Can Grief be a Mental Disorder? An Exploration of Public Opinion

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Contributors

LB conceived the study. EP, LH, and LB designed the study. EP conducted the research under the supervision of LB and LH. LB, EP, and HP drafted the article and all authors approved its final content.

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Abstract

Despite growing empirical evidence, the distinction between normal and pathological grief remains controversial. Few studies have investigated public attitudes towards distinguishing normal from pathological grief. An international sample of 348 participants from a wide range of cultures was asked if certain expressions of grief could be considered a mental disorder and to explain their answer. Analysis revealed that the majority (74.7%) agreed that grief could be considered a mental disorder. The presence of pervasive distress, risk to self and/or others, functional impairment, and persistent grief were described as the circumstances under which grief can be a mental disorder. Reasons grief is not a mental disorder were that it is normal, temporary, in response to an event, and that efforts to include it in diagnostic manuals will lead to medicalization and stigma. The investigation of public norms informs the inclusion of pathological grief in diagnostic nosology.

Key words

Bereavement; Diagnosis; Classification; Medicalization; Stigma

Introduction

There is growing evidence supporting the differentiation between normal and pathological grief reactions. Much of the evidence comes from two groups – one proposing Prolonged Grief Disorder (PGD) (Prigerson et al., 2009) and the other offering Complicated Grief (Shear et al., 2011). Elements of both were combined by the American Psychiatric Association (APA) and resulted in the inclusion of Persistent Complex Bereavement Disorder as a condition for further study in their latest Diagnostic and Statistical Manual of Mental Disorders (APA, 2013). Additionally, PGD is proposed for inclusion in the forthcoming International Classification of Diseases (Maercker et al., 2013; Prigerson et al., 2009).

Despite this growing empirical evidence, the distinction between normal and pathological grief remains controversial. A key concern centers on the potential for misdiagnosis, overdiagnosis, and the pathologization and medicalization of grief (Kleinman, 2012; Thieleman and Cacciatore, 2013); this is despite the presence of different symptoms, etiology, outcomes, course, and response to treatment (Prigerson et al., 2009; Shear et al., 2011). The notion of a 'skeptical public,' wary of the motives of mental health professionals and the pharmaceutical industry, has been evoked to underscore these concerns (Iglewicz et al., 2013). Another concern is the potential that diagnosis might contribute to stigma associated with mental illness (First, 2011). However, a survey of bereaved people indicated their belief that diagnosis may decrease stigma and self-blame (Johnson et al., 2009). This is important given the evidence that people with prolonged grief disorder do not readily seek mental health services (Lichtenthal et al., 2011).

In light of the debate, it is surprising that there are few studies investigating clinicians' perspectives on pathological forms of grief. A survey of 85 grief clinicians and/or researchers demonstrated support for various forms of pathological grief such as delayed (76.6%), chronic (74%), anticipatory (71.4%), absent (64.9%), unresolved (57.1%), inhibited (53.2%), and distorted (36.4%) (Middleton et al., 1993). A recent survey of 167 psychologists and counsellors showed that 43.1% supported the inclusion of PGD in diagnostic nosology, 22.4% did not, and 34% remained neutral (Ogden and Simmonds, 2014). While the majority (73.1%) reported having observed PGD in their clients, fewer than half (45.4%) stated that they would apply a diagnosis if such a diagnosis existed and more than half (55.5%) expressed concerns that the recognition of PGD would pathologize normal grief.

Similarly, few studies have investigated public attitudes towards distinguishing normal from pathological grief. A representative survey of 1205 adults found that people were less likely to classify depressive symptoms as a mental disorder when the context of 'death of a spouse' was given than when contextual information was omitted, suggesting that grief is not conceptualized in the same way as other mental disorders (Holzinger et al., 2011). In a representative survey of 3496 adults, half (51%) of the participants believed that grief could be considered a mental illness, compared to 93% for schizophrenia, 89% for bipolar disorder, 83% for depression, 60% for stress, and 47% for drug addiction (Rüsch et al., 2012). Whether or not the participants classified grief as a disorder influenced decisions of whether to disclose the disorder in workplace/friend/family contexts and intentions to seek professional help.

