Prolonged Grief Disorder

Prolonged Grief Disorder (PGD) is a pathological form of grieving characterized by chronic, functionally disabling symptoms following a loss. Alternatively referred to as complicated grief, pathological grief, or traumatic grief, PGD includes symptoms such as intense yearning for the deceased, difficulty accepting the loss, difficulty moving forward in life, and feeling that life is empty or meaningless since the loss. To qualify for a PGD diagnosis, an individual must continue to show daily or disabling levels of these symptoms for at least six months following the loss. The most widely used measures in the assessment and diagnosis of PGD are the Inventory of Complicated Grief, the Prolonged Grief 13, and the Brief Grief Questionnaire. Studies have found that about 10-20% of bereaved individuals develop PGD. Risk factors include a history of prior trauma or loss, a history of mood and anxiety disorders, insecure attachment style, closeness with the deceased, a violent cause of death, and a lack of social support after the loss.

PGD is associated with reduced quality of life, social and occupational impairment, physical health complaints, substance use problems, sleep disruption, increased risk of cardiac events, and suicidal thoughts and behaviors, after controlling for co-occurring disorders. Its symptoms distinguish it from typical grief, depression, and posttraumatic stress disorder (PTSD). Individual and group psychotherapies and Internet-based interventions aim to treat PGD through loss-focused tasks (e.g., confronting stimuli that serve as reminders of the loss, such as photos of the deceased) and restoration-focused tasks (e.g., increasingly reengaging with pleasurable activities and meaningful relationships). Although most people with PGD do not seek treatment, these interventions have been shown to be effective in reducing symptoms and helping individuals with PGD process the loss and move forward in life.

[Insert PGD Diagnostic Criteria Table here]

Table 1. PGD Diagnostic Criteria

Source: From Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., … Maciejewski, P.K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), e1000121.

Distinction from Typical Grief and Non-Grief Disorders

Typical Grief

Most people show natural recovery in the weeks and months following a loss, do not develop PGD, and do not require treatment. In fact, studies have demonstrated that treatment for individuals with typical, non-PGD levels of grief does not provide any benefit beyond the expected natural recovery. While normal bereavement reactions are highly variable, post-loss adjustment typically involves engaging in both loss-focused tasks and restoration-focused tasks. Some bereaved individuals may experience acute PGD-like symptoms immediately following a loss, but these symptoms usually decline naturally and are not present at debilitating levels after six months.

Depression and PTSD

Statistical analyses have shown PGD to be distinct from depression and PTSD. While PGD can often co-occur with one or both of these disorders during bereavement, its clinical features distinguish it as a separate disorder. For example, some key symptoms of depression (e.g., weight or appetite change, sleep disruption, fatigue) are not found in PGD, and grief-specific symptoms of PGD (e.g. difficulty accepting the loss, confusion about one's role in life

after the loss) are not found in depression. Even overlapping symptoms, such as avoidance, are conceptually different in PGD; while depression involves a generalized withdrawal from a wide range of activities, individuals with PGD tend to avoid only stimuli that serve as reminders of the permanence of the loss.

Similarly, while PGD and PTSD have some overlapping symptoms, the dominant emotions associated with each disorder are distinct. PTSD is typically characterized by fear, horror, anger, guilt, or shame, whereas PGD primarily entails loss, emptiness, or yearning for the past. And while PGD and post-loss PTSD both involve recurrent thoughts about the deceased, in PTSD these thoughts are typically involuntary and intrusive (including nightmares and flashbacks) and focused on the death event itself, whereas PGD involves voluntary as well as involuntary thoughts about the deceased, such as positive memories of times shared together.

Treatment of PGD

Psychotherapy has been shown to produce lasting benefits for individuals with PGD. Individual therapy, group therapy, and Internet-based interventions have all been used to treat PGD, and studies have found that grief-targeted cognitive-behavioral interventions are most effective at ameliorating PGD symptoms.

Psychotherapy

Therapies aimed at treating PGD usually begin with psychoeducation about grief to help patients understand how they might work toward healing. Many individual and group psychotherapies for PGD have then included both loss-focused tasks and restoration-focused tasks. In therapies that include a loss-focused element, bereaved individuals are asked to repeatedly narrate the story of the death, elaborating on distressing thoughts, emotions, and sensory details surrounding the event. This exercise is modeled after exposure-based therapies

for PTSD and encourages patients to emotionally process the reality of the loss. Other loss-focused tasks include having an imagined conversation with the deceased and sharing memories featuring the loved one.

Restoration-focused tasks promote reengagement with pleasant activities and meaningful relationships, and help patients identify goals and create future plans. Patients are especially encouraged to reengage in activities that they have been avoiding because the activities serve as reminders of the loss. Throughout treatment, therapists shape patients to challenge certain ways of thinking about the meaning and implication of their loss, such as inappropriate self-blame or the belief that forming new relationships would trivialize the relationship with the deceased.

While loss-focused tasks have been included in most PGD treatment studies, some successful trials have focused exclusively on restoration-focused activities and have demonstrated positive results without any focus on revisiting the experience of the loss. For example, behavioral activation therapy, which includes education, self-monitoring, and engagement in reinforcing activities, has reduced PGD symptoms without any loss-based exposure. In the absence of careful studies dismantling the various components of complex PGD therapies, it is unknown exactly which therapeutic elements are most responsible for reducing symptoms, but several different kinds of psychotherapy do appear to be effective.

Medication

The role of pharmacological medication in treating PGD is unclear. Some trials have suggested that selective serotonin reuptake inhibitor antidepressants may help reduce grief symptoms; however, due to a lack of high-quality evidence, pharmacotherapy is considered a potential adjunct, not an alternative, to proven psychotherapies.

Internet-Based Interventions

Although randomized controlled trials have demonstrated the efficacy of several types of psychotherapy aimed at targeting PGD symptoms, most individuals with PGD do not seek mental health services for their grief. For individuals who desire help but for whom conventional psychotherapy is a poor fit due to concerns about cost, geographic accessibility, or stigma, Internet-based interventions are another proven option. Online PGD interventions include many of the same components as in-person therapies, focusing on writing exercises and behavior-change homework assignments. Remote therapist assistance is sometimes included.

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See Also
Attachment Theory
Death and Dying
Major Depressive Disorder
Posttraumatic Stress Disorder
Psychotherapy
Resilience
Suicide

Further Readings

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