What Is Complicated Grief?

- A chronic disabling condition in which mourning is derailed by complications that encumber the natural healing process
- Characterized by:
  - A chronic persistent separation response (prolonged acute grief)
  - Dysfunctional thoughts, behaviors or emotions related to the death that interfere with the progress of grief
  - Occurs when one loses someone with whom he/she is VERY CLOSE
EXPLAINING GRIEF: EFFECTS OF LOSS OF A LOVED ONE

ATTACHMENT ACTIVATED
CAREGIVING ACTIVATED
EXPLORATION INHIBITED

HIGHLY EMOTIONAL, DISORIENTING AND DISRUPTIVE

THE PROGRESS OF MOURNING

Acute Grief Evolves

INTEGRATED GRIEF

- Finality of death acknowledged and consequences evaluated
- Mental representation of deceased appropriately revised
- Life goals redefined

- Information about the death processed
  - Death confronted during “bouts” of intensely painful emotion
  - Emotional pain defensively excluded during “moratoria”
- Emotional pain and positive feelings gradually integrated
  - Working models revised
  - Goals redefined

PROGRESS INTERRUPTED

Acute Grief does not evolve

INTEGRATED GRIEF

- Finality of death acknowledged and consequences evaluated
- Mental representation of deceased appropriately revised
- Life goals redefined

- Concerns about the death capture and derail the mourning process
- Information about the death is not processed
- Finality of the death not acknowledged; consequences of death seem catastrophic
- Acute grief symptoms are intense and unchanging
- Attachment activation persists, associated with strong feelings of longing for the deceased person
- Inhibition of exploration continues
COMPLICATED GRIEF

- Acute grief persists without a feeling of meaningful progression
  - Frequent strong feelings of yearning and sorrow, with a mixture of other feelings (positive and negative)
  - Thinking focused frequently on the deceased
  - A sense of disbelief, wanting to block out reminders of the painful reality
  - Feelings of insecurity, loss of sense of purpose or meaning
  - Little or no interest in life without the deceased

1 Also called prolonged grief disorder, traumatic grief, or persistent complex bereavement disorder

IDENTIFYING CG:

INVENTORY OF COMPLICATED GRIEF (ICG)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Not at all</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
</tr>
<tr>
<td>4</td>
<td>Unbearable</td>
</tr>
</tbody>
</table>

- Preoccupation with the person who died
- Memories of the person who died are upsetting
- The death is unacceptable
- Longing for the person who died
- Drawn to places and things associated with the person who died
- Anger about the death
- Disbelief
- Feeling stunned or dazed
- Difficulty trusting others
- Difficulty caring about others
- Avoidance of reminders of the person who died
- Pain in the same area of the body
- Feeling that life is empty
- Hearing the voice of the person who died
- Seeing the person who died
- Feeling it is unfair to live when the other person has died
- Bitter about the death
- Envious of others
- Lonely

Prigerson et al., Psychiatr Res 1995; Shear et al. JAMA 2005

PROPOSED DIAGNOSTIC CRITERIA

Persistent (>6 months) acute grief (at least 1 symptom)

1. Persistent intense yearning or longing for the person who died
2. Frequent intense feelings of loneliness or like life is empty or meaningless without the person who died
3. Recurrent thoughts that it is unfair, meaningless or unbearable to have to live when a loved one has died, or a recurrent urge to die in order to find or to join the deceased
4. Frequent preoccupying thoughts about the person who died, e.g., thoughts or images of the person intrude on usual activities or interfere with functioning

Shear et al 2011 Complicated grief and related bereavement issues for DSM-5 Depression and Anxiety 28: 103-117
**PROPOSED DIAGNOSTIC CRITERIA**

At least 2 of the following symptoms

1. Frequent rumination about circumstances or consequences of the death
2. Recurrent feeling of disbelief or inability to accept the death
3. Persistent feeling of being shocked, stunned, dazed or emotionally numb since the death
4. Recurrent feelings of anger or bitterness related to the death
5. Persistent difficulty trusting or caring about other people or feeling intensely envious of others who haven’t experienced a similar loss
6. Intense emotional or physical reactivity to reminders of the loss
7. Change in behavior, e.g. excessive avoidance or the opposite, excessive proximity seeking

**COMPLICATED GRIEF TREATMENT (CGT)**

BEREAVEMENT → Acute grief symptoms → Grief complications

Interfere with healing → Resolving complicating problem → Facilitating natural healing

Integrated grief → Natural healing → CGT Targets

**EVIDENCE FOR EFFICACY OF CGT**

[Graph showing RCT: SIGNIFICANT DIFFERENCES IN INTENT-TO-TREAT RESPONDER RATES]

Shear et al 2005 JAMA 293:2601; Shear et al 2014 JAMA Psychiatry 7: 1287
CGT: GUIDING PRINCIPLES

1. Grief and mourning are natural instinctive responses that find their own healing pathway; grief is highly variable both within and across bereaved people, however there are commonalities in the process of effective mourning.

2. Complications that derail the mourning process derive from the circumstances or consequences of the death, as understood by the bereaved person, in light of his or her history and current context.

3. Treatment of complicated grief can be achieved by addressing the complications and facilitating the natural mourning process.

BUILDING BLOCKS FOR ADAPTATION TO LOSS

- Self-compassion (Neff, 2003)
  - High self-kindness; low Self-judgment
  - High common humanity; low isolation
  - High mindfulness; low over-identification
- Self-determination (Ryan & Deci, 2000)
  - Autonomy
  - Competence
  - Relatedness
- Psychological immunity (Gilbert & Wilson, 2000)
  - Protects our sense of competence, integrity and worth in the face of assault
  - Powerful and invisible

CGT: SEVEN CORE MODULES

1. Establishing the lay of the land: psychoeducation about love, loss and grief, description of the treatment and rationale for strategies and procedures


3. Working with aspirational goals: finding intrinsic, autonomous activities, promoting competence and relatedness

4. Rebuilding connection: collaborative companionship alliance, strategies for meaningful connection with others, sharing pain and letting others help
CGT: SEVEN CORE MODULES

5. **Revisiting the story of the death**: recounting and reflecting on the story, practicing confronting pain and setting it aside, practicing self-compassion

6. **Revisiting the world**: strategies and procedures for confronting and managing avoided situations

7. **Connection through memory**: reviewing positive memories of the deceased, inviting negative memories, engaging in an imaginal conversation with the deceased

---

**SUMMARY**

- Loss of a close attachment is like an earthquake that shakes the foundation of a person’s life
- We respond instinctively to such a loss, initially experiencing a separation response including protest and proximity seeking
- The instinctive mourning process usually supervenes helping us to come to terms with the loss and restore our capacity for joy and satisfaction
- Sometimes mourning is derailed by concerns related to the death that capture the attention of the mourner and interfere with coming to terms with the loss

---

**SUMMARY**

- The syndrome of complicated grief is characterized by a severe and prolonged separation response and a group of symptoms that reflect concerns related to the death
- Complicated grief can be identified using one of a number of simple questionnaires
- Complicated grief can be treated using an intensive, focused treatment approach that is empirically tested and entails attention to both loss and restoration-related issues