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THE DIFFICULT CASE OF COMPLICATED GRIEF AND THE ROLE OF PHENOMENOLOGY IN PSYCHIATRY[1]

abstract

It has been argued that some unremitting forms of grief, commonly labeled as complicated grief*, pose a serious threat to the well-being and life of the mourner and may require clinical attention (Lichtenthal et al., 2004; Zisook et al., 2010). One central issue in this debate is whether and how we could draw a* divide between uncomplicated and complicated grief *to avoid, on the one hand, the medicalization of appropriate grief responses, and on the other hand, to provide help to those who suffer from complicated grief. In this paper I show that a phenomenological approach can help with this task. First, I present Ratcliffe's (2017) and Fuchs' (2018) phenomenological analyses of typical grief responses. Then I argue that a promising way to draw a divide between uncomplicated and complicated grief is to look for the presence of* reintegration *processes geared towards establishing a new relation with the deceased.*

keywords

grief, complicated grief, depression, phenomenology, psychiatric diagnosis

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1. Introduction

Sadness is often an appropriate emotional response to difficult life events. Such events often lead to a prolonged, albeit non-pathological, sadness. The loss of a close person is one such event and grief is normally taken to be an appropriate response to it. Despite their adequacy, the sadness of the grieving person and the variety of symptoms that grief involves have been a controversial subject in recent discussions in psychiatry (DSM-IV, DSM-5; ICD-11). On the one hand, many emotions and symptoms characteristic of grief seem to overlap with common symptoms of depression. But if grief is an appropriate response to a loss of a close person, then we should avoid medicalizing non-pathological grief responses. In recent debates in psychiatry it has been suggested that, although grief and depression may overlap, we need some rough guidelines for how the two could be distinguished in diagnostic practice (DSM-IV; DSM-5, APA, 2013).

On the other hand, it has been argued that some forms of grief may, indeed, be in some sense pathological and require clinical attention (Lichtenthal *et al.*, 2004; Zisook *et al.*, 2010). Some people do not recover from the sadness that comes with grief and experience prolonged suffering and dysfunction. Because of that, it has been argued that we might need some reliable criteria for distinguishing between typical forms of grief and those that could qualify for intervention (Lichtenthal *et al.*, 2004). *Complicated grief* (CG) is a commonly used term to describe the latter (Zisook & Shear, 2009). The need for diagnostic criteria for CG has been recognized in recent and forthcoming editions of diagnostic manuals that provide operationalized criteria for mental disorders (DSM-5; ICD-11 Beta draft). However, the task of distinguishing between uncomplicated and complicated form of grief is daunting and the proposed solutions are still controversial (e.g. Wakefield, 2013).

In this paper I will show that a phenomenological approach can help with the task of drawing the divide between uncomplicated and complicated grief. This task is important, since complicated grief may require clinical attention, whether or not it should find its place in diagnostic manuals. Drawing on Ratcliffe's (2017) and Fuchs' (2018) phenomenological analyses of typical grief responses, I will argue that a promising way to draw a divide between uncomplicated and complicated grief is to look for the presence of *reintegration* processes geared towards establishing a new relation between the mourner and the deceased (section 4). I will propose an account of the dynamics and etiology of complicated grief, which will be useful in distinguishing between typical grief responses and complicated grief. I start by introducing the notion of grief and summarizing some of the recent discussions in psychiatry concerning the question of how to distinguish it from depression (section 2). I then move on to discuss complicated grief and recent attempts at providing diagnostic criteria of it (section 3).

2. Grief and depression

Grief can be broadly defined as a reaction to the loss of a close person (this kind of loss is often called bereavement), involving both psychological and bodily experiences (Gross, 2015, p. 5). So conceived, grief is a universal psychological phenomenon. Although grief often involves intense suffering and leads to existential crisis, with time, most grieving people adjust to the new situation and manage to resume their life after the loss. To date there is no evidence clearly indicating that grief requires treatment or professional intervention (Jordan & Neimeyer, 2003). Grief may take many forms, depending on, for example, cross-cultural differences in its expression. Among the painful emotions commonly experienced in grief we typically find: shock, sadness, loss, anxiety, guilt, regret, fear, loneliness, intrusive images and thoughts, depersonalization. It is often emphasized that grief is not a state but rather a *process* with a particular dynamics (Zisook & Shear, 2009; Ratcliffe, 2017). At first, such painful emotions are often overwhelming. With time, they tend to come in bursts and the mourner can find other activities and situations meaningful and joyful. The overall experience of a grieving person can and often is compatible with experiencing some positive emotions.

