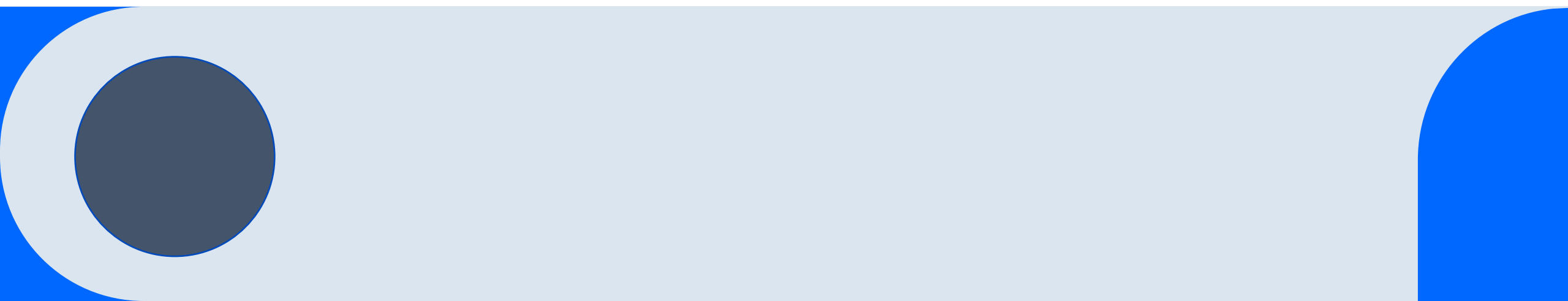




Grief: Differences between PGD and Uncomplicated Bereavement

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Following this presentation

You will be able to:

- 1. Explain the differences between Uncomplicated Bereavement and PGD
- 2. Utilize effective skills/resources when counseling grief clients
- 3. Understand the differences between PGD and Major Depressive Disorder MDD

Introduction

History

The DSM V (2013) had 2 major grief related changes when it came out. **First** was removing the bereavement exclusion under major depressive disorder (MDD). The **DSM-IV** had advised clinicians not to diagnose an individual with MDD within 2 months of the death of a loved one because the symptoms of MDD would be considered normal for that period following a death.

The **second** change in the DSM5 was the rejection of grief-related mental disorder(complicated grief or prolonged grief) due to “insufficient evidence for recognition as a separate diagnosis. It was included in Section III under the category “Conditions for Further Study” and was given the name persistent complex bereavement disorder as a compromise.”

Continued:

After studies over several decades suggested that many people were experiencing persistent difficulties associated with bereavement that exceeded expected social, cultural, or religious expectations, and a two-year process of review and public comment, the disorder was added to *DSM-5-TR*.

Prolonged grief disorder is the newest disorder to be added to the Diagnostic and Statistical Manual of Mental Disorders (DSM). It is included in the text revision of *DSM-5 (DSM-5-TR)*, which was released in March 2022.

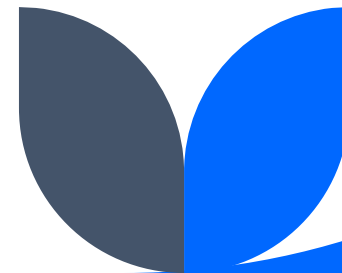
Prolonged Grief Disorder F43.8

For a diagnosis of prolonged grief disorder, the loss of a loved one had to have occurred at **least a year ago** for adults, and at least 6 months ago for children and adolescents. In addition, the grieving individual must have experienced at least three of the symptoms below nearly every day for at least the last month prior to the diagnosis.

Symptoms of prolonged grief disorder (APA, 2022) include:

- Identity disruption (such as feeling as though part of oneself has died).
- Marked sense of disbelief about the death.
- Avoidance of reminders that the person is dead.
- Intense emotional pain (such as anger, bitterness, sorrow) related to the death.
- Difficulty with reintegration (such as problems engaging with friends, pursuing interests, planning for the future).
- Emotional numbness (absence or marked reduction of emotional experience).
- Feeling that life is meaningless.
- Intense loneliness (feeling alone or detached from others).

