

## GRIEF: AETIOLOGY, SYMPTOMS AND MANAGEMENT

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*The motive of this article was the loss of three my professors during this year, influential teachers and friends (prof. Karanfilski, acad Polenakovic and prof. Kirovski). Many other, known and unknown persons, left this planet and ended their terrestrial lives calmly, with respects, leaving us in grief...*

### ABSTRACT

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Grief is a process provoked as a response to different losses, such as death, loss of job, relationship breakdown, some unexpected life events and changes, etc. The experiences of loss and bereavement are very individual. Even though loss is expected, the person feels traumatized, especially if death is provoked by violence, natural disasters, or war. This pandemic, like other disasters (wars, tsunamis, earthquakes, floods, etc.) has provoked intensive reactions of grief, reactions that could persist for years. The core symptoms of grief are described in the ICD-11 and DSM-5 manuals.

The term “complicated grief” in the medical sense refers to a superimposed process that alters grief and modifies its course for the worse. Prolonged grief disorder (PGD) is characterized by normal grief symptoms, but these are symptoms that remain too intense for too long of a period.

This article is a review of the manifestations and duration of grief in different occasions, and it is based on over 50 published papers, and discoveries in the Medline and Psych-Net databases.

Commonly described reactions to grief are: shock, disbelief or denial, a high level of anxiety, distress, anger, sadness, insomnia, and a loss of appetite. As predictors for a high/slow decreasing trajectory of grief process are: female gender, reported symptoms of depression before the traumatic event, and higher scores on avoidance. However, grief is transient, even as we are in the midst of its clutches. People should expect to fluctuate between moments of sadness and mourning, and moments of acceptance, or even happiness for being alive. Researchers suppose that when a crisis passes; most people will be able to bounce back and move on with their lives.

**Keywords:** grief, bereavement, mourning, stress, traumatic events

### INTRODUCTION

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Grief is a process provoked as a response to different losses, such as death, loss of job, relationship breakdown, some unexpected life events and changes, etc. The responses to loss differ in people, but most important is the feeling of aloneness and helplessness. The period of grief is quite

normal and is a very human response to loss. Grief is inevitable, but it also could last for a very long time.

The Covid-19 pandemic brought about the loss of many lives, along with a high level of stress, insecurity, isolation, and the continual dis-

ruption of everyday life. Many scientists assume that after the pandemic is over, our future lives will be very different from what we experienced prior to the pandemic.

The experiences of loss and bereavement are very individual. Each may grieve differently, and, frequently, it is difficult for individuals to accept loss. Different cultures and traditions have their own particular methods for dealing with grief. One such method of identifying this process is vividly seen in the funeral ceremony.

Some general and universal reactions to loss are numbness, unbelief of the death, anger, unfairness, crying, emptiness, survivor's guilt, etc. Even if the loss was expected, the person feels traumatized, especially if the death is provoked by violence, natural disasters, or war.

Traumatic loss that happens during this current period of time can be more detrimental than natural losses. This pandemic, like other disasters (wars, tsunami, earthquake, flooding etc.) has provoked intensive reactions of grief, reactions which could persist for years. The sense of emptiness and an intense longing for the deceased is a core symptom of prolonged grief.

In the revised edition of the manual for diseases diagnosis - ICD-11, grief is described as an intense emotional pain, difficulty to accept loss, and an inability to experience positive mood. These reactions are associated with functional impairment and last more than six months after the loss [1]. In the DSM-5 this condition is described as "complex bereavement disorder" with a duration more than 12 months [2].

However, some clarification in the use of these terms is in order. Bereavement refers to the experience of having lost someone close. Grief is the psychobiological response to bereavement, with the core symptoms being yearning and sadness, along with thoughts, memories and images of the deceased person. Mourning is a period of time during which signs of grief are exhibited. It comprises the array of psychological processes used to moderate and integrate grief by coming to terms with the loss and reorienting oneself in a world without the loved person. In this context, we must accentuate that grief is not only a form of depression. Grief comprises sadness and possible disruption, but it is not a mental disorder like depression. Depressed individuals are sad because they see themselves and the world as inadequate or worthless, without any particular reason, and they are thus inhibited in their capacity to expe-

