ABSTRACTS

Complicated grief

In 2006, two bereavement journals, *Omega* and *Grief Matters*, each devoted a full issue to complicated grief. In addition, this concept is mentioned in the title or abstract of 82 references added to major bibliographical databases (eg Medline, Psychinfo, Cinahl) since the start of 2006. Thus, complicated grief is currently a topic of great interest, probably fuelled by the impending 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). This manual classifies psychiatric disorders and assists in diagnosis and provision of effective treatment. The following are short abstracts with comment from articles in the two journals mentioned above. They reflect key aspects of the wide-ranging debate on this topic. The full list of articles is provided at the end of this section.

Complicated grief: an attachment disorder worthy of inclusion in DSM-V

Ray R, Prigerson H. *Grief Matters* 2006; *9*(2): 33-38

This is a succinct account of the diagnostic criteria for complicated grief proposed by Prigerson for DSM-V. It also includes criteria for a complicated grief disorder developed by Horowitz. In Prigerson's scheme, four criteria have been validated in a variety of situations, and references to previous work by Prigerson are cited. The first criterion concerns pining for the deceased person. The second is a set of eight symptoms which must have been experienced by the bereaved person in the previous month and include, for example, trouble in accepting the death, and feeling that life is meaningless or empty without the deceased. The third criterion stipulates that the symptoms must have caused significant dysfunction and the fourth, that the symptom disturbances must have lasted for at least six months.

The criteria continue to evolve, partly based on validation studies, partly on professional judgement, eg the extension of the period for symptom disturbance has recently been extended from two to six months. The authors also discuss the concept of normal grief, resilient responses to bereavement, and the links with other psychiatric diagnoses such as PTSD. Psychological and physical problems related to the distress caused by grief are discussed and possible treatments are outlined. Judging by the overall thrust of the special issue of *Omega*, this is likely to be a benchmark set of criteria on which much of the future discussion will be based.

Symposium on complicated grief

Parkes CM. *Omega* 2006; *52*(1): 1-7

Guest editor's conclusions

Parkes CM. *Omega* 2006; *52*(1): 107-113

These two contributions provide an overview of a (virtual) symposium of 12 articles published in this issue of *Omega*, explicitly related to whether or not complicated grief should be included in the DSM. Currently grief is subsumed as an aspect of other psychiatric diagnoses such as depression but is not regarded as a disorder in itself. The debate focuses on three issues: a) can complicated grief can be regarded as a mental disorder? b) if so, where does it fit in relation to other disorders? c) what criteria for diagnosis are best supported by systematic research?

Parkes' introductory paper gives a brief history of the development of the concept of complicated grief; presents, with some comments, the two recent sets of criteria for the condition by Horowitz and by Prigerson; and outlines the main areas for debate on the subject. He cites a criticism of Prigerson's criteria for complicated grief in relation to bereaved parents and looks at concerns that bereavement in general may come to be seen as a psychiatric diagnosis and unnecessarily medicalised, as well as arguments that accepting complicated grief as a psychiatric diagnosis will result in social stigma. There is an ongoing discussion of what is 'normal' versus 'complicated' grief.

The authors of the 12 papers are introduced. All have been previously involved in these debates but major contributors are Holly Prigererson, Karl Goodkin, Robert Neimeyer, Margaret Stroebe and Tony Walter. Further responses and conclusions are provided by some of these, as well as Nancy Hogan and Mardi Horowitz. Many write with co-authors. Articles vary from the almost purely empirical stance (Prigerson) to a questioning of the social nature of complicated grief (Walter). Walter asks if complicated grief could be a phenomenon negotiated between researchers, agencies and client. This seems particularly likely in the USA, where researchers are keen to have complicated grief included in the DSM partly because some health insurance companies will not fund treatments if the patient does not have a listed diagnosis. This point is made by a number of the writers.

The symposium forms a fascinating collection of views and Parkes concludes, on balance, that there is a case for accepting that complicated grief is a category for the DSM. He considers Prigerson's criteria to be the most appropriate for inclusion and indeed some of the other contributors have already also indicated this preference. Many of the authors also have opinions on where the disorder should sit within the classification of mental disorders, but on this there is no attempt at universal agreement.

Treatment of complicated grief

Shear KM. *Grief Matters* 2006; *9*(2): 39-42

As a conclusion to this synopsis, it seems fitting to describe some clinical work. Shear has previously conducted a randomised control assessment of an intervention which she calls 'complicated grief therapy', based on Prigerson's criteria and tailored to ameliorate symptoms. This article describes a successful course of treatment with one patient. The author undertook the complicated grief therapy, which comprises 16 sessions with introductory, middle and termination phases. Briefly, this involves first developing a relationship while establishing the background history. In the middle sessions, the aim is to facilitate resolution of prolonged grief symptoms and to achieve integration of the loss. The final phase is concerned with reviewing the treatment, discussing feelings about ending and developing plans for the future.

There is evidence in the literature of similar debates on whether or how various types of psychological pain should be included in the DSM-V. Whatever the outcome for complicated grief, it is to be hoped that researchers and practitioners will remain open to differing point of views, as is seen in this collection of papers. This openness will always be important in assisting bereaved people.

Denise Brady
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