

Session: A Look at Grief and Loss through a Lens of Hope
Q&A Responses from M. Katherine Shear

Have you noticed if Prolonged Grief Disorder Therapy differs culturally? How can I help?

This is an excellent question. We don't fully know the answer beyond the fact that usual grief is undoubtedly affected by culture. We also know that colleagues around the globe – from very different cultures – have told us they are using the therapy successfully. My assumption is that they make a lot of cultural adjustments naturally, without thinking about it, and possibly without being fully aware of it. That said, we are very interested in documenting cultural differences in the administration of the therapy and are currently working to do that. We would very much like help in our work on cultural differences. Please get in touch with the Center for Prolonged Grief if you are interested in helping.

Any data on those that experience PGD depends on WHO they lost – spouse vs. child for example?

Losing a spouse or a child is associated with higher rates of PGD than other losses, though an individual can develop PGD after any loss. Once they have PGD, the symptoms they experience are remarkably similar regardless of who died, how they died, or any other characteristic of the loss we have tested.

Is it only related to grief due to death? Can PGD also be applicable to divorce? Can it also relate to loss of independence or function?

There is no question that a response resembling PGD does develop after different types of losses, and clinicians have used PGDT to treat people after other losses. However, the DSM5 diagnosis pertains only to those bereaved by the death of someone close.

How can we talk more about PTG/D with military veterans? Or even active duty?

This is an excellent question. We have worked with Dr. Stephen Cozza's team at the Uniformed Services University to do this and with TAPS and the VA. Dr. Naomi Simon at NYU has worked with the veterans group. She completed a study with the military population showing that those with PGD responded less well to proven treatments for PTSD. It is important to get them good treatment for PGD. Please contact us at the Center for Prolonged Grief with any other ideas.

I often see grief connected with love but what about when we lose someone with a strained relationship with that perhaps lacked love? How does that theory fit in with complicated grief?

We sometimes see people with a strained relationship, though I am not sure they lacked love – their love was just more complicated (as we all know love can be). According to the theory, we consider yearning, longing, and preoccupation with the person who died as the core of grief. The people we have seen who have had a disappointing (or worse) relationship and are struggling with grief are usually longing and yearning to have the person back so they can continue to try to make the relationship better – to have the kind of relationship they longed for when the person was alive. We need to help the person grieve the loss of this possibility – to accept the reality of who the person who died really was.

Going off of this question how does the theory also fit when the surviving individual experienced trauma at the hands of the loved one that passed away?

The answer to this question is similar. Many people feel little grief after a loss like this. To be grieving means there is yearning, longing, or preoccupation, so the question becomes, what is the person yearning

for? What is preoccupying them?

How would multiple other "major life stressors" (major move, divorce, etc) occurring at the same time loss of loved one affect PGD?

The presence of other major stressors is a risk factor for PGD because they also require mental focus, making it harder to deal with the grief and prolonging the use of the early coping methods.

Is making prolonged grief a diagnosable mental disorder about getting reimbursement for grief counseling?

PGD was included as a diagnosable mental disorder because extensive data from around the world documents its occurrence and its association with significant mental and physical distress and interference in a person's life. The fact that there are good, short-term ways to help people with PGD that are highly effective also influenced the decision. This may or may not lead to reimbursement for grief counseling. However, we believe that grief counseling should be eligible for reimbursement by insurance companies. The services provided by grief counselors are an important source of support and care for grieving individuals with and without PGD.

Dr. Shear: What is the relationship between a PGD diagnosis and a PTSD diagnosis?

They are very similar in that they are both stress response syndromes that occur after a specific type of very challenging life event. Both are characterized by intrusive thoughts and memories, avoidance behaviors, and dysregulated emotional and physiological functioning. They are different in a number of ways. PGD is a combination of trauma-like symptoms and symptoms reflecting the separation of a close attachment.

Dr. Kathy - I have a client I just started seeing. She has 3 children that passed away over the last 10 years. She visits the cemetery every day. Is this ok, if it brings her comfort, or do I need to encourage her to start spacing her visits?

This is very sad and I am sure your heart is with this client. I can't really answer a specific question about a client who I don't know. Here's how I would approach this – I would want to know some other things – where is the cemetery? How long does she stay? What does she do when she is there? Why does she go? How much of her day is taken up with this? What happens if she can't go - how upsetting is it? I would also want to know other things like how things are going for her, how she is handling her grief, how she spends her time other than going to the cemetery, does she see a future with some promise? Does she avoid reminders that activate more grief? Are there any other manifestations of some "stuck" grief? I would need to know things like this to decide if I might want to work with this. If she is actively and reasonably happily engaged in her life and has found a way to incorporate daily visits to the cemetery that comfort her without them being the major focus of her day, that would seem like a good way of coming to terms with these very sad losses.

When is someone diagnosed with PGD? Is it 6 months into the grieving process or a year or maybe longer?

The World Health Organization requires at least 6 months while the DSM5 stipulates at least one year. For both, it means grief is continuing full force and the loss is the only thing that really matters to the bereaved person.

How do you motivate someone with PGD to "want" to feel better?

This is a great question. The therapy we designed – prolonged grief disorder therapy – is based in part on an assumption that people are naturally ambivalent about feeling better. We use strategies from motivational interviewing to gently encourage people in this direction and have been pretty successful. Unfortunately, I can't easily explain how to do this. One thing to remember is that when someone is ambivalent, we don't usually help them by trying too hard to support one side of the ambivalence. That usually leads them to intensify their commitment to the other side!

What are the risk factors for PGD? Is trauma history a predisposing factor?

Yes, trauma history is a risk factor.

Is the prolonged grief therapy training available to the public, aka how do you get trained?

Prolonged grief disorder therapy training is available to any licensed clinician. We are also developing workshops for bereaved people and their friends and family. We have a lot of ways to help you get trained to do prolonged grief disorder therapy. For more information, please visit our website at prolongedgrief.columbia.edu. You can also email us at training@complicatedgrief.columbia.edu to get help meeting your personal training needs.

When does PGD become depression - either major or minor? It seems as though with long-term grief, the person loses the want for social connections and does not participate in enjoyable activities, and they would potential develop depression.

Many people with PGD have co-occurring depression. However, it seems to be likely that the depression comes first and makes it more difficult to come to terms with the loss. For some, though, the social withdrawal you mention and the persistence of intense grief and seeming impossibility to re-engage in their own life do precipitate a major depressive episode. There is no evidence that PGD "becomes" depression, though.