 268), and mourning, as the “process by which a bereaved person integrates the loss into his or her ongoing life” (DeSpelder & Strickland, 2005, p. 269), these terms are often used interchangeably.

Grief and mourning in contemporary Western industrialized societies are currently understood within a psychological paradigm that involves an active process by which a mourner does “grief work” (Granek, 2010, 2013a; Stroebe, Gergen, Gergen, & Stroebe, 1992). Grief work involves actively mourning the loss of the loved one and can include participating in rituals, talking about the loss, consulting therapists, taking medications, and so on. It is assumed that by doing this grief work, the mourner will find a way to readjust to living after a loss and move on with their lives (Granek, 2010, 2013a; Stroebe et al., 1992). While the understanding of grief as a psychological process with particular symptomology (e.g., crying, depression, fatigue, etc.), which can be treated by mental health professionals, and can be evaluated as “normal” or “abnormal,” is historically recent, it is the dominant paradigm in contemporary health care (Granek, 2010, 2013a).

In addition to the emphasis on grief work, a major focus of the mourning literature in the psychological and medical domains in the last several decades has been pathological bereavement outcomes (Granek, 2010, 2013a). Many of the published studies either have some variant of pathological grief as the focus of their research, or use one of these categories as a bereavement outcome (Granek, 2013b). Variants of pathological grief include complicated grief (Horowitz et al., 1997; Shear & Frank, 2006; Shear et al., 2011), prolonged grief disorder (Prigerson et al., 2009; Prigerson et al., 1999), and traumatic grief (Prigerson & Jacobs, 2001; Prigerson et al., 1997). Each classification has its own set of diagnostic criteria, its own cut-off points for demarcating pathology, and its own conclusions about how best to treat these conditions (see Table S1 for a description and a list of diagnostic criteria for each of these categories [all tables are available online with this article]; see Granek, 2013a, for a review of pathological grief and a comparison of the diagnostic systems).

Grief and mourning as contextually bound phenomena

While the phenomenon of grief may be universal, the expression of grief and mourning is contextually bound (Cowles, 1996; Eisenbruch, 1984a, 1984b; Stroebe & Schut, 1998). The expression and experience of grief and mourning
are mediated by one’s culture, ethnicity, race, religion, geographical location, socioeconomic status, age, gender, and so on. Anthropologists have extensively documented the wide variation of grief responses around the world and in different societies (Anderson, 1965; Eisenbruch, 1984a, 1984b; Lunceford & Lunceford, 1976). Scheper-Hughes (1992), for example, conducted an ethnography of Alto women living in Brazil and described mothers’ seeming indifference to the death of their children:

Alto women generally face child death stoically... No one on the Alto do Cruzeiro criticizes a mother for not grieving for the death of a baby. No psychiatrist, pediatrician, or social worker visits the mother at home or tells her in the clinic what she is “supposed” to be feeling at the particular “phase” in her mourning. She is not told that crying is a healthy (and womanly) response to child death or that it is “natural” to feel bitter and resentful... or that she must “confront” her loss and get over her unhealthy emotional “numbness.” (p. 429)

Scheper-Hughes (1992) explained that mothers do not grieve for their dead babies because they die so frequently, and are thus accustomed to losing family members to chronic hunger, poverty, and violence. In this case, the absence of expressed grief in the Alto women is considered a culturally normative response that makes sense in the context of their lives. This is a particularly good example of the way in which cultural, social, historical, and political circumstances shape the experience of grief.

Similarly, Eisenbruch’s (1984a) review of cross-cultural studies of grief concluded that while grief appears to be a universal emotion, its expression is always culture-bound. Rosenblatt, Walsh, and Jackson (1976) similarly compared expressions of grief in 78 different societies around the world. They found that crying, fear, and anger were common in all of these cultures, but that there were wide variations in the expression of these affects and in the duration of grieving processes and rituals.

