Grief and its Complications:
Conceptualization and Diagnosis

Robert A. Neimeyer, PhD
Department of Psychology
The University of Memphis
Memphis, TN 38152
http://web.mac.com/neimeyer

Part 1: Adaptive Grief

Mary's Mourning: Assessing adaptation

I. Trajectories through Bereavement

A. ***Hypothetical Stages of Grief*** *(Kubler-Ross, Jacobs, others)*

Stage theory suggests relatively predictable phases of adaptation:

1. Denial and Disbelief
2. Separation distress: Yearning and Anger
3. Depression
4. Acceptance/Recovery

B. ***Empirical Stages of Grief*** *(Holland & Neimeyer, Omega)*

Studied 441 survivors of natural death bereavement, finding that:

•acceptance predominates over entire 2 years

•sense-making strongly predicts positive adaptation

•depression is highest of negative symptoms over time

•denial and anger at low level throughout bereavement

However, with 173 survivors of violent loss:

- denial and depression dominate early months
- acceptance and sense-making never achieve clear predominance over time
- yearning appears obscured by more pernicious symptoms

- Overall, results of research suggest that trajectories through grief are far less predictable than stage theory implies, with character of the loss and character of the bereaved person playing a major role in shaping outcome.

II. Theoretical frameworks for grief therapy

*A. **Attachment theory** (Bowlby)*

1. Human beings have evolved as social beings whose extended dependency on caregivers primes us for deeply rooted attachment bonds, not only in infancy, but also throughout our lives.
2. Basic attachment phenomena are observed in other species, especially mammals, and particularly other primates.
3. The attachment behavioral system serves two primary functions:
    a. A *safe haven* at times of threat
    b. A *secure base* for exploring the world
4. *Securely attached* children tend to develop *working models* of relationships in which others are viewed as available and dependable, and the self is viewed as resourceful and resilient.
5. *Insecurely attached* children (e.g., those with anxious, ambivalent attachments, often as a response to parental undependability, loss, neglect or abuse) tend to develop *working models* of relationships as precarious or dangerous, and corresponding patterns of dependency or compulsive self-reliance.
6. Disruption of attachment in later life through the loss of a security-enhancing relationship through death arouses *separation distress*, which triggers characteristic symptoms of grief:
    a. Shock & denial
    b. Yearning, protest
    c. Depression
    d. Acceptance/recovery
7. Type of response to separation distress will depend on dominant attachment style. Two major dimensions (Fraley, Mikulincer):

    Attachment anxiety: Negative model of self, positive model of others; often expressed as dependency and over-activation of attachment system. In grief, linked to trouble acknowledging loved one's unavailability.

Attachment avoidance: Positive model of self, negative model of others; expressed as deactivation of attachment system and emotions in general. In grief, linked to conscious avoidance of loss and failure to reconcile internal model with deceased's absence.

Illustration: Mother loss and attachment anxiety and avoidance

8. ***Study of attachment and coping with bereavement*** *(Meier, Carr, Currier & Neimeyer)*

Study 1: 626 bereaved adults in first two years of loss assessed for attachment security and complicated grief (CG) symptoms. Results: beyond age, relationship to the deceased and cause of death, attachment anxiety predicted CG.

Study 2: 191 survivors of violent death loss (to suicide, homicide or fatal accident) matched to 191 non-bereaved people with non-traumatic life stressor. Results: beyond gender and cause of death, anxious attachment was related to poorer mental health for both groups. Moreover, avoidant attachment predicted poorer physical health, but only for the violently bereaved sample.

Conclusion: Anxious attachment may predict poor outcome across a range of losses, whereas avoidant attachment may become problematic only under conditions of severe threat.