Several emotions and symptoms commonly experienced in grief overlap with those that can be found in major depression. This observation has recently led to a debate concerning the diagnostic criteria for major depressive disorder and has drawn researchers' attention to the nature of uncomplicated grief. Since grief is a commonly experienced, appropriate response to a loss, psychiatry shouldn't medicalize typical grief responses. Thus, we need a way of distinguishing between depression and grief. Following this observation, it has been argued that bereavement, i.e. the loss of someone close, may function as an exclusion criterion for major depressive disorder (DSM-IV). The so-called bereavement exclusion criterion was intended to discourage the diagnosis of major depressive disorder during the first two months after the loss and prevent the medicalization of grief. However, the bereavement exclusion criterion turned out to be controversial. It has been argued that it may have harmed those grieving people who have full-blown symptoms of major depressive disorder by depriving them of treatment and professional help (Parkes, 2013). In the aftermath of this debate, the bereavement exclusion criterion was removed from the DSM-5, although not without criticism (Wakefield, 2013, p. 171).

The authors of the DSM-5 decided that in the case of bereavement and when grief symptoms overlap with those of major depressive disorder, a depression diagnosis should still be carefully considered by drawing on individual history and the situational context (DSM-5, p. 161). The following guidelines for distinguishing between grief and depression were suggested. Grief tends to involve "feelings of emptiness and loss", whereas depression involves "depressed mood and the inability to anticipate happiness or pleasure". Depression is more pervasive and persistent, while positive emotions still arise during grief. In addition, while depression often involves feelings of worthlessness and self-loathing, grief usually does not affect one's self-esteem. In both cases, thoughts of dying may occur, but they typically differ in content: the depressed person may feel that she does not deserve to live, while the bereaved person may rather think of joining the deceased (for critical discussion see Ratcliffe, 2017).

The characteristic dynamics of grief is one important feature distinguishing it from depression. Zisook & Shear (2009, pp. 68-69) distinguish between *acute* and *integrated* grief. Acute grief, according to them, occurs early after the death of a close person and can involve a variety of painful emotions that tend to be omnipresent and have a high degree of intensity, as well as various dysfunctional behaviours and relative disinterest in other people and activities. The level of preoccupation with sadness and accompanying emotions in this form of grief may vary and, as Zisook & Shear (2009) observe, the experienced emotions tend to wane with time. Within a couple of months, acute grief tends to transform into integrated or abiding grief.

The latter commonly involves sadness, thoughts and feelings concerning the deceased, due to which the loss becomes accommodated in the autobiographical memory of the mourner. Integrated grief is less preoccupying and less overwhelming and the grieving person can find some ways of enjoying other aspects of life and engage with other people. At this stage, the mourner typically finds new and meaningful ways to continue their relationship with the deceased (Zisook & Shear, 2009; Fuchs, 2018).

The above discussion concerning the divide between grief and depression shows how modern psychiatry concevies of grief and struggles to differentiate it from depression. By putting it in a broader nosological context, the above material draws our attention to the nature of typical grief responses and can thus help understanding how they may in some cases develop into a pathological form. Although the suffering and existential crisis that are commonly involved in grief can be particularly intense and overwhelming, with time most people come to terms with their loss in one way or another. However, in some cases grief does not lead to any kind of resolution, suffering continues and the mourner cannot resume their life. Such cases are often labelled as *complicated grief* (CG). In the following section I introduce the notion of complicated grief and summarize recent attempts to establish diagnostic criteria for capturing it.