Within cultures, grief outcomes and processes are affected by sociodemographic variables that include gender, education, and socioeconomic status (SES). There is research to indicate that women demonstrate more psychological symptoms in response to bereavement as compared to men (Chen et al., 1999; Gilbar & Ben-Zur, 2002; Granek, 2015; Neria et al., 2007; Summers, Zisook, Sciolla, Patterson, & Atkinson, 2004) and that females tend to be diagnosed with complicated grief more frequently than males (Chiu et al., 2011; Kersting, Brähler, Glaesmer, & Wagner, 2011). Moreover, less educated people score higher on measures of complicated grief than do highly educated people (Newson, Boelen, Hek, Hofman, & Tiemeier, 2011). Finally, those with lower SES have a harder time with bereavement-related losses and are diagnosed more frequently with complicated grief than those who have less financial burden (Kersting et al., 2011; Nam, 2012; Ott, 2003) suggesting that SES and pathological grief outcomes are related.
The universalist framework in the psychological and medical sciences

While anthropologists have long recognized the importance of contextual factors (e.g., culture, gender, race, ethnicity, socioeconomic status), when it comes to understanding grief, psychologists and psychiatrists have tended to take a different approach to understanding grieving and mourning experiences. Eisenbruch (1984a) noted that the psychological and psychiatric approach to grief and mourning has been ethnocentric in that it ignores contextual factors associated with grief and mourning outcomes, and assumes that all expressions of grief and mourning are similar and based on Western models. Although a person’s ethnicity/race, social factors, and the geographical/historical context in which they live influence the way in which they are diagnosed with psychological and psychiatric disorders such as grief and other affective experiences in a North American context (Granek, 2010; Kirmayer & Young, 1998; Kleinman, 1987), and although it has been well established that there are wide variations in symptomatic expression of psychological disorders including grief, by culture, context, social class, and education (Guarnaccia & Rogler, 1999; Holzer et al., 1986; Weisz, Sigman, Weiss, & Mosk, 1993; C. L. Williams, 1999), some mental health professionals continue to assume that all people can be compared to a universal norm which has historically been based on White, European men (Hall, 1997). The universalist framework assumes that normality and pathology reside within the individual rather than in relationship to and resulting from external environmental, social, and structural factors (Kleinman, 1988; Lewis-Fernández & Kleinman, 1994).

The debate within psychology and psychiatry over what constitutes normality and pathology when it comes to grieving has received more attention as the new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) was released in 2013 (American Psychiatric Association [APA], 2013). In the DSM-5, the criteria of symptom duration for diagnosing clinical depression after a major loss changed from 2 months to 2 weeks so that clinical depression can now be diagnosed 2 weeks after a major loss (instead of the 2 months required in the previous version). This change means that more people may be diagnosed with clinical depression after a bereavement-related loss by a mental health professional or by a family doctor, and that treatment with medications and/or therapy will likely increase regardless of whether this is culturally appropriate for diverse ethnic/racial groups.

African Americans and pathological grieving outcomes in North America

African Americans make up approximately 13% of the population in the United States (U.S. Census Bureau, 2015), but are considered to be a relatively “unresearched” population in the field of psychology (Bernal, Trimble, Burlew, & Leong, 2003; Castro & Ramirez, 1997; Delgado-Romero, Galván, Maschino, & Rowland, 2005; Graham, 1992; Hall, 1997; Nagayama Hall & Maramba, 2001; Ponterotto,
1988; Sue, 1999). The limited studies that do exist have indicated that African Americans’ experiences of grief and mourning may differ from those typical of mainstream North American culture and that taking cultural differences into account is an important research goal (Eisenbruch, 1984b; Kissane & Bloch, 2002; Laurie & Neimeyer, 2008). In 2010, Burke et al. remarked that, “the grief experience for African Americans has largely been ignored by bereavement researchers” (Burke, Neimeyer, & McDevitt-Murphy, 2010, p. 3). More recently, Rosenblatt and Wallace (2013) noted:

[T]here are so few works focused on African Americans that it seems to us that African American grief has been neglected to a remarkable extent. And the neglect is compounded in that, judging by what is reported in the Social Science Citation Index, the little that has been written is rarely cited in the wider grief literature. (p. xi)

In one of the only published books on African Americans and grief to date, Rosenblatt and Wallace (2013), who conducted a qualitative study on 26 African Americans’ experiences of grief, found that for this group of mourners, family and church were central to coping. The authors argued that this reliance on community, social support, and the church (including the emphasis on gospel music) is rooted in the history of African Americans’ exclusion from institutional supports in broader North American culture. Moreover, they noted that the ongoing racism and discrimination faced by African Americans in the United States today goes hand-in-hand with increased poverty rates, healthcare disparities, and lower life expectancy when compared to the White population. The researchers noted that these everyday survival difficulties (e.g., experiencing racial discrimination in the healthcare system, unaffordable costs of burial and funeral expenses, lack of culturally sensitive psychosocial care for mourners) compound and intersect with the grieving experience and influence end-of-life decisions and funeral and burial customs.