rience positive emotions. This is not the case for grief. Additionally, the term "complicated grief", in the medical sense, refers to a superimposed process that alters grief and modifies its course for the worse. Personal-related risk factors for complicated grief include a past history of mood or anxiety disorders, a history of early insecure attachment style, and a past history of multiple traumas or loss. One more clarification must be made: the term 'prolonged grief disorder' (PGD) is characterized by normal grief symptoms, but these symptoms remain too intense for too long of a period. The core symptoms of PGD are intense yearning or preoccupation with the deceased, combined with severe emotional pain related to the loss (e.g., difficulties in accepting the death, anger or bitterness, a feeling that life is meaningless). In other words, for PDG, the pathology is in the duration of the symptoms, not in the symptoms, per se. In complicated grief (CG), grief is normal, but in bereavement aside from grief, there are some pathological processes (mental disorders) as well. These disorders could be depression, which interferes with an otherwise normal grief process [3].

The incidence of the prolonged grief disorder (PGD) differs from other mental disorders like PTSD and depression. In this context, a meta-analysis of articles reported high rates of PGD (40-50%) in people after September 11th, earthquakes and tsunami [4-7]. People at the highest risk of developing PGD are found among females and those who lost close relatives. The loss of social support is an additional risk factor for developing prolonged grief.

This unexpected form of a viral pandemic is highly provocative for a different form of grief, and is associated with poor physical health, reduced quality of life, and functional impairment. Additionally, some real psychiatric disorders are identified as well.

The aim of this article is to give a review of the manifestations and duration of grief in different occasions, based on published papers.

## METHOD AND MATERIAL

This review is based on over 50 published articles, which are devoted to different aspects of loss and grief and were found in databases like Medline and Psych-Net. Used key words were:

loss, bereavement, grief, trauma. Of special interest concerns grief during the last pandemic period.

## RESULTS AND DISCUSSION

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There are many articles devoted to the definition, prevalence, signs, and needed interventions for grief caused by different events. As mentioned before, the period of grief is quite normal and it is a very human response to loss. Grief is inevitable, but it could also last for a very long time. Complicated grief, as a special form of grief, is mentioned in the DSM-5 in the category of trauma and stressor-related disorders. It is an individual experience triggered by the death of someone with whom the individual had a close relationship. The main characteristics of complicated grief are: persistence of at least 12 months after the death (or more than 6 months for children), persistent yearning for the deceased, intense sorrow and emotional pain, preoccupation with the deceased, as well as with the circumstances of the death, reactive distress to death, and social or identity disruption. Shortly, the bereavement reaction in complicated grief is out of proportion and inconsistent with cultural, religious, and age-appropriate norms. However, this form of grief must be diagnosed with precaution, because a major depressive disorder, PTSD, and substance use disorders could be triggered by a stressor such as death. It is important to note that patients with complicated grief had practically no comorbid conditions.

A high prevalence of PGD (43–83%) and comorbid PTSD (43–85%) have been reported after different terror-incidents, such as 9/11, the 2011 Utøya-killings, and the 2015 terror attack in Paris [8, 9, 10]. Additionally, many people have been experiencing grief during the Covid-19 pandemic. However, the current Covid-19 pandemic is not only an epidemiological crisis, but also a psychological one. Additionally, the losses include our sense of predictability, control, justice, and the belief that we can protect our children or elderly loved ones.

Commonly described grief reactions were: shock, disbelief or denial, high level of anxiety, distress, anger, sadness, insomnia, and loss of appetite. Because of quarantines and isolation, many were unable to be with their loved ones when those close to them were dying. They might

have also been unable to mourn someone's death with friends and members of their family, holding traditional funeral services. However, grief is transient, even as we are in the midst of its clutches. People should expect to fluctuate between moments of sadness and mourning, and moments of acceptance or even happiness that we are still alive. Researchers suppose that when the crisis passes, most people will be able to return to normal life and move on. But there is a subset of people who will be chronically disrupted and will need recovery support because of reduced systemic inflammation processes and other immunological problems. Many of them, as a consequence, will manifest some psychosomatic disorder related to the experienced prolonged or chronic stress [11,12,13].

As in any traumatic event, children may show grief in different ways than adults because their understanding of a definitive loss of loved one is reduced and their mechanisms may not be quite as developed. Children could appear sad, they could talk about missing a person, act out, or they could play and interact with friends, doing usual activities like before their loss. The main aim in helping children is to calm them and support the development of coping strategies [14].