3. Complicated grief and recent nosological attempts

Drawing on the above sketched distinction between acute and integrated grief, Zisook & Shear (2009) characterize *complicated* grief as a result of "a failure to transition from acute to integrated grief" (p. 69). They estimate that complicated grief may affect about 10% of all grieving people and tends to last well beyond six months. As in normal grief, complicated grief may take various forms and involve a whole spectrum of painful emotions and behavioural symptoms. These can be captured by the so-called *separation* distress - continuing preoccupation with the deceased that involves recurrent bursts of painful emotions and intense longing for the deceased. The separation distress symptoms may be accompanied by ruminating thoughts about circumstances or consequences of the loss, anger, bitterness, feelings of estrangement and guilt - the so-called *traumatic* distress symptoms (Zisook & Shear, 2009; Zisook *et al.*, 2010). A good measure of CG symptoms is provided by the 19-item Inventory of Complicated Grief (ICG, Prigerson *et al.*, 1995). Complicated grief is indicated by the score equal or higher than 30 at the time of six months after the loss. Several studies suggest that the score qualifying for CG on that scale is correlated with impairment and negative health consequences, such as: sleep disturbances (Hardison *et al.*, 2005); daily routine disruptions (Monk *et al.*, 2006); increased risk for cancer, cardiac disease, substance abuse and suicidality (Prigerson *et al.*, 1999; Szanto *et al.*, 2006).

The unremitting nature of complicated grief poses a serious threat to the well-being and life of the mourner. Because of that, it has been argued that complicated grief deserves clinical attention (Lichtenthal *et al.*, 2004; Parkes, 2013; Jordan & Litz, 2014; Zisook *et al.*, 2010). Whether and how complicated grief should be addressed in psychiatry is a thorny issue and there may be various approaches to how such clinical attention could be fostered. Establishing a set of operationalized criteria for complicated grief may be one, but need not be the best solution. Given the dominant *operationalization approach* in psychiatry, where the focus has been on providing operationalized lists of criteria required for clinical diagnoses to improve their validity (APA, 2013; Andreasen, 2006), the main approach also in this debate has so far been on whether and how to design the adequate and reliable diagnostic criteria that would capture complicated grief (Lichtenthal *et al.*, 2004; Jordan & Litz, 2014).

It has been argued that the characteristic phenomenology, behavioural symptoms, trajectory, and clinical correlates of complicated grief form a distinguishable nosological unit that cannot be captured by any other currently established diagnostic unit, such as major depressive disorder (MDD), posttraumatic stress disorder (PTSD) or adaptation disorder (AD) (Lichtenthal

et al., 2004). Zisook *et al.* (2014) argue that establishing a separate nosological unit for complicated grief could foster research and professional help for individuals suffering from it by providing a commonly shared point of reference. Simon (2013) provides some evidence that CG may be responsive to targeted intervention of complicated grief treatment (CGT), where interpersonal therapy is combined with cognitive behavioural techniques.
Following the above arguments and desiderata, the need for diagnostic criteria for CG has been recognized by the authors of recent and forthcoming editions of the operationalized diagnostic criteria for mental disorders (DSM-5; ICD-11 Beta draft). The DSM-5 (APA, 2013) decided to include diagnostic criteria corresponding with the complicated grief symptoms in the section for *conditions that require further study*. The proposed criteria for the *Persistent complex bereavement-related disorder* require (APA, 2013):

A) Death of a close other
B) Since the death, at least one of the following on most days to a clinically significant degree for at least 12 months:
   1) Persistent yearning for the deceased
   2) Intense sorrow and emotional pain in response to the death
   3) Preoccupation with the deceased
   4) Preoccupation with the circumstances of the death
C) Since the death, at least six of the following on most days to a clinically significant degree for at least 12 months after the death:
   1) Marked difficulty accepting the death
   2) Disbelief or emotional numbness over the loss
   3) Difficulty with positive reminiscing about the deceased
   4) Bitterness or anger related to the loss
   5) Maladaptive appraisals about oneself in relation to the deceased or the death (e.g. self-blame)
   6) Excessive avoidance of reminders of the loss
   7) A desire to die to be with the deceased
   8) Difficulty trusting other people since the death
   9) Feeling alone or detached from other people since the death
   10) Feeling that life is meaningless or empty without the deceased or the belief that one cannot function without the deceased
   11) Confusion about one's role in life or a diminished sense of one's identity
   12) Difficulty or reluctance to pursue interests or to plan for the future (e.g. friendships, activities) since the loss
D) The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning
E) The bereavement reaction must be out of proportion or inconsistent with cultural or religious norms