This emphasis on family, religion, and spirituality has been corroborated by other, mostly anecdotal, publications on the topic (Barrett, 1995, 1998; Van & Meleis, 2003). In a theoretical review, Hardy-Bougere (2008) noted that African Americans often have strong beliefs about the afterlife and turn to inner strength to cope with the pain of loss. Barrett (1995, 1998) similarly noted that many African Americans believe in the power of prayer and meditation to assist the dead in transitioning to the afterlife. As with the Jewish tradition of saying the Kaddish (mourning prayer; Lamm, 1969/2000) for the dead to help them transition to the afterlife, some African Americans believe that the ease of the transition from the physical to the spirit world depends on how well the bereaved family engages in the mourning customs. This includes the preparation of the mourning food and clothing and participating in chanting, singing, and prayers to the spiritual ancestors to help the dead ease into the spirit world (Moore, 2003). As with many other traditions, African Americans bury their dead and the community attends the
funeral to show respect for both the deceased and the family left behind. Schoulte (2011) noted:

During the funeral, African Americans, particularly women and children, freely express grief and emotion. This free expression can take the form of “falling out,” which is described as a dissociative reaction, dizziness, or fainting spell during much psychological distress, and is most often seen in recent African immigrants and Southern Baptist African Americans. (p. 15)

As is evident from the review above, most of what is known about African Americans and grief is anecdotal or theoretical. As researchers, we were interested in exploring this neglect of African Americans in the grief research canon. This study is part of a larger project examining representations of African Americans in the grief and mourning literature (Granek & Peleg-Sagy, 2015). In our initial analysis, we found that there are a small number of studies published on African Americans in this field, and that these studies tended to focus on homicide-related losses. Moreover, many of the studies we reviewed had incomplete method sections and comparison studies between Blacks and Whites were common (Granek & Peleg-Sagy, 2015). Given the significant emphasis on pathological grief processes and outcomes (i.e., complicated grief, traumatic grief, etc.) in the psychological and medical sciences as a whole, the current study set out to examine the use of pathological grief outcomes in the research studies that included African Americans in their study samples.

**Methods**

We performed comprehensive searches in three major databases that contain the majority of grief and mourning literature in the social and medical sciences. These included PsycNET (PsycINFO), Medline, and CINAHL. These databases cover both psychological and psychiatric studies on the topic and include both qualitative and quantitative studies. The first search consisted of the keywords “bereavement,” or “complicated grief,” or “traumatic grief,” or “prolonged grief disorder,” or “mourning,” or “grief” published in English between January 1998 and February 2014 without any further restrictions. We conducted this initial search to get an idea of the numbers of articles published in the grief and mourning field over the last 15 years. The results of this search are presented in Table S2 and the PRISMA diagram, available as online supplements to this article.

Subsequent searches consisted of the keywords “African American,” or “African Americans,” or “Black,” or “Blacks” in any field and one or more of the following search terms in any field: “bereavement,” or “complicated grief,” or “traumatic grief,” or “prolonged grief disorder,” or “mourning,” or “grief.” Search parameters were limited to manuscripts written in English and published between January 1998 and February 2014. The results for each search term in each database are presented in Table S3.
We read the titles, abstracts, and methods sections of each article culled in our searches in order to identify appropriate articles for this review. We excluded articles that were not relevant to our review as well as those that were not research studies. While theoretical contributions (i.e., literature reviews, case studies, etc.) are important to the field, we wanted to focus our search solely on empirical studies (using any type of method). Typically, these publications inform social policy and clinical interventions and shape subsequent research on the topic, and as such, are important to examine. Finally, we excluded all studies that took place in countries outside of Canada or the United States, and studies in which African Americans comprised less than 5% of the sample. Out of a total of 651 articles, we excluded 409 publications because they were duplicates and 183 publications because they met one or more of the exclusion criteria.

After conducting the initial search, we further refined our inquiry. Articles that used any form of pathological grief outcomes (e.g., complicated grief, prolonged grief disorder, traumatic grief, etc.) in their study were pulled out of the searches for the current analysis. These articles are presented in Table S3. In order to get a sense of the relevance of these pathological grief constructs for African Americans, we also reviewed the major studies in which these constructs and the subsequent measures were developed. For this analysis, we looked at the samples on which these pathological grief constructs were tested by focusing on the sample demographics in the research. These studies are summarized in Table S4.