To process and adjust to the sudden and major changes caused by the pandemic response could be a very difficult issue. These kinds of experiences can cause many psychological traumas for some people. Trauma can be experienced in different ways. It may be especially overwhelming when a person has also experienced trauma in the past, as feelings from the earlier trauma may be brought back by the present situation. Consequently, healing from trauma is unique to each person and the time to heal may be different from one person to the next.

The Covid-19 pandemic (up until March 2021) has, globally, brought about more than 120 million confirmed infected, with more than 2.5 million deaths. The pandemic has transformed how people grieve and also transformed the relationship between healthcare workers and grief. Although it was known about grief and bereavement prior to the pandemic, experiences showed both forms of grief: normal and nuanced (pathological). However, complex grief reactions, such as prolonged grief disorder, PTSD, and depression are thought to occur in a minority (10%–15%) of those who are bereaved. Despite the inevitable losses due to serious illness and the reality of hu-

man mortality, grief has been uneasily accepted in the practice of clinicians. They attempt to deny, minimize or hide their grief in professional interactions. Clinicians bear witness to the suffering and grieving of their patients, but in Covid-19, loss and grief clinicians experience are also deeply personal—clinicians and their own loved ones are dying as well. In this context, healthcare professionals are presented with a growing global mental health crisis. It is necessary to prevent this form of psychological injury, caused by the pandemic, because competent clinical care requires not only expertise but also humanity, empathy, and compassion as well. The recognition of the risks for complicated or prolonged grief, and the opportunity to promote both individual and systemic resiliency and resources in healthcare workers for personal and professional grief in the time of Covid-19 is needed [15,16,17].

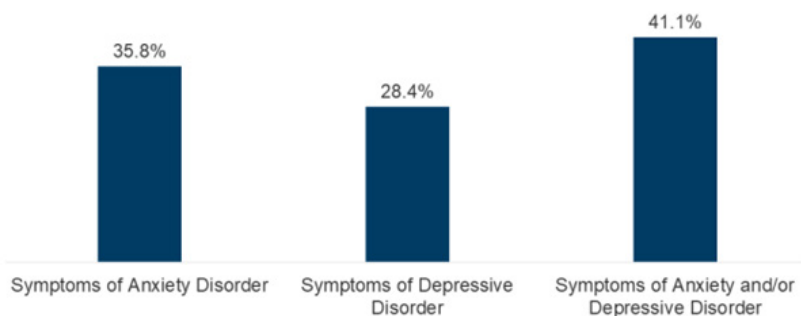
Panchal et al. (2021) published an article devoted to the implication of Covid-19 for mental health and substance use in the USA. Many negative impacts on patients’ mental health and well-being were noted such as: insomnia (36%) loss of appetite (32%), increase of alcohol consumption or drug use (12%), worsening of chronic conditions (12%). All this was a consequence of stress from the corona virus. Addition-

ally, isolation and especially job loss provoked high rates of anxiety, depression, and suicidal thoughts. It was noted that women with children are more likely to report symptoms of anxiety and depression than men. Figure 1 presents percentage of anxiety, depression or both disorders in adult people in USA, in the beginning of 2021.

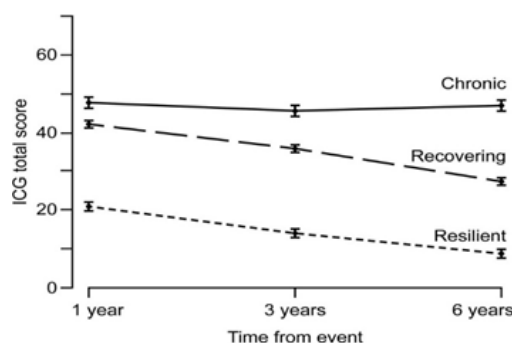
The rate of anxiety and depression (56.2%) is higher in young adults (aged 18-24 years). The report of mental problems in children and adolescents also confirmed an increasing rate of anxiety and depression as well as child abuse. This was due to disruption in routines, school closure, loss of social contact, or stress in the household.

