



# THE VARIETIES OF GRIEF EXPERIENCE

George A. Bonanno

Columbia University

Stacey Kaltman

The Catholic University of America

**ABSTRACT.** *The bereavement literature has yet to show consensus on a clear definition of normal and abnormal or complicated grief reactions. According to DSM-IV, bereavement is a stressor event that warrants a clinical diagnosis only in extreme cases when other DSM categories of psychopathology (e.g., Major Depression) are evident. In contrast, bereavement theorists have proposed a number of different types of abnormal grief reactions, including those in which grief is masked or delayed. In this article, we review empirical evidence on the longitudinal course, phenomenological features, and possible diagnostic relevance of grief reactions. This evidence was generally consistent with the DSM-IV's view of bereavement and provided little support for more complicated taxonomies. Most bereaved individuals showed moderate disruptions in functioning during the first year after a loss, while more chronic symptoms were evidenced by a relatively small minority. Further, those individuals showing chronic grief reactions can be relatively easily accommodated by existing diagnostic categories. Finally, we found no evidence to support the proposed delayed grief category. We close by suggesting directions for subsequent research. © 2001 Elsevier Science Ltd. All rights reserved.*

**KEY WORDS.** Grief, Bereavement, Loss, Stressor.

## INTRODUCTION

GRIEF IS A painful, but unfortunately common experience. Most people at different points in their lives are confronted with the death of a close friend or relative. There are, however, marked individual differences in how intensely and how long people grieve. Some grieve openly and deeply for years, and only slowly return to a semblance of their normal level of functioning. Others suffer intensely, but for a relatively more proscribed period of time. Still others appear to get over their losses

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Correspondence should be addressed to George A. Bonanno, Ph.D., Department of Counseling and Clinical Psychology, Teachers College, Columbia University, Box 218, 525 West 120th Street, New York, NY 10027, USA. E-mail: gab38@columbia.edu

almost immediately, and to move on to new challenges and new relationships with such ease as to raise doubts among their friends and relatives as to whether they may be hiding something or running away from their pain.

The extent that grief varies across individuals suggests important questions about what constitutes normal or common grief, and when, if at all, too much or too little grief might be considered abnormal, or even pathological. Unfortunately, the bereavement literature has yet to agree on a clear, empirically defensible definition of grief, or its normal and abnormal course and manifestations (Bonanno, 1998; Hansson, Carpenter, & Fairchild, 1993). The present review was motivated by this deficiency. First, we review competing formulations of normal and complicated grieving found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association, 1994) and in the bereavement literature. According to the DSM-IV, bereavement is a stressor that produces relatively normal and expectable distress. DSM-IV does not offer a complicated grief diagnosis, and allows for bereavement-related diagnoses only in extreme cases when existing diagnostic categories (e.g., Major Depression) may be relevant. In contrast, bereavement theorists have argued for the clinical necessity of a complicated grief diagnosis, and have proposed a number of different types of complicated grief. In an effort to reconcile these competing positions, we review the available empirical evidence on grieving. Specifically, we examine three kinds of evidence: longitudinal studies of grief outcome, descriptive studies of the phenomenological features of grieving, and diagnostic studies that focus on the distinction between normal and pathological or complicated variants. Our analysis is generally supportive of the DSM-IV's conception of grief as a normal reaction to an enduring stressor, and reveals little in the way of empirical evidence to support the complex taxonomies of grief outcome developed in the bereavement literature. We summarize the available evidence into a working definition of grief course patterns, and close by suggesting several avenues for future bereavement research.

## THEORETICAL AND OBSERVATIONAL CLASSIFICATIONS OF GRIEF COURSE

### *DSM-IV: Bereavement as a Stressor*

The DSM-IV views the death of a close friend or relative as a stressor with generally normative and predictable consequences. According to this approach, bereavement is considered among the V codes and is used diagnostically when the "focus of clinical attention is a reaction to the death of a loved one" (American Psychiatric Association, 1994, p. 684). The conceptualization of bereavement in terms of the V code is clearly intended to represent mourning as a normal phenomenon. In addition, DSM-IV emphasizes culturally determined forms of mourning and grief behavior, and that "the duration and expression of 'normal' bereavement vary considerably among different cultural groups" (American Psychiatric Association, 1994, p. 684). An important limitation of DSM-IV's vagueness on this point, however, is that it does not provide a means of precisely distinguishing between individuals who show common grief reactions from those who do not. As we will show later in this article, this distinction may prove crucial to the understanding of individual difference in long-term grief course.

By using a V code, the DSM-IV also explicitly avoids the categorical distinction of complicated versus uncomplicated bereavement. Instead, extreme cases in which

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