Learning Objectives

By the end of this session, participants will be able to:

- Understand normal and pathological reactions to the death of a loved one
- Discuss diagnostic criteria for bereavement-related disorders
- Describe the role of medications in pathological reactions to the death of a loved one
But Achilles went on grieving for his friend, whom he could not banish from his mind, and all-conquering sleep refused to visit him. He tossed to one side and the other, thinking always of his loss, of Patroclus manliness and spirit . . . of fights with the enemy and adventures on unfriendly seas. As memories crowded in on him, the warm tears poured down his cheeks.

- Homer, The Iliad (1950)

**Defining a Few Terms…**

**Bereavement**: Experiencing death of someone close  
**Grief**: Natural adaptive response to bereavement  
**Mourning**: Psychological healing processes aimed at acknowledging finality/consequences of loss and re-envisioning life without the deceased person
Loss is a Major Stressor

Death of someone very close is a trauma that shakes the foundations of a person’s life…

…and triggers a full-blown separation response

Acute Grief: Natural Response to a Loss

- **Strong emotions**
  - Feelings of protest; difficulty comprehending the finality of the loss; separation distress
  - Waves of sadness and longing
- **Proximity seeking**
  - Searching behaviors
  - Preoccupation with thoughts, memories and images of the deceased person
- **Inhibition of exploratory system**
  - Decreased interest in activities and other people

Grief Changes Over Time

INTEGRATED GRIEF

- Interest in ongoing activities and other people
- Goals and plans revised: Capacity for joy and satisfaction
- Sense of connectedness to the deceased remains
- Feelings of yearning, sorrow, loneliness are often present though less intense and prolonged

Information about the death is processed
- Emotional pain and positive feelings become integrated
Barriers to the Healing Process…

**FEELINGS**
- Ineffective emotion regulation (e.g., sleep disturbance)

**THOUGHTS**
- Rumination

**BEHAVIORS**
- Dysfunctional behaviors (e.g., avoidance, alcohol)

**SOCIAL/PHYSICAL ENVIRONMENT**
- E.g., absence of a close companion (inadequate support)

When the process is interrupted Acute Grief does not evolve...

Complicated Grief or…
- Prolonged grief disorder
- Pathological grief
- Unresolved grief
- Traumatic grief
- *Persistent Complex Bereavement Disorder in DSM-5*

Pathological Reactions to the Death of a Loved One: Bereavement-Related Disorders
Pathological Responses to Bereavement

• Complicated Grief

Bereavement is major life stressor that can precipitate relapses of preexisting or onset of new conditions:
• Posttraumatic Stress Disorder (PTSD)
• Major Depressive Disorder
• Anxiety Disorders
  • E.g., Panic Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder

Complicated Grief

• When healing stalls

• Main Symptoms
  • Persistent yearning/longing for the deceased
  • Intense sorrow and emotional pain in response to the death
  • Preoccupation with deceased and death

• Associated Symptoms
  • Reactive distress to the death:
    • E.g., difficulty accepting death, bitterness or anger related to the loss
  • Social/Identity disruption:
    • E.g., difficulty trusting other individuals, feelings of loneliness

Major Depressive Disorder: “Clinical Depression”

• Sadness
  AND/OR
• Diminished interest or pleasure
  PLUS
  • Sudden weight loss (or gain)
  • Trouble sleeping (or sleeping more than usual)
  • Feeling of slowness (or restlessness)
  • Tiredness and lack of energy
  • Feelings of worthlessness or excessive guilt
  • Trouble concentrating, thinking, or making decisions
  • Thoughts about death, or being better off dead

  • Most of the day
  • Nearly every day
  • For two weeks or more
Posttraumatic Stress Disorder (PTSD)

- Persistent reexperiencing and intrusive symptoms
  - E.g., flashbacks, intrusive thoughts
- Avoidance
  - E.g., thoughts/feelings and places/people
- Alterations in cognitions and mood
  - E.g., distorted cognitions about cause, consequences of trauma
- Anxiety or hyperarousal
  - E.g., sleep disturbances, startle response
- ≥ 1 month

Anxiety Disorders

- Bereavement is major life stressor
- Often precipitates anxiety disorders including:
  - Panic Disorder
  - Generalized Anxiety Disorder
  - Social Anxiety Disorder (Social Phobia)

Panic Disorder

- Panic attack: Sensation of intense fear and physical discomfort that peaks in minutes
- Recurrent and unexpected panic attacks
- At least one panic attack in a month followed by
  - Concern about panic attacks
  - Maladaptive change in behavior (e.g., avoidance of situations)
Generalized Anxiety Disorder

- Worries about many areas of life ("worrywart")
- Difficult to control the worry
- Associated symptoms
  - Fatigue, restlessness, irritability, difficulty concentrating, muscle tension
- For six months or more (more days than not)

Social Anxiety Disorder

- Fear of social situations involving interaction with others
- Fear and anxiety of being negatively judged and evaluated by others, in all/most areas of life
- Six months or more