B. Two-track Model of Bereavement *(Rubin)*

1. Adaptation to bereavement proceeds along two tracks simultaneously:
    a. *Biospychosocial track:* psychological symptomatology (anxiety, depression), somatic concerns, family relationships, self-esteem, work
    b. *Relationship to deceased:* imagery, memory, positive and negative affect re deceased, preoccupation with the loss, idealization, conflict, attachment issues, memorial practices

2. Disorders and difficulties unique to grief occur mainly on this neglected second track.

C. ***Attachment style, Complications & the Dual Process Model*** *(Stroebe & Schut)*

1. In the everyday course of coping with bereavement, people oscillate between the *loss orientation* (struggling with the "grief work" of sorting through troubling feelings and relocating the deceased in their lives) and the *restoration orientation* (engaging necessary instrumental tasks and experimenting with new life roles)

2. Grief represents a form of separation distress following disruption of significant attachment through death (Bowlby), through which people with different attachment styles may respond differently in the DPM:

   - Secure attachment: relocate deceased and reconstruct post-bereavement identity, successfully negotiating both loss-oriented and restoration-oriented coping
   - Insecure and dependent attachment: preoccupied with deceased, stuck in loss orientation, low self esteem, little movement toward restoration
   - Dismissing, avoidant attachment: fast restoration, high self esteem, diminished value of other, minimal loss
   - Fearful, disorganized attachment (esp. in context of childhood abuse): disturbance of oscillation, hard reformulating coherent self narrative

3. Insufficient empathic attunement in childhood compromises maturation of brain centers associated with emotion regulation, complicating construction of a coherent self-representation (Schore)

From Principles to Practice: A Complicated Bereavement

- Which of Margaret's symptoms or complaints reflect separation distress stemming from a ruptured attachment to her husband?
- What basic attachment style might she display, and what could this lead us to expect about her movement through grief?

D. ***Meaning Reconstruction and Loss*** *(Neimeyer and others)*

1. Human beings are characterized not only by attachment phenomena shared with other social animals, but also by highly evolved symbolic activity that permits:

   a. elaborate *meaning attribution* to events

b. hypothetical *"as if" thinking*; counterfactual thinking

c. *object constancy*, i.e., the ability to imagine something that is no longer physically visible or present

d. *long-range memory and anticipation*, allowing us to live in the past and future as well as the present

e. *self reference*; the capacity to take ourselves as objects of attention

f. distinctively *human emotions* such as pride and guilt

g. *empathic attunement*; the ability to envision the states of mind of others

2. These capacities give rise to the distinctive human tendency to formulate events in narrative terms, giving them meaning and continuity, so that life is more than a series of random events.

3. *Definition of the Self-narrative:* "an overarching cognitive-affective-behavioral structure that organizes the 'micro-narratives' of everyday life into a 'macro-narrative' that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world" (Neimeyer, 2006)

4. Narrative:

a. is subserved by several brain systems

b. arises from personal attempts to "emplot" events in terms of personally important themes to achieve self-continuity over time

c. is sustained and transformed by the telling and retelling of stories in the presence of responsive others

d. draws on culturally available themes and beliefs of a secular or spiritual kind

5. Self narratives can be disrupted when:

a. we encounter life events that are fundamentally incompatible with their *plot* structure, as in violent or untimely loss as a result of suicide, homicide, fatal accident or natural disaster

b. events contradict basic life *themes*, calling into question our assumptive world (Janoff-Bulman) that life is fair or predictable, that the universe is benevolent, that people are trustworthy, that we are capable

6. The need to integrate losses into a coherent and livable self-narrative generates a search for meaning, which can take the form of either:

    a. *assimilation*: fitting experience into existing meaning system or self narrative

    b. *accommodation*: transforming meaning system or self narrative to more adequately make sense of experience

7. ***Integration of Stressful Life Experiences Scale (ISLES)*** (Holland, Currier, Coleman & Neimeyer, *Int'l Journal of Stress Management)*

    Two dimensions or subscales:

    - Footing in the World: *e.g., I haven't been able to put the pieces of my life back together since this event*
    - Comprehensibility: *e.g., I have trouble integrating this event into my understanding of the world*

    Findings:

    - Violent, sudden losses pose a special challenge to comprehensibility
    - Greater integration over 3 months associated with:
        - decreased psychiatric symptoms in general stress group
        - less complicated grief in bereaved group

From Principles to Practice: Survivors of Suicide

- In what ways did the tragic death of Christine trigger a crisis of meaning for Tricia and Scott? Are there any signals of how they are attempting to assimilate or accommodate it into their meaning structures?
- If you were their therapist, how might you help them engage the "why" of Christine's death and the spiritual questions it raised?