**Results**

**Pathological grief studies**

Thirteen studies out of the total 59 that included African Americans in their samples used some variant of pathological grief including complicated grief, traumatic grief, and/or prolonged grief disorder in their outcome measures (see Table S3). Six studies used solely African American samples (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Burke et al., 2010; Johnson, 2010; McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2012; Salloum & Overstreet, 2012; J. L. Williams, Burke, McDevitt-Murphy, & Neimeyer, 2012) and seven used mixed ethnic/racial samples (Burke, Neimeyer, Holland, et al., 2014; Burke, Neimeyer, Young, Piazza Bonin, & Davis, 2014; Cruz et al., 2007; Goldsmith, Morrison, Vanderwerker, & Prigerson, 2008; Herbert, Dang, & Schulz, 2006; Laurie & Neimeyer, 2008; Shear, Frank, Houck, & Reynolds, 2005). Two out of the seven studies that used diverse ethnic/racial samples concluded that African Americans have high levels of pathological grief (Goldsmith et al., 2008; Laurie & Neimeyer, 2008). One study found no differences in any clinical or treatment-related measure among the ethnicities when treating complicated grief symptoms (Cruz et al., 2007). The remaining four either did not include ethnicity/race in their analysis of the results or did not report it.
Psychometric validation

For the purposes of this analysis on pathological grief outcomes, it is important to examine the study populations upon which these diagnostic categories of pathological grief have been validated (Table S4). While traumatic grief is an older term in the literature, some current research still refers to this construct as viable, and therefore, it is worth examining. Prigerson and colleagues proposed traumatic grief criteria in 1999. The participants on whom this category of grief was validated included 350 widows or widowers whose average age was 61. Seventy percent of the participants were female, and 95% of the participants were White. The average number of years of education was 14.2 (Prigerson et al., 1999).

Prigerson et al. (2009) validated their recent criteria for prolonged grief disorder on 317 Yale Bereavement Study participants. The average age of the participants was 62, 74% were female, and more than 95% of the sample were White. The majority of participants were educated beyond high school (60%) and were grieving the loss of a spouse (84%). Socioeconomic status is not reported, but the level of higher education in the sample suggests middle to upper class socioeconomic status.

Horowitz et al. (1997) proposed their diagnostic criteria for complicated grief disorder based on a sample of 29 men and 61 women who were bereaved spouses. More than 86% had some college education and close to 7% had a graduate school education. Socioeconomic class or ethnicity/race are not reported, though the extremely high level of education in the sample implies that, as with Prigerson’s sample, it is likely that participants were middle to upper class.

Simon et al. (2011) sought to examine the psychometric properties of an inventory of complicated grief. They surveyed a sample of 782 bereaved individuals for this purpose. Sixty-two percent were female, and 38% were male. Seventy-seven percent were White, and 15% identified as African American. The average age was 47 years old. Education and socioeconomic status were not reported.

In summary, in every sample used to construct criteria for pathological grief, highly educated widowed women in their sixties are overrepresented. Most significantly, all samples were overwhelmingly White. The highest proportion of African American participants (15%) was found in Simon et al.’s study (2011). In all cases socioeconomic status was not reported.

Discussion and conclusion

Our review looked at pathological grief outcomes in studies that included African Americans in their research samples. We found that 13 out of the total of 59 articles used some form of pathological grief in their outcome variables. Some of these studies concluded that African Americans have higher levels of pathological grief when compared to Whites. As noted in the Methods section, and outlined in Table S3, pathological grief outcomes including complicated grief, prolonged grief disorder, and traumatic grief are constructs that have been validated on almost 100%
White populations meaning that both the definition of pathological grief, and the cut-off points that indicate pathology may be less relevant to African Americans and other ethnic minorities. As is illustrated in Table S3, the major constructs and instruments used to assess pathological grief on all study populations seem to be the most applicable to highly educated, White women in their sixties. Kleinman (1987) has argued that this universalizing approach to mental health can lead to a “category fallacy,” with the misclassification of people from one cultural or ethnic/racial background due to using the diagnostic criteria validated on people from another cultural or ethnic/racial background. As Fisher et al. (2002) noted in the context of intervention research on children and adolescents,

The absence of culturally relevant diagnostic criteria for children from diverse ethnic backgrounds, combined with the paucity of information on how culture influences the effectiveness of mental health services, makes it difficult to ascertain whether a treatment with established efficacy in one ethnic group presents a lesser or great probability of benefit when it is tested or used as a control condition for members of a different ethnic group. (p. 1028)

The lack of attention to culturally valid psychological constructs implies that many of the researchers in the grief and mourning field are still using the universalist framework described in the introduction of this paper.

