



Kent Academic Repository

Margoob, Mushtaq, Firdosi, Mudasir and Katshu, Mohammad Zia Ul Haq (2024)
Editorial: Prolonged grief disorder: vulnerability and resilience. Frontiers in Psychiatry, 15 . ISSN 1664-0640.

Downloaded from

<https://kar.kent.ac.uk/105455/> The University of Kent's Academic Repository KAR

The version of record is available from

<https://doi.org/10.3389/fpsy.2024.1387937>

This document version

Publisher pdf

DOI for this version

Licence for this version

CC BY (Attribution)

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in **Title of Journal**, Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).



OPEN ACCESS

EDITED AND REVIEWED BY

Wulf Rössler,
Charité University Medicine Berlin, Germany

*CORRESPONDENCE

Mudasir Firdosi
✉ mudasirfirdosi@gmail.com

RECEIVED 18 February 2024

ACCEPTED 21 February 2024

PUBLISHED 27 February 2024

CITATION

Margoob M, Firdosi M and Katshu MZUH
(2024) Editorial: Prolonged grief disorder:
vulnerability and resilience.
Front. Psychiatry 15:1387937.
doi: 10.3389/fpsy.2024.1387937

COPYRIGHT

© 2024 Margoob, Firdosi and Katshu. This is an open-access article distributed under the terms of the [Creative Commons Attribution License \(CC BY\)](https://creativecommons.org/licenses/by/4.0/). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.

Editorial: Prolonged grief disorder: vulnerability and resilience

Mushtaq Margoob^{1,2}, Mudasir Firdosi^{3,4*}
and Mohammad Zia Ul Haq Katshu^{5,6}

¹Advanced Institute of Management of Stress and Life Style Related Problems, Srinagar, Jammu and Kashmir, India, ²Supporting Always Wholeheartedly All Broken-Hearted, Kashmir (SAWAB), Voluntary Medicare Society, Bemina, India, ³Kent and Medway NHS and Social Care Partnership Trust, Canterbury, United Kingdom, ⁴Kent and Medway Medical School (KMMS), Canterbury, United Kingdom, ⁵Institute of Mental Health, School of Medicine, University of Nottingham, Nottingham, United Kingdom, ⁶Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, United Kingdom

KEYWORDS

grief, prolonged grief disorder (PGD), depression, trauma, life events

Editorial on the Research Topic

Prolonged grief disorder: vulnerability and resilience

Separating normal from abnormal human experience lies at the heart of medicine. And in no other field of medicine has this been so contested as in Psychiatry. Grief, following the death of a loved one, is universal, but the duration, expression, and impact of grief on the bereaved varies substantially within and across cultures. Unsurprisingly, differentiating normal from abnormal grief has proved controversial. Various concepts have been proposed over the years to define pathological or unusual grief responses, including complicated grief disorder (1), prolonged grief disorder (2) [PGD; e.g. Prigerson et al. (2)], complicated grief (3) [e.g. Shear et al. (3)], and persistent complex bereavement disorder (4) (American Psychiatric Association, 2013). These proposals have finally resulted in the formal inclusion of prolonged grief disorder (PGD) in the 11th edition of the International Classification of Diseases (ICD-11) (5) and the Text Revision 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) (6). This, on the one hand, is a reflection of global recognition of the clinical relevance of grief-related disorders and will encourage mental health professionals to help and support those who need help following bereavement (7). On the other hand, it has reignited the debates about the concept of pathological grief, its phenomenological overlap/distinction from depression, cultural biases in the current diagnostic criteria, and the medicalisation of the human experience. It also runs contrary to the move away from categorical diagnosis to symptom dimensions in psychiatry, which has gained substantial momentum based on evidence from genomic, epidemiological, phenomenological, neuroimaging, and course and prognosis studies. This theme tries to capture the uncertainties related to conceptualisation, classification, and transcultural aspects of abnormal grief as well as potentially relevant risk factors and resilience correlates for Prolonged Grief Disorder (PGD) among children.

[Gouveia](#) provides a brief overview of the universality of the grieving process from an evolutionary perspective and how cultural influences shape its expression. [Gouveia](#) has brought

into sharp focus the controversies around defining pathological grief and differentiating it from depression. The author has rightly pointed out that as elaborated by Henrich et al. (8), most of the evidence to define pathological grief comes from Western, Educated, Industrialised, Rich, and Democratic (W.E.I.R.D.) participants, posing serious questions on its universal application. They suggest the inclusion of views from different cultural backgrounds as well as related disciplines, including anthropology, sociology, and ethnography, to arrive at a universally applicable definition of pathological grief. They acknowledge that while we strive for this ambitious plan, we need to leave our entrenched positions and ensure that people who have suffered bereavement and need help from mental health professionals receive the support they need.

Tremblé et al. estimated the point prevalence of PGD from a German population sample to assess the diagnostic agreement between ICD-11 and DSM-5-TR. There was substantial agreement between the two classification systems ($k=0.75$; 95% CI 0.66 – 0.85). Notably, the diagnostic agreement increased by increasing the threshold for diagnosis in ICD-11. However, there was a significant difference in the point prevalence with higher estimates using ICD-11 (6.8%) compared to DSM-5-TR (4.7%). Their work highlights the need for harmonising the definition and criteria for diagnosis of PGD across diagnostic systems (9).

Frei-Landau proposes a model based on the teacher-school mental health professional dyad to support bereaved children. The proposed model is based on Winnicott's (10) parental dyad, wherein the mother's role is to provide the physical and emotional space to enable the child to feel safe while the father's role is to provide a safe environment for the mother to enable her to fulfil her role. Frei-Landau's proposal is interesting and needs empirical evidence to support it.

The bibliometric analysis of grief interventions (GI) by Li et al. shows an exponential increase in the number of publications in this area over the last two decades. They show that a large proportion of the research work in GI has been done in North American and European populations, understandably by researchers based in Universities from the same regions, and published in journals from the same region. Their work brings into sharp focus the widely held belief that most of the research in this area is limited to a particular cultural context and therefore lacks generalisability.

References

- Horowitz M, Siegel B, Holen A, Bonanno GA, Milbrath C, Stinson CH. Diagnostic criteria of complicated grief disorder. *Am J Psychiatry*. (1997) 154:904–10. doi: 10.1176/ajp.154.7.904
- Prigerson HG, Horowitz MJ, Jacobs SC, Parkes CM, Aslan M, Goodkin K, et al. Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Med*. (2009) 6:e1000121. doi: 10.1371/journal.pmed.1000121
- Shear MK, Simon N, Wall M, Zisook S, Neimeyer R, Duan N, et al. Complicated grief and bereavement issues for DSM-5. *Depression Anxiety*. (2011) 28:103–17. doi: 10.1002/da.20780
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders, 5th Edition*. Washington, DC: American Psychiatric Association (2013). doi: 10.1176/appi.books.9780890425596
- World Health Organization. *International Statistical Classification of Diseases and Related Health Problems. 11th Edition*. Geneva: World Health Organization (2018).
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders, 5th Edition, text revision*. Washington, DC: American Psychiatric Association (2022). doi: 10.1176/appi.books.9780890425787
- Mongrain M, Kirby J, Keltner D. Editorial: Community series: expanding the science of compassion, volume II. *Front Psychol*. (2024) 14:1341792. doi: 10.3389/fpsyg.2023.1341792
- Henrich J, Heine S, Norenzayan A. The weirdest people in the world? *Behav Brain Sci*. (2010) 33:61–83. doi: 10.1017/S0140525X0999152X
- Eisma MC, Rosner R, Comtesse H. ICD-11 prolonged grief disorder criteria: turning challenges into opportunities with multiverse analyses. *Front Psychiatry*. (2020) 11:752. doi: 10.3389/fpsy.2020.00752
- Winnicott DW. The theory of the parent-infant relationship. In: Winnicott DW, editor. *The maturational processes of the facilitating environment: Studies in the theory of emotional development*. Connecticut: International Universities Press (1960). p. 37–55. doi: 10.4324/9780429482410

The incorporation of PGD in ICD-11 and DSM-5-TR has rejuvenated interest in understanding and conceptualising grief and rekindled the controversies in teasing apart normal from abnormal grief. Future work in this area should incorporate the fundamental changes in our understanding of mental illnesses from the current categorical classification to those based on marrying phenomenological descriptions with underlying aetiological and pathophysiological mechanisms.

Author contributions

MM: Conceptualization, Writing – original draft, Writing – review & editing. MF: Writing – original draft, Writing – review & editing, Conceptualization. MK: Writing – original draft, Writing – review & editing, Conceptualization.

Acknowledgments

We thank all the authors and reviewers who contributed to this research theme.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's note

All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.