III. Adaptive Grieving: An Integrative Model

1. When grief moves forward, the survivor gradually integrates the "event story" of the death into his or her life narrative, while drawing attachment security from the "back story" of a loving relationship with the deceased (*Attachment & Meaning Reconstruction*)

2. "Bouts" of anguish alternate with "moratoria" that offer a "time out" from the work of grieving. (*Bowlby and DPM*)

3. As loss is integrated, the person:
   - acknowledges the reality of the death
   - retains access to bittersweet emotions in modulated form
   - revises the mental representation of the deceased and the nature of the bond
   - formulates a coherent narrative of the loss
   - redefines life goals and roles
   - (*Attachment, DPM, Two-Track, Meaning Reconstruction*)

***Clinician's Toolbox*: Introducing our Loved Ones (Hedtke)**

One counseling practice that is equally relevant in bereavement support for adaptive grief and in grief therapy for complications involves inviting stories of the relationship with the deceased. This not only is compatible with the goal of affirming or reorganizing a secure attachment with the loved one (by giving attention to the relational track through bereavement and oscillating between loss and restoration), but it also draws on narrative, meaning making processes to restore coherence and continuity in the midst of unwelcome change. As a clear alternative to "letting go," introduction suggests the possibility of bringing forward relational connections rather than relinquishing them.

Possible questions to initiate such a conversation could include:

- ✓ Could you introduce me to _____?
- ✓ What did knowing _____ mean to you?
- ✓ Are there particular times, places or ways in which you recall _____'s importance to you?
- ✓ Are there any special stories about _____ that (s)he would want others to know?
- ✓ What kind of things did _____ teach you about life, and about how you could manage the challenges you now face?
- ✓ What might _____ say (s)he appreciated about you? What strengths did _____ see in you?
- ✓ If you wanted to grow a closer relationship with _____ in the upcoming years, how might you go about doing this?
- ✓ What difference might it make to keep _____'s stories and memories alive?

Part 2: Complicated Grief

A. Complicated Grief

1. Acute grief responses include:
   - traumatic reaction to loss
   - preoccupation with "event story" of death
   - inhibited exploratory system, social withdrawal
   - caregiver self-blame
   - persistent separation distress

2. Alternates with unsuccessful coping responses:
   - anguished search for meaning
   - narrative fixation, a "frozen" story of loss
   - social constriction, loss of support
   - ruminative coping
   - compulsive proximity seeking through concrete reminders

3. Paradoxically, CG associated not only with activation of pain receptors in brain, but also nucleus accumbens, which is a major site for experiencing pleasure, implicated in addictive behavior (O'Connor)

B. Toward a new diagnosis:

Complicated Grief or Prolonged Grief Disorder

1. Grief represents a form of separation distress following disruption of significant attachment through death (Bowlby)
2. Complicated Grief:
   a) includes unidimensional cluster of symptoms of
      - yearning and searching for deceased
      - excessive loneliness
      - intrusive thoughts about deceased
      - feelings of numbness and disbelief
      - fragmented sense of security, trust and meaning

   b) is associated with impaired functioning, sleep disturbance, ruminations and dreams of deceased (Hardison, Neimeyer & Lichstein)

   c) represents a dimensional rather than categorical construct, on the extreme end of normal grief (Holland, Neimeyer, Boelen & Prigerson)

d) over and above depression, predicts subsequent risk of:

- cardiac disorders
- immunological dysfunction; cancer
- increased alcohol and tobacco use
- essential hypertension
- suicide ideation
- functional impairment
- suicide ideation and attempts

e) is substantially independent of both depression and anxiety symptoms; does not respond to interpersonal psychotherapy or antidepressants

Clinician's Toolbox: **Pre-loss Risk Factor Checklist for Complicated Grief**

What factors, observable during the end-of-life period, place a person at elevated risk of complicated or intensified grief following the loss? Research suggests that the following characteristics of the individual or family, the death itself, and the treatment context are associated with poorer adjustment in bereavement.