There is ongoing debate over differentiating normal from pathological grief. A mental disorder is defined as a pattern of functioning associated with distress,

impairment or risk of an adverse reaction that is not a culturally normative response to a life event, with the "death of a loved one" (APA, 2013, p. 20) given as an example of an exclusion criterion. Given that a pattern of functioning must deviate from cultural norms to be considered disordered, it is important to explore public perceptions concerning grief as a mental disorder. These public perceptions may be a benchmark to understanding how people perceive bereavement reactions as normal or pathological. The purpose of the present study was to investigate public perceptions about whether certain grief responses are disordered as well as their reasons for those judgments, in order to inform the debate concerning the inclusion of pathological grief in diagnostic nosology.

Methods

Design

The findings reported in this paper were part of a larger international study exploring public perceptions of grief following bereavement (Penman et al., 2014). The data reported in this paper are drawn from the final two questions of the survey which explored participants' opinions concerning grief as a proposed mental disorder.

Participants

Participants were 348 adults (222 women, 126 men) aged between 18 and 80 years (M = 35.61, SD = 14.73), English speaking, and residing in several countries (see Table 1). The sample was recruited through community advertisements and social media.

[Insert Table 1 about here]

Materials and Procedure

Ethics approval was granted by the Curtin University Human Research Ethics Committee. Participants were randomly assigned to 1 of 12 vignettes hosted on Qualtrics® describing a person who had been bereaved by the death of a spouse. An example vignette is: *Two weeks ago, Kate's husband died after a stroke. Kate lives in the suburbs with their two teenage sons and dog*. Vignettes varied in the time that had passed since the death, the gender of the bereaved person, and the circumstances of the death. Participants were asked to rate their expectations of the person's grief and their willingness to interact with the person. At the end of the questionnaire, participants were provided with a definition of a mental disorder from the fourth edition of the DSM (APA, 2000) and asked: *Do you think that certain expressions of grief could be considered a mental disorder?*, with a fixed-choice yes/no response option. Participants were then asked to provide a written description of the reasons for their answer and the circumstances under which they believed a diagnosis might be appropriate.

Analysis

Descriptive statistics were used to compare the proportion of participants who did and did not believe that certain expressions of grief could be considered a mental disorder. These descriptive statistics were followed by an open content analysis of participant responses (Hsieh and Shannon, 2005), focusing specifically on the common justifications and reasoning behind the participants' responses. An initial examination of these responses revealed that participants' responses to the first question were sometimes contradicted by their later justification of this decision. To explore these apparent contradictions further, three authors independently blind-coded a random sample of 30 responses to judge whether the open-ended responses were for or against the classification of grief as a mental disorder. A Fleiss' Kappa statistic of .78 indicated

a substantial degree of agreement between coders (Fleiss, 1971). Responses that did not achieve consensus were resolved by discussion and one author coded the remaining responses.

Results

The majority of participants (n = 283, 81.3%) agreed that grief could be considered a mental disorder; 65 (18.7%) disagreed. A total of 324 participants (81.8%) provided written responses to this question; of these, 265 participants described the circumstances under which they believed that grief can be considered a mental disorder, and 59 participants (18.2%) described their reasons for believing that grief cannot be a mental disorder. The coding analysis of responses indicated that 242 (74.7%) participants supported the classification of grief as a mental disorder, while the remaining 82 (25.3%) did not. Through these responses it was evident that participants often drew their opinions and knowledge from personal experiences with grief or observing others grieve.