The need for such criteria has also been acknowledged by the WHO. Following recent research on complicated grief (e.g. Parkes, 2013), the authors of the forthcoming version of the ICD-11 diagnostic manual proposed a narrative formulation that may underlie the upcoming criteria for the *Prolonged Grief Disorder* (Maercker *et al.* 2013).[1] The main difference between the two

1 The suggested formulation reads as follows: "Prolonged grief disorder is a disturbance in which, following the death of a partner, parent, child, or other person close to the bereaved, there is persistent and pervasive grief response

proposals for CG diagnostic criteria is that while DSM-5 criteria focus on the length of the time when the specific symptoms are present, the ICD-11 proposal requires also dysfunction or impairment resulting from the grief and leaves room for culture or situation specific variation in grief responses (Jordan & Litz, 2014).

The debate concerning the need for diagnostic criteria for CG continues (Bandini, 2015; Brinkmann, 2018). The DSM-5 suggestion was criticized for "representing a problematic compromise between competing grief theories that may lead to overdiagnosis and overtreatment" (Wakefield, 2013, p. 172). Other concerns are: pathologizing non-complicated grief (Stroebe *et al.*, 2001); simplifying individual and cultural variability in grief expression (Prigerson *et al.*, 2002); increased costs of complicated grief treatment, if it were provided to the estimated 20–33% of all people (Piper *et al.*, 2007).

Whether or not complicated grief will find its place in the forthcoming diagnostic manuals for psychiatric disorders, the consensus seems to be that it often requires some sort of clinical attention. The central dilemma in this discussion is whether and how to recognize and appropriately respond to complicated grief to avoid, on the one hand, the threat of medicalization of appropriate grief responses, and on the other hand, provide help to those who suffer from complicated grief (Zisook *et al.*, 2014). The success in this task crucially depends on gaining a better understanding of how a *divide between uncomplicated and complicated grief* can be drawn. In the following section I show that the insights from recent *phenomenological* work on grief can be particularly useful for this task and propose one, novel way of drawing the divide based on a conception on the dynamics and etiology of complicated grief.

4. Towards the phenomenological analysis of complicated grief

Recent research on the phenomenology of grief can be helpful in understanding the divide between uncomplicated and complicated grief. So far, this research has focused primarily on the underlying structure and dynamics of experiences involved in typical grief responses. In this section I go beyond recent discussions on the phenomenology of grief and focus on complicated grief. In particular, I argue that one of the core features of complicated grief is related to the absence or disturbance of *reintegration* processes geared towards establishing a new relation with the deceased. So understood, complicated grief can be identified by, among others, careful investigation into the dynamics of grief experience. Phenomenological analysis provides means for such an investigation and can foster various forms of clinical help for those who suffer from complicated grief. I start by summarizing recent phenomenological research on grief and then sketch my proposal for distinguishing typical grief from complicated grief.

In a recent paper on grief, Matthew Ratcliffe (2017) provides a phenomenological analysis of the structural differences between grief and depression experiences and argues that his approach can facilitate differentiating between the two in clinical practice. He proposes the following three differences between experiences of 'typical' grief and major depression. First, grief involves losing what he calls *systems* of possibility. The lost systems of possibility are