Background factors

- ✓ Close kinship to the dying patient (especially spouse or child loss)
- ✓ Female gender (especially mothers)
- ✓ Minority ethnic status (in the United States)
- ✓ Insecure attachment style
- ✓ High pre-loss marital dependency

Death-related factors

- ✓ Bereavement overload (multiple losses in quick succession)
- ✓ Low acceptance of pending death
- ✓ Violent death (suicide, homicide, accident)
- ✓ Finding or viewing the loved one's body after violent death
- ✓ Death in the hospital (vs. home)
- ✓ Dissatisfaction with death notification

Treatment-related factors

- ✓ Aggressive medical intervention (e.g., ICU, ventilation, resuscitation)
- ✓ Ambivalence regarding treatment
- ✓ Family conflict regarding treatment
- ✓ Economic hardship created by treatment
- ✓ Caregiver burden

For a detailed empirical review of these risk factors and discussion of their treatment implications, consult Neimeyer, R. A. & Burke, L. A. (2012).

C. 2 Triggers for Complicated Grief:

a) sudden, violent death that assaults person's assumptive world, even for person without pre-existing vulnerability

b) any significant loss for person with vulnerabilities in attachment style, models of self and world

Clinician's Toolbox: **Screening Questions for Complicated Grief**

How can a clinician quickly screen for possible bereavement complications, to see whether a more systematic assessment for complicated grief is indicated? The following are a few suggestions arising from clinical practice, each of which can help reveal whether a client is "stuck" in life-limiting grieving.

- ✓ *Symptom Snapshots*: Because the integration of loss is usually gradual, adaptation can be difficult to observe, even for the client. To help with this, ask something like, "What would I have seen or heard if I had met with you 3 months ago compared to meeting with you today?" Having a concrete comparison across a few months can make the direction of change, or its absence, clearer.
- ✓ *Reflect on Resistance*: When a person seems mired in protracted grief or other forms of distress, Therese Rando suggests that the simple question "Is it okay for you to be okay?" can help reveal reasons the client may resist change, such as out of loyalty to the deceased. These obstacles often need to be dealt with before the client will permit improvement to occur.
- ✓ *Investigate Integration*: As you ask the client to engage event story of the death or the back story of the relationship in concrete, evocative detail, observe signs of blocking or incongruence between verbal, co-verbal and nonverbal channels of communication that suggest avoidant coping.
- ✓ *Curious Questioning*: The psychologist George Kelly once remarked that "If you want to know what is wrong with a person, simply ask. He may just tell you." In keeping with this advice, consider asking, "How are you doing with your grieving?" The response can provide guidance as to whether more than simple support and listening is needed.

Note that these screening questions can be used in combination. For example, you could begin with curious questioning or exploring symptom snapshots, while remaining vigilant for signs of incomplete integration, and following with questions to reveal resistance if such signs occur, or if the client presents an image of frozen adaptation or deterioration. Such screens do not substitute for a more complete assessment for CG, as discussed below, but they can help indicate whether such an assessment could be useful.

***Clinician's Toolbox*: Interview Guidelines for Assessing Complicated Grief**

a. Use open-ended questions to invite the person's story of loss (e.g., *What can you tell me about what this loss means to you? How would you describe your feelings since the loss on an average day? Do you see this changing over time? How?*)

b. Convey interest in the hardest parts of that story (e.g., *What is the most painful part of this experience for you? What are the parts of this story that others rarely hear?*)

c. Consider the impact of this loss on the survivor's worldview (e.g., *Has this loss changed the way you think about life? about yourself? about your future?*)

d. Evaluate the impact of the loss on the griever's social world (e.g., *How has this affected your relationships with other people? What concerns do others have about you?*)

e. Balance the need to build the working alliance with the client with the need for sufficient information, asking more specific questions as necessary for diagnostic clarity.

