



## A case for establishing complicated grief as a distinct mental disorder in *DSM-V*

Wendy G. Lichtenthal<sup>a,\*</sup>, Dean G. Cruess<sup>a</sup>, Holly G. Prigerson<sup>b,c</sup>

<sup>a</sup>*Department of Psychology, 3720 Walnut Street, University of Pennsylvania, Philadelphia, PA, 19104, USA*

<sup>b</sup>*Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA*

<sup>c</sup>*Department of Epidemiology and Public Health, Yale University School of Medicine, New Haven, CT, USA*

Received 6 February 2004; received in revised form 10 May 2004; accepted 6 July 2004

### Abstract

In this paper, we contend that complicated grief (CG) constitutes a distinct psychopathological diagnostic entity and thus warrants a place in standardized psychiatric diagnostic taxonomies. CG is characterized by a unique pattern of symptoms following bereavement that are typically slow to resolve and can persist for years if left untreated. This paper will demonstrate that existing diagnoses are not sufficient, as the phenomenology, risk factors, clinical correlates, course, and outcomes for CG are distinct from those of posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and adjustment disorder (AD). It is argued that the establishment of CG as a diagnostic entity is essential because its symptoms are associated with enduring mental and physical health morbidity and require specifically designed clinical interventions. We conduct a critical review of all published evidence on this topic to date, demonstrating that the advantages of standardizing the diagnostic criteria of CG outweigh the disadvantages. In addition, recommendations for future lines of research are made. This paper concludes that CG must be established in the current nosology to address the needs of individuals who are significantly suffering and impaired by this disorder.

© 2004 Elsevier Ltd. All rights reserved.

*Keywords:* Grief; Diagnosis; Diagnostic and Statistical Manual; Taxonomies; Mental disorders

\* Corresponding author. Tel.: +1 215 620 3220; fax: +1 215 898 7301.

*E-mail address:* [wendylic@psych.upenn.edu](mailto:wendylic@psych.upenn.edu) (W.G. Lichtenthal).

## 1. Introduction

For years, researchers and clinicians alike have documented numerous mental and physical health complications associated with bereavement. The symptoms have included, but have not been limited to, depression, anxiety, interpersonal problems, substance abuse, hallucinations, physical illness, and even death (cf. Sable, 1992; Stroebe, Schut, & Finkenauer, 2001). Rather than focusing on the vast range of complications that can arise following bereavement, this paper will argue for the establishment of a distinct set of symptoms as a specific mental disorder, complicated grief (CG), that should be included in future editions of mental disorder classification systems, such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

Recent research efforts have advanced promising empirically derived diagnostic criteria to define CG, and in addition have explored its associated features and potential treatments. The current paper demonstrates that the symptoms of CG constitute a disorder that is distinct from posttraumatic stress disorder (PTSD), bereavement-related depression or major depressive disorder (MDD), and adjustment disorder (AD) by exploring its unique qualitative nature. Furthermore, the symptoms of CG are associated with mental and physical dysfunction that can persist for years and even decades if untreated. If the criteria of CG are not formally established, research to determine efficacious and effective interventions will be hindered. After presenting evidence of the distinctiveness of this disorder (see Table 1 for a summary of studies), a review and synthesis of this information will be conducted to demonstrate the merits of establishing CG as a unique diagnosis in the current nosology of mental disorders.

## 2. The classification of CG

### 2.1. *The classification of mental disorders in the DSM*

Currently, most mental health professionals in North America rely on the definitions of mental disorders set forth by the *Diagnostic and Statistical Manual of Mental Disorders—4th Edition, Text Revision (DSM-IV-TR; American Psychiatric Association, 2000)*. The *DSM* has undergone several revisions since its creation in 1952, and decisions to insert new diagnoses in the manual are based on research demonstrating evidence for their inclusion (American Psychiatric Association, 2000). Although it admittedly lacks an operational definition of “mental disorder,” the *DSM* continues to offer guidance in the distinction between normal and pathological. The American Psychiatric Association (2000) describes it as follows:

In DSM-IV, each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. (p. xxxi)

### 2.2. *The consideration of grief in the DSM*

The task of establishing diagnostic criteria for CG involves demonstrating that its symptoms are associated with distress or disability and are distinct from those that are “expectable and culturally

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات