

Status and Progress of Research on Prolonged Grief

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Abstract: Grief is a natural response manifested due to bereavement after the loss of a loved one. However, when grief lasts longer than the generally accepted grief reaction period, it is called prolonged grief. Prolonged grief has a serious impact on people's emotions, cognitions, and even psychological state and may cause mood disorder, impairment of the interpersonal relationship of the bereaved with others, suicidal ideas or substance abuse. This paper comprehensively delineates the concept of prolonged grief, current theories, measuring tools and empirical studies on prolonged grief. The purpose of this paper is to discuss the current status and progress of the research on prolonged grief.

1. Introduction

Grief is the response manifested due to bereavement after the loss of a loved one, including physical and psychological changes over a period of time. At least five people will fall into a grieving state for every death event that occurs. When the bereaved person realizes the fact of the death of the deceased, he or she falls into the period of acute grief, in which the bereaved usually experiences excessive yearning to see the deceased. Acute grief manifests as irritability, anxiety, depression, anger, etc. [1]. The grief reaction of most individuals gradually alleviates within 6 months after the bereavement, and the degree of grief gradually decreases over time. However, 10%-15% of the bereaved suffer from anguish [2] lasting longer than the generally accepted grief reaction period, accompanied by certain function impairment, which is called Prolonged Grief (PG).

Neuropsychological studies have found that individuals with prolonged grief may experience a series of physiological changes, such as increased heart rate, elevated blood pressure, sleep disorders, and changes of the immune system. The individuals usually require professional clinical treatment, otherwise the symptoms will persist and be difficult to alleviate. Therefore, it is necessary to perform professional psychological intervention on the bereaved with non-normal grief. The purposes of grief intervention are to change the irrational cognition of the bereaved, vent their emotions in the right way, recognize the fact that the deceased has left, and to re-establish a connection with the deceased. In this way, they can repair their inner selves, enhance the adaptability to reality and re-invent their lives.

2. Concept of Grief

2.1. Development of the Concept of Grief

The concept of grief originates from the article "Mourning and Melancholia" published by Freud (1917), who believed that grief was a normal response to loss, and put forward the theory of grief work, which stated that the bereaved needed to complete the detachment from the deceased [3]. Humphrey (2009) proposed a comprehensive definition of grief, that is, grief is an emotion triggered by loss and manifested as sadness and pain. The loss can be categorized into personal loss and interpersonal loss. Grief is unique and multidimensional. It triggers different reactions (e.g., cognitive, emotional, physiological, behavioural) and is subject to the impact of different contexts (e.g., personal, social, cultural, historical).

2.2. Prolonged Grief

Previous literatures defined non-normal griefs as: pathological grief, abnormal grief, prolonged grief (PG), complicated grief (CG), etc. At present, there are two mainstream views on the definition of abnormal grief beyond expectations worldwide, namely "prolonged grief disorder" (PGD) proposed by Prigerson et al., and "complicated grief" (CG) proposed by Shear et al. Domestic scholars He Li, Xu Wei, and Wang Jianping et al. defined it as prolonged grief [4], and Xu Jie adopted the general term of complicated grief [5]. Prolonged grief disorder (PGD) is proposed in the *International Classification of Diseases 11th Revision* (ICD-11), and is characterized by still being unable to accept the death of the loved one six months after the bereavement and suffering from severe impairment of social functionality. It manifests as emotions such as extreme yearning for the deceased, anger, and guilt. The author is more inclined to the general term of prolonged grief. This paper defines prolonged, unresolved, and intense grief as prolonged grief.

3. Development of Grief Theories

3.1. Models of Grief Work

Traditional grief theories emphasized "grief work". Freud expressed from a psychodynamic perspective that in order to recover from grief, individuals must overcome the painful experience of loss. Grief work is defined as the process of cognitive responses to loss, including confronting the loss, recalling the occurrence of the death, focusing on memories related to the deceased, and detaching emotionally from the deceased. The hypothesis of grief work is a process of reaching a compromise with the loss, emphasizing the release of negative emotions and the cut-off of the connection with the deceased. If this process is blocked, pathological grief will occur [6].