***Clinician's Toolbox:* Diagnostic Features of Complicated Grief**

1. Duration of bereavement of at least 6 months
2. Marked and persistent separation distress, reflected in intense feelings of loneliness, yearning for or preoccupation with the person who has died
3. At least 5 of the following 9 symptoms experienced nearly daily to a disabling degree:

- ✓ Diminished sense of self (e.g., as if a part of oneself has died)
- ✓ Difficultly accepting the loss on emotional as well as intellectual levels
- ✓ Avoidance of reminders of the reality of the loss
- ✓ Inability to trust others or to feel that others understand
- ✓ Bitterness or anger over the death
- ✓ Difficulty "moving on," or embracing new friends and interests
- ✓ Numbness or inability to feel
- ✓ Sensing that life or the future is without purpose or meaning
- ✓ Feeling stunned, dazed, or shocked by the death

4. Significant impairment in social, occupational, or family functioning

Adapted from: Prigerson et al. (2009) and Shear et al. (2011).

Case Study: Deborah's Desolation

- What symptoms of complicated grief are evident in Deborah's report and presentation?
- What other symptoms or problems might merit intervention?
- What prognosis would you expect in Deborah's case? Over what period of treatment?

Recommended Readings

Burke, L. A., & Neimeyer, R.A. (2012). Prospective risk factors for complicated grief: A review of the empirical literature. In M.S. Stroebe, H. Schut & J. van der Bout. (Eds.), *Complicated grief: Scientific foundations for healthcare professionals.* New York: Routledge.

Harris, D. (Ed.) (2011). *Counting our losses*. New York: Routledge. [Broad coverage of grief arising from "non-finite" loss, other than the death of a loved one, such as loss of marriage, ability, beliefs, work and much more.]

Hedtke, L. (2012). *Bereavement support groups: Breathing life into stories of the dead.* Chagrin Falls, OH: Taos Institute. [Narrative therapy approach to working with loss by emphasizing practices for keeping the loved one as part of the survivor's social world.]

Holland, J. M., Currier, J. M., Coleman, R. A. & Neimeyer, R.A. (2010). The Integration of Stressful Life Experiences Scale (ISLES): Development and initial validation of a new measure. *International Journal of Stress Management, 17*, 325-352.

Holland, J. M. & Neimeyer, R. A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: A meaning-oriented contribution. *Omega, 61*, 103-120.

Holland, J. M. & Neimeyer, R. A. (2011). Separation and traumatic distress in prolonged grief: The role of cause of death and relationship to the deceased. *Journal of Psychopathology and Behavioral Assessment, 33*, 254-263.

Holland, J. M., Neimeyer, R. A., Boelen, P. A. & Prigerson, H.G. (2009). The underlying structure of grief: A taxometric investigation of prolonged and normal reactions to loss. *Journal of Psychopathology and Behavioral Assessment, 31,* 190-201.

Jordan, J. & McIntosh, J. (Eds.). (2010). *Grief after suicide*. New York: Routledge. [Thorough coverage of research and practice issues in working with those bereaved by suicide. Comprehensive and readable.]

Neimeyer, R. A. (Ed.) (2012). *Techniques in grief therapy: Creative practices for counseling the bereaved*. New York: Routledge. [Compendium of 96 methods of grief therapy, with instructions for each and a case study illustrating its application]

Neimeyer, R. A. (2009). *Constructivist psychotherapy*. New York and London: Routledge. [Practical and readable presentation of meaning-oriented approach to psychotherapy with numerous discussions of strategies and case studies focused on bereavement]

Neimeyer, R. A. (2009). *The art of longing*. Charleston, SC: Booksurge. [Original contemporary poetry on grief with color illustrations from various artists]