In a previous period, some other events were the cause of loss and grief, and they will be reported in the following text. In a Swedish study of complicated grief, Sveen et al. (2018) [18] analysed the duration and the intensity of grief after a natural disaster (tsunami) in a group of survivors using special questionnaire ICG- Inventory of complicated grief (Figure 2).

The authors of this study proposed a three-tiered model of grief. Resilient trajectory is characterized by moderately low levels of prolonged grief from one to six years, post lost; a recovering trajectory includes individuals with initially high symptoms of prolonged grief, but a gradu-



**Fig 1.** Anxiety and depression in adults caused by pandemic of Covid-19 (Source: US Census Bureau, Household Pulse Survey, 2021)



**Fig 2.** Intensity of grief after tsunami during 6 years



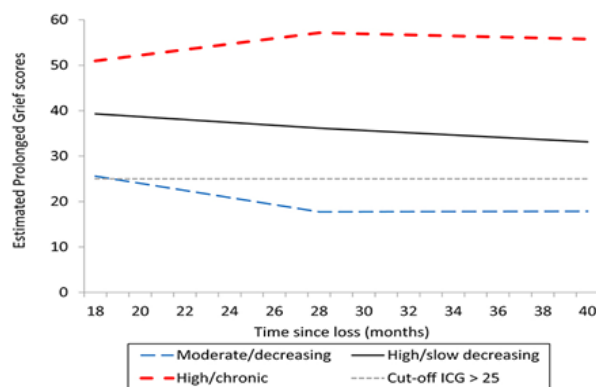
al decrease in symptoms thereafter. The chronic trajectory is comprised of people with high and unremitting levels of prolonged grief, more than six years after the event. The loss of a child and PTSD symptoms were confirmed as more detrimental risks for prolonged grief.

A similar purpose was to examine the trajectories of PGD among close family members, bereaved by the 2011 terror attack at Utøya, Norway. A second aim of this study was to investigate predictors of the different grief trajectories [Kristensen et al, 2020][19]. Obtained trajectories are presented on Figure 3.

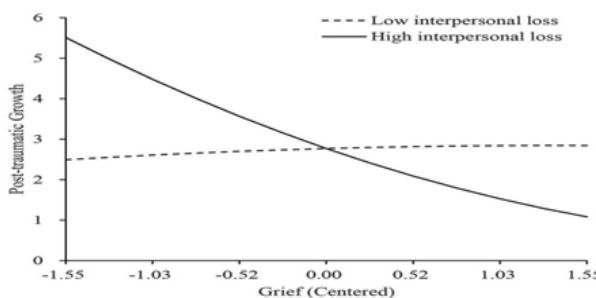
Predictors of high/slow decreasing trajectory are: female gender, reported symptoms of depression prior to attack, and higher scores on avoidance. The authors conclude that family members of killed individuals are vulnerable to undergo a long-lasting and difficult grief process, comprising both of trauma symptoms and PGD. The authors confirmed a need for early intervention.

The unique loss of a child is an especially tragic moment for any family. It often leads to intense emotional pain and a higher rate of prolonged grief disorder. In China, parents who have lost their only child are named as “shidu” parents. Some researchers suggested high levels

of psychological distress and prolonged grief disorder in these family members. In a study by Xin Xu et al. (2020) [20], they describe the prevalence and manifestation of grief caused by the loss of the permitted, single child in Chinese culture. These families are not only afflicted by the loss of the child but also suffer from identity loss and social stigmatization. Authors published that, in 2020, the prevalence of prolonged grief disorder (PGD) is about 10% of the general population, but in shidu parents this rate is 35.5%, more than 2 million people. The authors supposed that, in 2050, this number will reach about 4.5 million. Aside from the fact that grief represents a universal experience, some differences in symptoms vary by culture, and especially among shidu parents. In this group, the interpersonal loss provokes a high level of grief symptoms and these symptoms interfere with the progress of posttraumatic growth - PTG (positive psychological changes after trauma). In other words, more severe grief symptoms are related to lower posttraumatic growth coupled with the lack of social support. In this particular culture, there is a strong need for specific treatment to help shidu parents. The relationship between grief, PTG, and interpersonal loss among shidu parents is presented in Figure 4.