3.2. Attachment Theory

Attachment theory was proposed by British psychiatrist John Bowlby, who believed that the emotional bond between an infant and the primary caregiver will extend to other significant people in the future, and the early attachment of an individual has a great impact on forming intimate relationship in adulthood. The individual shows separation anxiety when the bond is broken, manifesting anxiety, anger, confrontation, or seeking behaviours. If the sense of security is not established in childhood, it will be difficult for the individual to adapt to loss in the future.

Some scholars combined the attachment theory with the grief reactions and proposed an "internal

working model", which classified the attachment of the bereaved into "secure attachment", "preoccupied attachment", "dismissing avoidant" and "fearful avoidant". In the face of loss, individuals of secure attachment can gain comfort and adapt to the environment through their own resources and firmly believe that they can get support from those around them, whereas individuals without secure attachment lack such faith. Individuals of preoccupied attachment will wallow in grief and cannot effectively cope with grief. The dismissing avoidant individuals will force themselves to suppress and avoid emotional expression; and the fearful avoidant will be extreme insecure towards others and themselves, and unable to express themselves coherently of the loss event [7].

4. Grief Intervention Techniques

Currently, intervention techniques that are widely used in the treatment of prolonged grief include complicated grief therapy (CGT) and cognitive behavioural therapy (CBT).

4.1. Treatment of Complicated Grief

Complicated grief therapy (CGT) developed by Shear et al. consists of interpersonal psychotherapy (IPT) for the depressive symptoms, cognitive behavioural therapy (CBT) for the post-traumatic stress disorder, positive psychology, and motivational interviewing [8]. With the core features of target grief and behavioural avoidance assumptions, CGT adopts imagination and self-disclosure techniques in the interpersonal psychotherapy to gain cooperation of the bereaved during counselling. The CGT treatment aims to help patient alleviate the intensity of grief, enhance good memories with the deceased, return to normal life, and establish good interpersonal relationships with others. The therapy focuses on two aspects: a. restoration, which helps the patient mobilize positive emotions, make plans for the future, and restore functions; b. loss, which helps the patient realize that death does not evoke strong emotions (anger, self-blame, anxiety).

4.2. Cognitive Behavioural Therapy

The bereaved roughly have three grief response symptoms: (1) They are unaware of the real departure of the deceased and the irreversible separation, and meanwhile will continue looking for the deceased; (2) They become negative towards themselves and life and don't believe they are capable of getting rid of the pain; (3) They are afraid and reluctant to remember everything about the loss. They can return to normal life, but have negative thoughts about life events. In response to the above symptoms, the CBT therapy can be performed according to the following steps: (1) Imagery therapy: Let the bereaved talk about the loss and shift the focus to the most painful event of the bereaved; (2) Exposure therapy: Let the bereaved visit the death scene of the deceased; (3) Letters: Let the bereaved write letters to the deceased to express their emotions; (4) Socratic questioning to change the patient's adverse cognition; (5) Behavioural tasks: Specific behavioural exercises are assigned to the patient to examine the validity of their thinking patterns. Finally, behavioural exercises and skill training are performed to restructure the adverse cognition in order to establish a more positive coping method. CBT therapy can help the bereaved enhance the sense of reality of the deceased's departure, control maladaptive thinking patterns, and finally establish correct behaviour patterns to prevent the vicious circle of bad patterns [9].

5. Research Progress of Grief Intervention

5.1. Influencing Factors of Grief Intervention

Factors that affect grief recovery include the individual experience of the bereaved, the relationship with the deceased, the circumstances of the death, social support, cultural background, the death age of the deceased, religious beliefs, and many other factors [10]. At the same time, the attachment type, personal attribution style, emotion regulation ability and the coping style of the bereaved also have an impact on grief recovery [11]. Research showed that highly adaptable personality can cope with loss better than the less adaptable individuals.