Neimeyer, R. A. (2007). *Grief therapy: A meaning-reconstruction approach.* Lancaster, PA, USA: J & K Seminars [A complete 2-day workshop on 8 CDs with handouts, recorded live. CE credits available. Contact www.JKSeminars.com]

Neimeyer, R. A. (2006). Re-storying loss: Fostering growth in the posttraumatic narrative. In L. Calhoun and R. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 68-80). Mahwah, NJ: Lawrence Erlbaum. [Exploration of interface of PTG and narrative]

Neimeyer, R. A. (2004). *Constructivist psychotherapy*. Washington, DC: American Psychological Association. [Full length video featuring meaning making interventions in grief therapy with a bereaved mother, complete with conceptual introduction to the approach and post-session discussion]

Neimeyer, R. A. (2002). *Lessons of loss: A guide to coping*. Memphis, TN: Center for the Study of Loss and Transition. [Written for professionals and clients or lay readers, presents research-grounded new models of grieving and practical applications to grief counseling and psychotherapy]

Neimeyer, R. A. (Ed.) (2001). *Meaning reconstruction and the experience of loss.* Washington, D. C.: American Psychological Association. [Multifaceted scholarly and applied contributions to bereavement theory, research, and practice, including considerations of post-traumatic growth]

Neimeyer, R. A. & Burke, L. A. (2012). Complicated grief and the end-of-life: Risk factors and treatment considerations. In J. L. Werth (Ed.), *Counseling clients near the end-of-life*. New York: Springer.

Neimeyer, R. A., Harris, D., Winokeur, H. & Thornton, G. (Eds.) (2011). *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Routledge. [Comprehensive handbook on new conceptualizations of grief, with focus on different types of loss, special

populations and therapeutic issues and methods; each chapter is coauthored by prominent researchers and practitioners to thoroughly integrate scholarship and practice.]

Neimeyer, R. A., Holland, J. M., Currier, J. M. & Mehta, T. (2008). Meaning reconstruction in later life: Toward a cognitive-constructivist approach to grief therapy. In D. Gallagher-Thompson, A. Steffan & L. Thompson (Eds.), *Handbook of behavioral and cognitive therapies with older adults* (pp. 264-277). New York: Springer Verlag. [Discussion of research on meaning making with special reference to older adults]

Neimeyer, R. A., Hogan, N. & Laurie, A. (2008). The measurement of grief: Psychometric considerations in the assessment of reactions to bereavement. In M. Stroebe, R. O. Hansson, H. Schut & W. Stroebe (Eds.). *Handbook of bereavement research: 21st century perspectives*. Washington, DC: American Psychological Association. [Review of general and specialized scales for assessment of grief with an emphasis on their attention to cultural factors]

Neimeyer, R. A. & Raskin, J. (Eds.) (2000). *Constructions of disorder: Meaning-making frameworks in psychotherapy*. Washington, D. C.: American Psychological Association. [Non-pathologizing conceptualizations of psychosocial disorder and their implications for psychotherapy as a meaning-making process]

Prigerson, H. G., Horowitz, M. J., Jacobs, S. C., Parkes, C. M., Aslan, M., Goodkin, K., Raphael, B., . . . Maciejewski, P. K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine, 6*(8), 1-12 [Thorough review of development of criteria for complicated grief with a psychometric and diagnostic emphasis, as well as a discussion of risk factors.]

Rubin, S.S., Malkinson, R. & Witztum, E. (2012). Working with the bereaved. New York: Routledge. [Using principally the Two-Track Model of Bereavement, discusses numerous cases and issues regarding traumatic and non-traumatic loss, illustrating the utility of the model in case conceptualization.]

Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., & et al. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and Anxiety, 28*(2), 103-117. [Discussion of grief diagnoses for DSM with coverage of history of diagnoses of grief and comparision of Shear's criteria with Prigerson's.]

Stroebe, M. & Schut, H. (1999). The Dual Process Model of coping with bereavement. *Death Studies, 23*, 197-224.