Note: It clarifies the differences between [grief versus depression](#). Certain [symptoms of grief](#), such as yearning and pining, are not characteristic of depression, but are typical of grief.

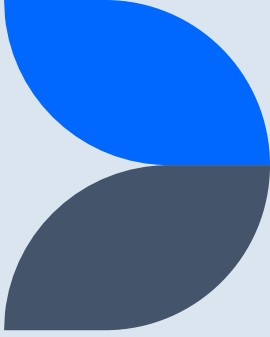


Z63.4 Uncomplicated Bereavement disorder

Uncomplicated bereavement is normal grief. One might experience difficult feelings following the loss of a loved one, but within weeks to months, they are able to return to normal life again. The symptoms of uncomplicated grief may resemble those of a major [depressive episode](#) or even [a physical disease](#).

If disabling grief persists for longer than 6 months to a year, as it does in about [10% of cases](#), it might instead be considered an [adjustment disorder](#) or prolonged grief disorder (PGD), also known as complicated grief.

In favor of the diagnosis of PGD



In some ways, this diagnostic addition to the DSM may benefit people who would have otherwise struggled to find affordable care; after all, the changes to the DSM mean that insurance companies now view this form of anguish and human suffering as a billable condition. Perhaps employers will even reconsider current limits on bereavement leave. And for the many grieving people whose pain has been long-lasting, and sometimes all-consuming, it reifies the suffering they may feel they have been asked to deny. **Psychotherapy Networker August 2022**

Continued

The inclusion also makes care more accessible to more patients since insurance companies often require an official diagnosis to cover the cost of treatments, forcing patients without an official diagnosis to pay out-of-pocket. Cassata- “Prolonged Grief disorder is now an official mental health condition-these are the symptoms to know.” **Cassata, C. 4/4/22**

PGD's inclusion in the DSM-5 will allow mental health clinicians to bill insurance companies for treatment. It will also encourage funding for research into effective pharmacological treatments. **Schuurman, D. L., 2017**

Against the PGD diagnosis

Psychotherapy Networker August 2022- “Recently, the American Psychiatric Association has put grief on a deadline. At a time when many people are experiencing immense and profound loss, some clinicians have begun to classify grieving processes that extend beyond a period of one year as symptomatic of prolonged grief disorder.”

Continued:

Additionally, the grieving process can result in isolation and shame for some people, Moffa added, explaining that receiving an official diagnosis might cause even deeper shame. **Cassata, L. 2022**

Prolonged grief disorder was recently added as an official diagnosis to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). **The risk of pathologizing a normal, common, inevitable life event-** Death is a universal life experience, and in death's wake it is natural and normal, healthy to grieve. **Schuurman, D.L. 2017**

Grief experts weigh in:

David Kessler: For me, grief is love—it is a love letter to those who have died, and it lasts the rest of our lives. Prolonged grief disorder feels like it pathologizes an experience of love. But I am afraid this new diagnosis is perpetuating an idea that we need to help people “get over it,” and that is not what grief professionals or people in grief want to do. We do not get over our loved ones: they are not colds or flus.

Five years ago, I lost my younger son. I have been in the grief field for decades, but that experience made me want to call every person I have ever counseled, especially parents, to tell them that I get how bad the pain is now—how intense it is, how long it lasts.

Kessler cont.

The two big symptoms are: you are “yearning, longing” (in other words, you miss your loved one and wish they were still alive) and you are “preoccupied” with them (you are thinking about them a lot). Then under that, you need three of these: identity disruption, disbelief, avoidance of reminders, emotional pain. Those are all hallmarks of grief.