**Fig. 3** Grief trajectories among bereaved family members after the 2011 terror attack in Norway [ used from www.Front. Psychiatry, 14 October 2020; <https://doi.org/10.3389/fpsy.2020.545368> ]



**Fig.4:** Grief, posttraumatic grow and interpersonal loss in shidu parents [Data borrowed of Xin Xu, Oct. 9 2020]

In a study by Zhou N. et al (2020) [21] they find that a main consequence of the loss of the single child impairs psychological and physical health, weakens social networks and interactions, removes life's purpose, and leads to a lack of care and security.

Complicated grief (Zetumer, 2015) [22] is defined as clinically significant distress and impairment due to unresolved grief. People with complicated grief manifest continued yearning for the deceased, felt anger and bitterness, shock and disbelief, and other hallmarks of intense and prolonged grief. This all occurs long after they might have been expected to be integrated back in their daily lives and "moved on". This form of grief is especially present in parents who lost young children, and the rate of suicide among this group is very high. Routine screening for suicidal thoughts and behaviour in this group is suggested [23, 24, 25].

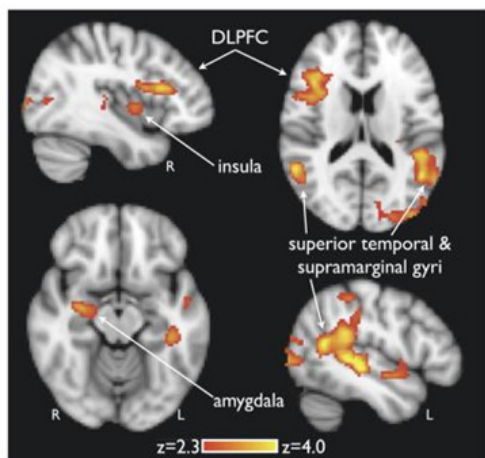
In a study by Picoraro et al. (2014) [26], they evaluate the experiences of serious paediatric illness, a very traumatic experience for both children and their parents. All experiences, starting with the diagnosis, acute physical injury, relapse, hospitalization and medical procedures or surgery are highly traumatising, and they range from minimal distress to PTSD. However, in some people, these experiences are even beneficial, and the psychological issues are considered posttraumatic growth (PTG). Hence, individuals after a traumatic event may manifest a greater appreciation for life, improve their interpersonal relationships, manifest greater personal strength, recognise new possibilities in life and manifest some spiritual/religious growth. I have had similar experiences with parents who lost children who were suffering from cystic fibrosis. The same phenomena of PTG have been studied recently among a younger population, which was

exposed to natural disasters, unwanted pregnancies, death of family members, parental divorce, or experienced some forms of abuse. In this context, PTG involves some rebuilding or reshaping the individual's worldview and provides an opportunity to construct a stronger, assumptive world after the personal loss.

Posttraumatic growth is associated with a young individual's subjective exposure to disasters, their levels of posttraumatic stress following the disaster, and the type of psychological processes they use to cope with the disaster. A review of Bernstein (2018) examines factors which are associated with this phenomenon, factors like demographic variables, exposure, and family and social processes. The associations between PTG and the gender or age of children was not confirmed. However, parents play a crucial role in a child's post-trauma healing. Social support seems to be not as important.

Family separation and family reunification both involve millions of families each year. In a study by Barnert et al. (2019) [27], some children from El Salvador, who disappeared for a time, described their experiences with separation and reunification. Namely, during the period of civil war in El Salvador, thousands of children were separated by force from their families, this occurred alongside massacres of entire villages and the deaths of thousands of civilians. The Red Cross placed these children in orphanages or arranged for their adoptions abroad. After the war finished, some mothers found their children and were reunited with them. Separation was a source of immense pain and uncertainty, but reunification brought closure, healing, and new challenges. The findings of this study confirmed that attachment is of vital importance to stability and continuity and must be treated as a fundamental human right, especially in the context of war, when separation occurs.