Reasons grief can be a mental disorder

The written responses of these 242 participants (75%) revealed seven broad circumstances where grief might meet diagnostic criteria (with some providing more than one reason; see Table 2). First, 155 of these participants (64.0%) thought that some degree of functional impairment, such as changes in cognitions, emotions, and behavior (e.g., unpredictable or irrational behaviors, reduced engagement in once-enjoyed activities, social withdrawal), is necessary for grief to be a disorder. Second, 82 (33.9%) participants proposed that an expression of grief would be appropriate to diagnose if the distress and impairment were prolonged. These participants stated that the period of time would need to extend beyond what is considered ‘normal’ by society and offered

specific timeframes that ranged from two weeks to up to 10 years after the death. Third, 64 respondents (26.4%) suggested that grief involving harm or risk of harm to the mourner or others, including suicidal ideation or suicide, is indicative of disorder. Fourth, 55 participants (22.7%) believed that grief is a disorder when it involves pervasive and unrelenting distress. Fifth, 48 respondents (19.8%) highlighted the notion that any reaction, response or behavior must transcend norms, whether societal, cultural or religious, to be considered a mental disorder. Sixth, 39 participants (16.1%) stated that grief is disordered when it leads to, or exposes, an underlying mental disorder such as depression or anxiety. Finally, 23 participants (9.5%) expected the grief to have a significant negative impact on the person's physical health and wellbeing, such as excessive use of alcohol, cigarettes or illicit/prescription drugs to cope; reductions in personal hygiene standards; poor sleep quality; and the expression of somatic complaints not attributed to an existing medical condition.

[Insert Table 2 about here]

Reasons grief cannot be a mental disorder

The written responses of these 82 participants (25%) suggested five explanations for why grief cannot be a mental disorder (with some providing more than one reason; see Table 3). First, 47 of the 82 respondents (57.3%) emphasized the notion that grief is a normal, natural reaction to the death of someone to whom the bereaved is attached. For these respondents, the universal nature of grief was central in differentiating it from mental disorder. Second, 26 participants (31.7%) thought that grief cannot be a mental disorder because time heals grief and people move on. These participants described mental disorders as typically chronic whereas grief was described as transitory. All 26 participants in some way expected the intensity of grief to decrease over time, leading to

a point of resolution; however, none specified how much time would be expected. Third, 19 participants (23.2%) argued that, as reaction to loss, grief cannot be a mental disorder because mental disorders are not reactive to situational factors and instead are biologically-based and amenable to medication. Fourth, 13 participants (15.8%) stated that, while bereavement can lead to, or expose underlying, mental disorders, grief cannot be a mental disorder. Depression was the most commonly-cited mental disorder to which grief could lead and was stated by eight participants; two of these also listed anxiety. Finally, 31 participants (37.8%) argued that there are considerable dangers in labelling grief as disordered and were concerned by the increasing medicalization of grief, creation of stigma towards the bereaved, and the unnecessary application of interventions, including psychopharmacological medication. Two were cynical of the pharmaceutical industry's role in medicalizing grief.

[Insert Table 3 about here]

Discussion

The aim of this study was to investigate public perceptions about whether certain grief responses are disordered and explore the reasoning behind these beliefs. The results indicate that the majority of participants support the inclusion of pathological grief in diagnostic nosology. The data contradict previous findings that the general public rejects the notion of grief as a mental disorder because it is a common life event (Ogden and Simmonds, 2014) and refute the notion of the 'skeptical public' concerned by the ulterior motives of mental health professionals and the pharmaceutical industry (Iglewicz et al., 2013). Instead, the data imply that people who experience unresolved grief are not typical or normal (both in a statistical and clinical sense) and

pathological grief represents abnormality, wherein bereaved individuals remain in a state of chronic mourning.

A number of common assumptions were also observed across both sets of responses. For instance, many participants drew upon stage-based models of grief in using terms such as 'moving on', 'getting over' and 'letting go', which supports the notion that these ideas about grief remain pervasive (Breen and O'Connor, 2007). Additionally, across both sets of responses a number of misunderstandings about mental illness were identified, meaning that grief was often viewed as a 'special case' and different to legitimate mental disorders. For instance, many participants suggested that mental disorders are permanent and biologically or chemically-induced whereas grief is temporary and reactive and thus cannot be a disorder. This is despite the existence of mental disorders that are temporary and/or reactive (APA, 2013). These misunderstandings indicate that grief was not conceptualized in the same way as other mental disorders, supporting previous findings (Holzinger et al., 2011; Rüsch et al., 2012).