How does someone whose spouse has died, whose friends are other couples, not have an identity crisis? How does a parent whose child dies still show up at gatherings with other parents and not have an identity crisis? Are you still a parent? Are you still a spouse? Are you still married? Grief is about our identity— Are you still a parent? Are you still a spouse? Are you still married? Grief is about our identity—and changing, growing, and accepting these new roles that we did not choose.

Difficulty with reintegration into life after the death, intense loneliness, problems with friends, interests, planning for the future? Well, your friends now have different lives from yours. Emotional numbness, a feeling that life may be meaningless? Well, your spouse died, and you are lonely.

Kessler cont.

There are three takeaways I would have. **One**, grief is a natural and normal process, and we need to normalize this expression of love. **Two**, clinicians need to continue to appreciate the power of bearing witness and not fixing. And **three**, since we need to intervene for severe disruptions to life, I hope this diagnosis will bring some resources with it, without pathologizing the love that is grief.

Frank Anderson

As a psychiatrist, I find the idea of giving drugs for grief concerning. There is not a lot of overlap between depression and grief, so the inclination some may have to quickly give an antidepressant because someone has this diagnosis worries me. In some circumstances, it may be warranted, but the greater risk is to overdo treatment with medications for something that needs to be processed and worked through.

In this quick-fix society, we want people to move on, and a lot of the time it is because we do not know how to be present in their grief and allow them to experience it. ***So many professionals—not just psychiatrists and medical doctors, but licensed mental health workers—have no training in grief and loss. I would love to see courses on this topic in every helping profession, in every graduate university.***

Donna Schuurman

“Katherine Shear, psychiatrist and founding director of The Center for Prolonged Grief at Columbia University, has been wanting it to be called complicated grief for years. I am of the belief that grief is inherently complicated because people are complicated, and relationships are complicated. Why label it? ”

Alan Wolfelt

“My position is this: I disagree. I have been a grief counselor and educator for more than 40 years now. I have spoken and worked with thousands of grieving people. Here are the essentials they have taught me:

- Grief is normal and necessary. It is simply love after loss.
- Because love does not end, neither does grief.
- The normal melancholy of grief often continues well beyond a year.
- To integrate it into our ongoing lives, grief takes expression (i.e., mourning), the support of others, and an indeterminate amount of time.”

Therapy

- **Cognitive behavioral therapy (CBT)** for grief is intended to help patients become aware of negative thought patterns that may make it hard to process grief.
- **Complicated grief treatment** is a semi-structured treatment, the goal of which is to help patients see a future with meaning again. "Structure and predictability can be incredibly helpful for someone grieving, as people grieving tend to feel a sense of being out of control," Moffa said.

Treatment success depends on the type of loss a person has suffered, Moffa said. "People who have endured ambiguous loss, or a traumatic loss, have several factors that can complicate their grief process," she explained. "Type of loss, relationship to the deceased, and the time passed are all equal considerations when doing grief therapy of any kind." Grande, 2023

Therapy cont.

- Psychoeducation about the normal stages of grieving
- Encourage the individual to talk about the loss and express their emotions
- Identify coping issues and recommend more productive pathways
- Help the bereaved shift focus from the deceased individual to their own life
- Provide regular emotional support

Therapy cont.

Journaling, writing letters (to and from deceased)

Companioning-sitting with/in silence

Group therapy

Art therapy

Play therapy

Grief yoga-Paul Denniston

Other information for therapy:

One type of treatment, complicated grief treatment, incorporates components of CBT and other approaches to help adapt to the loss. It focuses on both accepting the reality of the loss and restoration—working toward goals and a sense of satisfaction in a world without the loved one (Szuhany et al., 2021). (More information at the Columbia University Center for Prolonged Grief.)

CBT can also be helpful in addressing symptoms that occur along with prolonged grief disorder, such as sleep problems. Research has shown that CBT for insomnia is effective in improving sleep. Research also suggests that CBT can be effective with children and adolescents experiencing symptoms of prolonged grief (Melham, et al., 2013; Boelen et al., 2021).

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Thank you!

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