Findings from the Rotterdam study (Milic et al., 2017) [28] showed that grief severity was associated with the female sex, low or intermediate education levels, previous presence of depressive symptoms, and the loss of a partner or a child,

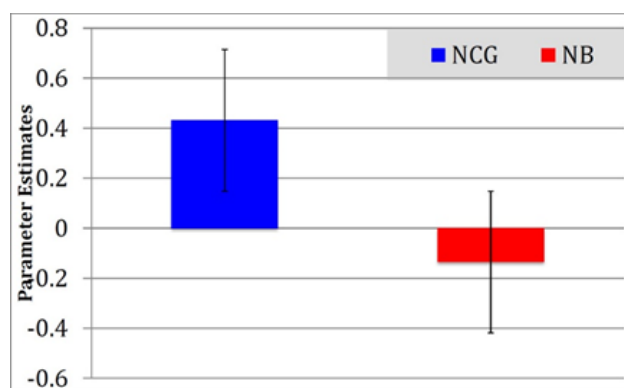


**Fig. 4** *Neural correlates in grief* (Implicated regions included the right insula, right amygdala, left angular gyrus, superior temporal gyrus, supramarginal gyrus, dorsolateral prefrontal cortex, and occipital cortex). [from Biol Psychiatry. 2009 Jul 1; 66(1): 33–40]

whereas more difficulties in the activities of daily life were associated with less grief severity.

What happens in the brain during grief was elaborated on via neuroimaging studies [29, 30]. Figure 4 shows the main brain regions activated during grief.

The involvement of orbitofrontal cortex is very important. Figure 5 shows the parameter estimates in the orbitofrontal cortex in the non-complicated grief group compared to non-bereaved controls [29].

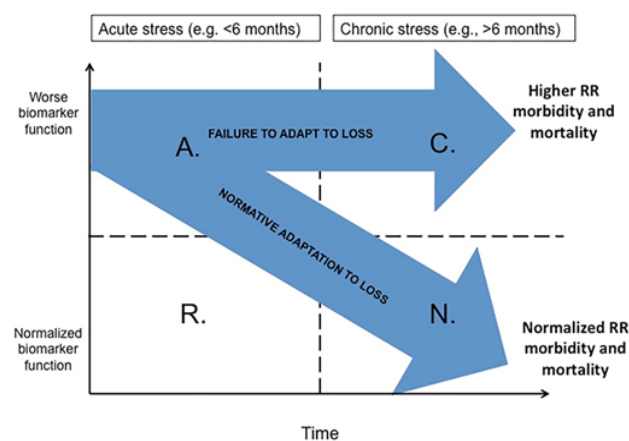


**Fig. 5** Parameter estimates in the orbitofrontal contrast:

(neutral stimuli in the Non-Complicated Grief group compared to Nonbereaved controls. Estimates indicate that NCG participants showed significant involvement of this region, while NB showed little or no involvement differences across types of stimulus)

Overall, progress has been made in the field of grief research, investigating how body, mind, and brain adapt. This progress has led to the awareness that the nuances of the bereave-

ment experience must be understood in order to explain medical outcomes, despite the universality of this experience. For a better understanding of the mechanisms that may lead to medical consequences, measuring changes in biomarkers following the death of a loved one is very useful. In this context, autonomic, cardiovascular, endocrine, and immune biomarkers are likely candidates. In particular, endocrine and immune biomarkers have a widespread effect on end organs and systems of the body, making them likely mechanisms, given the general nature of bereavement-related morbidity and mortality. The schematic presentation of biomarker function in relation to time is presented in Figure 6.



**Fig. 6** The model of acute and chronic alterations in biomarkers following bereavement (adapted from Buckley et al., 2012, Knowles et al., 2019, O’Connor, 2019, O’Connor, 2012)

**Table 1.** Reactions to bereavement

| Affective                          | Cognitive                                 | Behavioural                        | Physiological                       |
|------------------------------------|---|------------------------------------|-------------------------------------|
| Depression, despair, distress      | Preoccupation with thoughts of deceased   | Agitation, tenseness, restlessness | Loss of appetite                    |
| Anxiety, fears                     | Rumination                                | Fatigue                            | Sleep disturbances                  |
| Guilt, self-blame, self-accusation | Suppression, denial                       | Overactivity                       | Energy loss, exhaustion             |
| Anhedonia                          | Lowered self-esteem<br>Helpless, hopeless | Searching                          | Somatic complains                   |
| Loneliness                         | Suicidal ideation                         | Weeping, crying                    | Immunological and endocrine changes |
| Yearning                           | Sense of unreality                        |                                    | Susceptibility to illness, disease  |
| Shock, denial, avoidance           | Memory difficulties                       | Social withdrawal                  | Mortality                           |

Despite medical classifications and histories, the best descriptions of feelings related to grief and bereavement could be found in poetry. “Grief poetry” can help to understand the complex emotional syndrome which includes the variety of psychological, behavioural, social and physical processes following the death of loved person. Table 1 shows reactions to bereavement (adapted from Stroebe et al., 2007) [31,32].