Bereavement-Related Psychiatric Disorders

<table>
<thead>
<tr>
<th>Bereavement-Related Psychiatric Disorders</th>
<th>Main Affects</th>
<th>Main Preoccupations</th>
<th>Diagnostic Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLICATED GRIEF</td>
<td>Yearning, emotional pain</td>
<td>Deceased/death</td>
<td>≥ 12 months (≥ 6 months for children)</td>
</tr>
<tr>
<td>PTSD</td>
<td>Fear</td>
<td>Life threat</td>
<td>≥ 1 month</td>
</tr>
<tr>
<td>DEPRESSION</td>
<td>Sadness, loss of pleasure</td>
<td>Worthlessness / guilt</td>
<td>≥ 2 weeks</td>
</tr>
<tr>
<td>ANXIETY DISORDERS</td>
<td>Fear and/or worries</td>
<td>Feared situations or outcomes</td>
<td>≥ 6 months (≥ 1 month for Panic Disorder)</td>
</tr>
</tbody>
</table>

These conditions rarely occur alone, comorbidity is the rule.
Treating Bereavement-Related Disorders

Pathological Responses to Bereavement

• Complicated Grief
• Posttraumatic Stress Disorder (PTSD)
• Major Depressive Disorder
• Anxiety Disorders
  • Panic Disorder
  • Generalized Anxiety Disorder
  • Social Anxiety Disorder

Complicated Grief

• Study among 395 adults with complicated grief
• Comparing:
  • Antidepressant alone, Placebo alone, Antidepressant + Psychotherapy, and Placebo + Psychotherapy
• Found no significant difference between antidepressant and placebo on grief severity at week 20
• So: Antidepressants not recommended for Complicated Grief
• One word on psychotherapy:
  • Complicated Grief Treatment (16 weeks manualized treatment)
  • Cognitive Behavioral Therapy

Shear et al. 2016
Bereavement-Related Depression

- Guidelines are to treat as one would for any depression
- Includes antidepressants including:
  - Selective Serotonin Reuptake Inhibitors (SSRI) [e.g., sertraline (Zoloft), fluoxetine (Prozac)]
  - Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) [e.g., venlafaxine (Effexor)]

Bereavement-Related PTSD

- Two FDA-approved SSRI antidepressants specifically for PTSD
  - Sertraline (Zoloft)
  - Paroxetine (Paxil)
- One word on psychotherapies for PTSD
  - Prolonged Exposure
  - Cognitive Processing Therapy
  - EMDR (eye movement desensitization and reprocessing)

Anxiety Disorders

- FDA-approved antidepressants for Anxiety Disorders include:
  - SSRIs
    - Sertraline (Zoloft)
    - Paroxetine (Paxil)
    - Citalopram (Celexa)
    - Escitalopram (Lexapro)
  - SNRI
    - Venlafaxine (Effexor)
- One word on psychotherapies for Anxiety Disorders
  - Cognitive Behavioral Therapy
How About Anxiolytics/Benzodiazepines?

• Benzodiazepine = Xanax, Ativan, etc.
• No evidence supports their primary efficacy for treating: complicated grief, bereavement-related depression, bereavement-related PTSD, or anxiety disorders
• Given possible long-term prescription dependence and side effects; caution is warranted
• Possible use short-term but may interfere with successful psychotherapy

Conclusions

• No pharmacological treatments available for Complicated Grief
• But antidepressants can be used for psychiatric disorders associated with bereavement including clinical depression, PTSD, and anxiety disorders
• Caution when using anxiolytics/benzodiazepine
• Future research should focus on novel medication approaches
About the TAPS Institute for Hope and Healing®

Launched in March 2018 through an alliance with HFA, the TAPS Institute for Hope and Healing® serves as a resource and training center, providing programs for both professionals working in the field of grief and loss and the public.

Upcoming TAPS Institute Programs

January 28  You, Me, Us: Supporting Couples After the Death of a Child
Live Webinar, Noon - 1:00 p.m. ET
With Tina Barrett, EdD, LCPC, Executive Director & Co-Founder, Tamarack Grief Resource Center and Kim Perron, MA, LCPC, Lead Grief Specialist, Tamarack Grief Resource Center

February 11  Grief River: A Nature-Inspired Map for Understanding Grief & Loss
Live Webinar, Noon - 1:00 p.m. ET
With Thom Dennis, DMin, LCPC, CT, Bereavement Coordinator, NorthShore University Health System

February 25  Supporting Bereaved Children with Autism
Live Webinar, Noon - 1:30 p.m. ET
With Margaret Lynn B. Kobb, MDiv, Staff Chaplain, Co-Chair Elect, Diversity & Inclusion Core Council, Hospital of the University of Pennsylvania, and David Stevenson, MD, CT, Bereavement Coordinator, Crossroads Hospice

Visit taps.org/institute to learn more and RSVP!