

HOSPITAL PHYSICIAN®

PSYCHIATRY BOARD REVIEW MANUAL

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Endorsed by the
Association for Hospital
Medical Education

Pathological Grief

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Cover Illustration by mb cunney

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Pathological Grief

Julie P. Gentile, MD

INTRODUCTION

At present, no universal definition or description of pathological grief exists nor does it appear as an established clinical entity in official diagnostic manuals.¹ The concepts of grief and bereavement have been around for some time, but the question remains, when is grief pathological? Some researchers believe that the onset, duration, and intensity of the grief are determining factors. Some believe it is directly related to attachment to or ambivalence toward the deceased person prior to their death. Others believe the circumstances surrounding the death (ie, unexpected, sudden, violent) may cause pathological reactions.

Most societies mandate expectations and time course for the grief process.² In the United States, the bereaved typically are expected to return to school or work within a few weeks, establish an equilibrium within a few months, and be capable of pursuing new relationships within 1 year.² However, the process of grief does not end within a defined interval.

The term “grief” is sometimes used interchangeably with “bereavement.” Bereavement can be defined as an objective state in the wake of death, whereas grief may consist of diverse reactions to the death, including syndromal clusters of cognitive, emotional, somatic, and behavioral symptoms.³

Uncomplicated or normal grief is believed to proceed through a series of anticipated stages (**Table 1**). There are also episodic depressive periods that may occur as reactions to certain holidays or anniversaries, sometimes referred to as “holiday blues” or “anniversary reactions,” respectively.² These are not pathological by definition but should be considered high-risk times for vulnerable individuals.²

Pathological grief involves maladaptive reactions to bereavement that manifest as psychological and physical impairments.³ The boundary where normal grief ends and pathological grief begins is vague. As Middleton states, “The field is still struggling to validate and operationalize the construct of ‘normal’ grief. ... [W]hen the focus is extended to include a range of ‘abnormal’ forms of grief, the difficulties are compounded.”⁴

In the last 4 decades, Western countries have produced sufficient evidence to indicate the negative effects of bereavement on psychiatric and physical morbidity, including an increased risk of depressive symptoms, anxiety, poor physical health, immunological dysfunction, increased adrenocortical activity, and increased mortality.³ Bereavement reactions can be considered complicated if the medical or psychiatric outcomes are adverse.²

At this time, there are no operationalized criteria for grief, and research to date has not clearly identified areas of psychopathology that are grief-specific.⁵ When a patient presents for psychiatric care following the death of a loved one, the most common diagnoses applied are posttraumatic stress disorder (PTSD), depressive disorders, adjustment disorders, and personality disorders.⁶ The best studied of the potential pathologies is depression.² Grief is not synonymous with depression or anxiety, but there is some overlap. There are references to bereavement and grief in the DSM-III-R and DSM-IV-TR,⁷ but these references are always associated with other diagnostic categories or V codes. Development of valid criteria would help distinguish grief from other bereavement-related emotional disorders.

THEORETICAL CONSTRUCTS

When researchers and scientists in the field of grief and bereavement were surveyed regarding theoretical constructs and views on pathological grief, most nominated attachment theory (75.7%) and psychodynamic theory (65.7%) as useful models.⁵ Sociological, cognitive, behavioral, the ethological constructs were considered less useful. The following discussion outlines these 2 perspectives.

PSYCHOANALYTIC THEORY

One focus of Freud’s self-analysis was the loss of his father; loss and the internalization of lost objects remains central to psychoanalytic theory.⁵ Freud differentiated mourning (ie, normal grief) from melancholia (ie, pathological grief). Freud’s 4 components of normal mourning were: (1) profoundly painful dejection;