While participants were not aware of the experimental manipulations to the vignette and thus their responses could not be primed by them, they many have been influenced by the inclusion of the DSM-IV definition of a mental disorder, which was included in the questionnaire to ensure participants' understanding of this term. Additionally, participants' past experiences with grief in a personal or professional context were not assessed (although was evident in several open-ended responses) and the sample was English-speaking and living in industrialized nations. To assess public perceptions more thoroughly, future research would benefit from exploring differences between cultural groups, including non-Western and developing nations, and between

people who have experienced a close bereavement with those who have not. Despite these limitations, this study is the first to report current social norms for grief and attitudes towards proposals to include a grief-related diagnosis in future editions of the DSM and ICD. The size of the sample provided a great breadth of information and facilitated the identification of common beliefs, knowledge, assumptions, and concerns around moves to classify grief as a mental disorder. The open-ended response format allowed for greater variability in responding and based on the level of detail observed across many responses, participants were both interested and willing to share their views.

Conclusions

This study is the first to examine public expectations of normal and abnormal grief. By definition, pathological grief must deviate from normative grief responses. This investigation of attitudes towards distinguishing normal from pathological grief is important informing the inclusion of pathological grief forms in diagnostic nosology. If pathological grief is to be included in diagnostic nosology, further research is needed to clarify these normative beliefs and identify the possible impact, both helpful and unhelpful, of these beliefs on bereaved people.

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Table 1

Sample Characteristics

Variables	*N (%)*
Gender	
Male	222 (63.8)
Female	126 (36.2)
Country of residence	
Australia	188 (54.0)
New Zealand	120 (34.5)
United Kingdom	16 (4.6)
United States of America	11 (3.2)
Canada	5 (1.4)
Finland	2 (0.6)
Norway	1 (0.3)
Indonesia	1 (0.3)
Turkey	1 (0.3)
Iran	1 (0.3)
Other	3 (0.9)
Primary occupation	
Employed	228 (65.5)
Student	93 (26.7)
Retired	8 (2.3)
Unemployed	3 (0.9)
Other	16 (4.7)

Table 2

Reasons and Circumstances Under Which Grief Can be a Mental Disorder and Exemplar Responses (N = 242)

Reason	*N*	*Exemplar Responses*
When grief is accompanied by impaired functioning	155	"I think grief could be considered a mental disorder if the impact on daily functioning was significant, in that it prevented the person from participating in their meaningful life activities, relationships and occupations" – 116 "If it caused a person to withdraw into themselves to the point that they stopped interacting with the outside world" – 11 "When grief causes you to act irrationally, to do or behave in ways which you would not usually behave. When grief causes you to be incapable of independent everyday life" – 31
When grief persists for a lengthy period of time	82	"When it has reached a point where a person is unable to engage in a meaningful life (that is they have expressed a wish to be involved in more than what they are and aren't able to) after a significant period (probably more than two weeks) of time" – 182 "Perhaps when life incapacitation (unable to function in everyday life) caused by grief persists beyond far longer than would be considered culturally appropriate (e.g., ten years)" – 329 "Not able to return to normal activities within a socially acceptable timeframe, for example 2 to 3 months" – 125
When grief involves a risk of harm to self or others	64	"Causing harm to the person and/or her or his family/friends (whether physical, psychological or emotional)" – 241 "When the grief is so overwhelming and consuming that the person would consider self-harm" – 18 "If a person can't get past grief they feel and it's to the point where they have no will to experience life anymore or they are self-harming then I would say that grief has become a mental disorder" – 321
When grief involves pervasive and unrelenting distress	55	"If the grief is unmanageable, all-consuming, and disabling" – 143 "Grief can be considered a mental disorder when it becomes the most prominent thing in a person's life…the person is unable to wake from it, and the numbness prevents others from getting through it is a