In the context of mourning, this universalist framework has both clinical and research implications. For example, immigrants in the United States coming from other societies and/or religious backgrounds may experience a clash with Western mainstream norms when it comes to how grief should be expressed. Kissane and Bloch (2002) noted that families immigrating to a new country often risk their bereavement practices being usurped and/or shaped by the new culture. This cultural rift may have profound implications for people who do not subscribe to the North American psychological construction of how grief should be experienced or treated.

In cultures such as the ones found in India, Nepal, China, Pakistan, and Greece, death is a public, communal affair where crying, weeping, sobbing, and wailing loudly in public are an accepted part of the social rituals around grieving (Parkes, Laungani, & Young, 1997). Grieving often lasts significantly longer than what is acceptable in the modern industrialized world and involves the entire community supporting the mourners. Being a “griever” is a significantly different experience in these cultures than it is in North America; these ways of grieving can be challenged when they come into contact with the dominant contemporary Western norms around the expression of grief, particularly in the mental health domain. The public expression of grief by wailing, crying, and sobbing could be met with a diagnosis of pathological grief for being too intense or expressive. Grieving for several years may be diagnosed as “chronic” or “complicated grief” and be treated with an antidepressant or a series of sessions with a therapist (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Hensley, 2006; Reynolds et al., 1999; Shear et al., 2005). What would be considered normal and expected in one culture...
could be diagnosed as pathological and in need of treatment in North America. Another example can be found among members of the Cherokee tribe (DeSpelder & Strickland, 2005) and the Hopi peoples (Matchett, 1972), who talk to and take guidance from the deceased in visions and dreams. While hallucinations of the dead are part of the diagnostic criteria for complicated grief (e.g., Shear et al., 2011), some Native Americans consider it a privilege and a gift to receive a vision from a deceased loved one. Similarly, Horwitz (2002) pointed out that:

Cultural values always enter into judgments over whether reactions to stressors are appropriate or disproportionate. The DSM, for example, considers a diagnosis of major depression after bereavement appropriate when symptoms persist for longer than two months. In Mediterranean societies, however, widows traditionally have been expected to grieve for periods of time that would be considered excessive by American standards. Grief of comparable intensity and duration might be a mental disorder in the United States but not in Greece. (p. 25)

As noted above, while we are the first researchers to hone in on the grief and mourning literature when it comes to African Americans and the use of pathological grief outcomes, we are not the first to highlight the need for culturally sensitive psychological constructs. In 1997, Hall noted: “Research that does not include diverse populations and that does not respect the cultures of these groups will be useless in developing and expanding theories of human behavior” (p. 650). Graham (1992) similarly claimed, “What we need from our major journals is a substantive African-American psychological literature that is both accurate and current. What we have instead are sets of isolated and outdated findings, often of questionable methodological outcomes” (p. 638).

Both the under- and the misrepresentation of African Americans in psychological research studies is not only unjust toward a large proportion of the North American population, it is also poor science. As researchers, we are distressed by the findings from this review for all of these reasons—injustice to African Americans as research subjects, unrepresentative science, the lack of utility and validity of these findings for the people we are intended to serve—and we are also concerned with the impact these findings can potentially have on the communities in which we live, work, and research. In the context of psychology, Teo (2010), borrowing a term introduced by the feminist philosopher Spivak (1988), referred to “epistemological violence” as knowledge produced in the social sciences that causes harm to the (researched) Other. Epistemological violence refers to the ways in which knowledge that is produced in the academy can cause damage to people, especially in instances where empirical data are interpreted as showing the inferiority of, problematizing, or pathologizing the Other. In the case of this review, we believe that epistemological violence was committed when diagnostic tools were used indiscriminately without regard to culture and ethnicity/race in the methods sections and in the discussion sections of these articles, and where broad conclusions about African Americans were drawn.
This study has some limitations. Although we reviewed the three databases that many psychologists, psychiatrists, and other healthcare professionals use with keywords representative of grief and mourning research, it is possible that some relevant articles were not identified by our search. Second, we did not examine in detail within-group differences; African Americans, like all ethnic/racial groups, are not a homogenous group about which broad generalizations can be made. Finally, our study is limited to African Americans living in the United States. Further research is required to assess the state of grief and mourning research with other populations.

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Note
1. For a critique of Scheper-Hughes’s (1992) take on grieving mothers, see Nations (2013), who offers a different, but equally culturally contextualized explanation for the ways mothers grieve for their dead babies in northeast Brazil.

References


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