It is clear that overlapping and interaction between the affective, cognitive, behavioural and physiological categories exist, but by tabulating them, it is easier to understand them. I will cite a part of an Emily Dickinson poem, in which grief is very well described:

*My life closed twice before its close—  
It yet remains to see  
If Immortality unveil  
A third event to me.*

*So huge, so hopeless to conceive  
As these that twice befell.  
Parting is all we know of heaven,  
And all we need of hell.*

I can conclude that while scientists explore the nature and maladaptive functions of grief reactions, a poet uses metaphors to experience attachment and thereby helps us to understand the loss in our ongoing lives.

Indications for psychological intervention for complicated grief are persistent high symptom severity, lack of any improvement over time, functional impairment, treatment-seeking behaviours, hopelessness, and especially suicidal thoughts. Support groups are always welcome. Cognitive behavioural therapy, interpersonal therapy, and motivational interviewing are possible psychotherapeutic techniques. Data for pharmacotherapy are limited. Possible use of an SSRI antidepressant, in few cases, are described as useful. However, the relationship between the health care workers and the suffering individual is the most important for screening the people who need psychological help and intervention.

Finally, I will end this paper with optimism. We must cope and fight against any event in our lives, and we must not allow ourselves to become desperate and hopeless.

## CONCLUSIONS

- Grief, bereavement, and mourning are processes which appear after the loss of someone close.
- Grief is human and inevitable, but its duration and manifestations are different depending on the individual’s personality, culture and tradition.
- Special forms of grief include complicated grief and prolonged grief disorder.
- Main symptomatology of grief comprises of numbness, unbelief of the death, anger, unfairness, crying, emptiness, intensive emotional pain, and an inability to experience positive mood.
- Psychological interventions that are needed to overcome complicated and prolonged grief are different and usually comprise cognitive behavioural therapy, gestalt holistic therapy, and support.

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## Резиме

### ТАГУВАЊЕ: ЕТИОЛОГИЈА, СИМПТОМИ И УПРАВУВАЊЕ

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Тагувањето е процес што се јавува како одговор на разни загуби, како што се смрт, губење работа, прекин на емоционална врска, некои неочекувани животни случки и промени итн. Искуствата на губењето и обжалување се многу индивидуални. Дури и кога губењето е очекувано, личноста се чувствува траматизирано, особено кога смртта е провоцирана од насилства, природни катастрофи или војна. Оваа пандемија, како и другите несреќи (војни, земјотреси, цунами, поплави итн.), провоцираше силни реакции на тагување, кои можат да постојат со години. Најбитните симптоми на тагувањето се опишани во прирачниците ИКБ-11 и ДМС-5.

Називот „komplikuвано тагување“, во медицинска смисла се однесува на надградени процеси што ја менуваат тагата и го модификуваат нејзиниот тек на полошо. „Продолженото растројство на тагување“ се карактеризира со нормални симптоми на тагување, кои стануваат силни и траат многу долг период.

Овој напис претставува приказ на манифестациите и траењето на тагувањето при разни случувања, базиран на над 50 публикации, кои се најдени во базите на трудови Медлајн и Псих-Нет.

Најчести опишани реакции на тагувањето се: шок, неверување или одрекување, високо ниво на анксиозност, растроеност, бес, тага, несоница, губење на апетитот. Како предиктори за висока/бавна траекторија на процесот на тагување кај женскиот пол се постоење симптоми на депресија пред траматичниот настан и високи скорови на избегнување. Сепак, тагувањето е минливо, дури и кога сме среде неговите канџи. Луѓето треба да очекуваат флукуации меѓу моментите на тага и жалење и моментите на прифаќање, па дури и радост да се биде жив. Истражувачите претпоставуваат дека, кога оваа криза ќе помине, најмногу луѓе ќе бидат способни да ја возвратат рамнотежата и да тргнат напред со своите животи.

**Клучни зборови:** тагување, обжалување, жалост, стрес, траматични настани