Davis et al. found that individuals who can accept loss, gain meaning from loss, and gain positive experience usually have a grief period shorter than 6 months and have better adaptability [12]. Steger believed that values and the sense of purpose in life are protective factors in the face of suffering and help individuals reduce the negative impact of traumatic events. Cross-cultural studies have shown that the attitude and responses to loss of different cultures are related to the local cultural background. Aiken's research showed that people in some cultures regard death as a part of life, and they are calm and even happy when they lose someone [13]. Scholars in Taiwan, China studied the impact of religious beliefs on the recovery from grief. Research showed that individuals with religious beliefs have better coping skills, and beliefs will play as a buffer between death and grief [14].

5.2. Are Grief Interventions Effective?

At present, the research results on the effect of grief intervention are varied. The research represented by Shear showed that the effect of grief intervention is significant, and the combination of medication can shorten the process of grief. However, there were other studies which concluded that most individuals will be relieved of grief symptoms over time without receiving grief therapy, and some research even supported that grief intervention has no effect at all or even has negative impact.

Shear's study found that prolonged grief therapy is significantly efficacious. Compared with interpersonal psychotherapy, prolonged grief therapy could effectively reduce the level of grief, and the individual with prolonged grief could recover to normal level faster. Citalopram was not effective in alleviating the symptoms of prolonged grief, but it could alleviate the patient's symptoms of depression. Although prolonged grief therapy does not work as well for every bereaved individual, it is significantly more effective than the early grief intervention means. Rosner (2015) et al. found that although cognitive behavioural therapy could not effectively improve the mental health of patients with prolonged grief, the degree of prolonged grief in the experimental group was significantly lower than that in the control group after the therapy and the depressive symptoms were also reduced [15]. Zuckoff conducted a study on prolonged grief therapy for substance abusing individuals, and found that the treated individuals experienced significant reductions in grief-related symptoms, as well as reduced craving for substance use. At the same time, he pointed out that therapists should pay attention to the treatment techniques. Premature implementation may cause strong emotional reactions and get worse treatment effect [16].

Currier and Neimeyer et al conducted a meta-analysis on the results of 61 controlled experimental studies to test the effectiveness of grief intervention, and found that the effect of grief intervention was not significant and individuals could naturally recover over time. Research has emphasized that interventions that target specific subjects are more effective. They believed that the assessment of grief using psychiatric measurement may be insensitive, and as the researchers already had certain expectations when collecting data for making a report, they tended to report

improvements of the interventions [17]. Some scholars evaluated the quality and effectiveness of the intervention and found that only 59% (n=45) of the studies on intervention met the standard for effectiveness, that is, the overall treatment effect was poor [18]. Similar to the previous two studies, MacKinnon adopted group grief intervention on 11 adults and found that the intervention effect of counselling on non-pathological grief was not ideal [19].

Larson and Hoyt conducted empirical research and found that the grief may deteriorate after the therapy. They believed that the impact of grief counselling is not as strong as expected. They inferred that the rate of deterioration is based on mis-defined statistics [20].

6. Summary and Prospect

Grief has been a research topic for decades. But the concept and diagnosis of prolonged grief are still not commonly agreed, due to the diverse and highly individualized grief reactions and the many influencing factors. Therefore, it is particularly important to harmonize the definition and the diagnostic criteria of prolonged grief.

In clinical treatment, grief should be distinguished from depression, anxiety, and post-traumatic stress disorder, etc. Prolonged grief is a chronic disease, which requires more understanding and effective intervention models.

At the same time, the grief intervention techniques are varied and lack standardized intervention process, which will affect the intervention effect. Therefore, it is necessary to propose intervention techniques specifically for prolonged grief and localize them.

At present, there are few domestic research on grief in China and grief and bereavement are not clearly distinguished. The definition and theoretical models of grief are all from the West. In fact, grief has been described long before in traditional Chinese culture and can be found in many historical records. However, grief has not been studied systematically. If Western theories and traditional records in Chinese culture can be combined, the grief intervention in China can be better developed. Applying grief intervention to the context of Chinese culture will be a major topic for future research, thereby developing a grief intervention paradigm that suits China's national circumstances. Meanwhile, China should establish a sound grief intervention system, which can provide grief intervention in a timely, effective, organized and purposeful manner when bereavement events occur.

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