		mental disorder" – 317 "When a person continues to feel incapacitated with deep sorrow and despair" – 125
When grief reactions transcend social norms	48	"Grief that is disproportionate to the loss (e.g., intense grief after the death of someone not very close to the grieving party)" – 243 "If there seems to be an exaggerated response, or 'unnatural' expression of grief, or person doesn't work his way through the various stages of grief" – 25 "A grieving person may act in ways that are not considered 'normal' in their cultural environment (there are different ways of expressing grief depending on your culture and most cultures make allowances for the expression of grief)" – 96
When grief leads to, or exposes, underlying, mental disorders	39	"If the grief was a catalyst for a mental disorder, i.e., if the person was unable to deal with their grief, it may turn into depression or an anxiety disorder etc." – 198 "If the expression of grief matches the criteria for a mental disorder and this expression persists for an extended period of time (longer than what is considered a normal grieving period), I think this could be considered a mental disorder of some kind, such as depression" – 20 "Grief may also trigger a previously undetected mental illness – so the grief does not necessarily cause the mental illness but rather brings it to the surface" – 24
When grief has a negative impact on physical health and/or wellbeing	23	"If the grief period is extended in that it is significantly impairing the person's or other's wellbeing, and doesn't seem to be resolving itself, I would consider that a disorder" – 1 "They take up non-beneficial habits, e.g., smoking, excessive alcohol intake, use of recreational drugs" – 183 "When the stress takes a physical toll on your body" – 67

Note. Some participants had more than one reason. Participant response numbers appear after each excerpt.

Table 3

Reasons Grief Cannot be a Mental Disorder and Exemplar Responses (N = 82)

Reason	*N*	*Exemplar Responses*
Grief is a normal, natural, and universal reaction to the death of someone to whom the bereaved is attached	47	"Feeling no grief after the loss of someone you love would be the mental disorder" – 172 "Not everyone experiences mental health problems but everyone in their lifetime will experience grief. Grief is part of life but mental health issues are not necessarily a part of everyone's life" – 214 "How can a naturally occurring thing, within us, that help[s] us function in the way that is best for us (rather than for society) be a mental disorder?" – 130
Grief is transitory whereas mental disorders are typically chronic	26	"Whilst it can be debilitating, it is (usually) a relatively temporary disorder of the mental state which heals with the passage of time" – 121 "We can get over grief. A mental disorder is with you for life, even though pharmaceuticals can keep it under control. You cannot get over a mental disorder" – 262 "A mental disorder is [a] far more wide reaching description and I am thinking is more likely to be permanent or only curable by medication" – 160
Grief is a response to a situation whereas mental disorders are not reactive to situational factors and instead are biologically-based or drug-induced and require medication	19	"I feel a mental disorder can't come on from one certain thing happening which causes you grief" – 113 "Grief is an emotion that is felt and usually triggered by an event. Mental disorders can be born into or induced with drugs and are picked up in earlier stages in life" – 89 "There is reason for the symptoms, they are not out of the blue" – 230
Grief cannot be a mental disorder but bereavement can lead to, or expose, underlying mental disorders	13	"If a person had a mental imbalance before this happened then it may become a mental disorder" – 193 "Grief can lead to depression and anxiety which are mental disorders. Grief can be the initial step towards a mental disorder but is not directly one" – 238 "If it was over an extended period of time that the person was having trouble coping, then I think I would lean more towards depression" – 328
Categorizing grief as a disorder will lead to increasing medicalization	31	"What advantage would labelling grief as a mental disorder have? There is already enough stigma around this; people have enough to deal with when

of grief, unnecessary interventions, stigma towards the bereaved, and definitions that do not apply	losing a loved one without having to deal with the idea that it is a mental disorder" – 147 "A push to classify grief as a mental health disorder seems to be an opportunity for the pharmaceutical industry to profit from the medicalization of a natural experience." – 250 "I believe that the definition for mental disorder is inadequate if it is not accounting for the environment and life of the individual" – 223

Note. Some participants had more than one reason. Participant response numbers appear after each excerpt.