characterized by longing for the deceased or persistent preoccupation with the deceased accompanied by intense emotional pain (e.g. sadness, guilt, anger, denial, blame, difficulty accepting the death, feeling one has lost a part of one's self, an inability to experience positive mood, emotional numbness, difficulty in engaging with social or other activities). The grief response has persisted for an atypically long period of time following the loss (more than 6 months at a minimum) and clearly exceeds expected social, cultural or religious norms for the individual's culture and context. Grief reactions that have persisted for longer periods that are within a normative period of grieving given the person's cultural and religious context are viewed as normal bereavement responses and are not assigned a diagnosis. The disturbance causes significant impairment in personal, family, social, educational, occupational or other important areas of functioning." Maercker *et al.* 2013

those that depend on a relationship with a deceased person. "When one is confronted by that person's irrevocable absence, they collapse" (p. 4). The change in access to such possibilities, Ratcliffe argues, affects the way in which one relates to the world. Despite its overwhelming nature, grief typically does not imply the loss of access to what Ratcliffe calls *kinds* of possibility, which has a more global character and involves not being able to see future as open and full of possibilities and is characteristic for depression. Second, according to Ratcliffe typical grief involves dynamic perspective-shifting, whereas depression crucially involves an inability to shift perspective. While grief is typically experienced as a process with a certain dynamics, severe depression typically involves experiencing the world as static, unchanging and inescapable (p. 8). In depression, a person feels that they cannot adopt a perspective outside of the state they are in, hence the diminished ability to shift perspectives. This is quite different from experiencing conflicting perspectives in grief, where the presence and the absence of the deceased person and the contrast between the past and present world come to the fore in one's experience (see also Fuchs, 2018). Ratcliffe suggests that the above conflict between the world before and after the loss is a crucial element of the underlying structure of experience in grief.

Third, according to Ratcliffe grief typically involves a sustained ability to relate to and feel connected with other people, including the deceased, the capacity for which is substantially reduced in depression (p. 10). Depression often involves insurmountable isolation from people and the sense of not being able to enter into interpersonal relations. Grief, on the other hand, is often centered around the continuing experience of relating oneself to the deceased. In some cases grief and continuing preoccupation with the deceased may lead to deep isolation of the grieving person from other people and activities (p. 10). Nevertheless, the remaining sense of connection with the deceased is what sets experiences related to interpersonal connections in grief apart from depression where experiences of relating to others typically do not occur. In a brief passage (p. 4) Ratcliffe observes that some cases of grief may be characterized by the static and permanent experiences apparently similar to those in depression, in that they involve a global sense of disconnection from other people and from activities that did not involve the deceased person. Despite the apparent similarity between the static and overarching nature of complicated grief and depression, according to Ratcliffe, the two have different structures: "The stasis of depression involves feeling unable to relate to others, whereas the stasis of grief can be symptomatic of a resolute and unwavering second-person relationship with a specific individual, the deceased" (p. 11), he notes. The stasis experienced in cases of complicated grief is attributable to one's continuing to relate to a specific individual in a certain way, rather than failing to relate to anyone in that way (p. 12).[2] Ratcliffe's interesting observation strongly suggests that a phenomenological approach can be useful also in the investigation of complicated grief. However, the specific question of how to draw a divide between uncomplicated and complicated grief requires further, systematic discussion that could also suggest a possible etiology of complicated grief.

A further insight into the structure of experience in which the grieving person relates to the deceased and the world comes from Thomas Fuchs' (2018) phenomenological analysis of grief.[3] Fuchs observes that grief normally involves an experience of conflicting perspectives

2 Ratcliffe notes that other types of grief experiences may be more similar in structure to those that occur in depression. For example, in 'traumatic grief' (Neria and Litz, 2004), following the bereavement, a person is unable to experience 'affective trust' in things and, more specifically, in other people.

3 Fuchs (2018) identifies the following six elements that according to him build a common structure of the experience of grief: bodily expressions, alienation of world and self, temporality, ambiguous presence, readjustment ("grief work") and reintegration.

in which the deceased is both present and absent. The remaining personal connection with the deceased is in grief experienced as the interplay between their presence and absence. The experience of these conflicting perspectives is normally transformed in time throughout the adjustment process that occurs in grief. Readjustment (or "grief work", p. 54, see also Bonanno, 2001; 2009) is, according to Fuchs, a core element in the process of grief (54-55). The gradual process of adjustment involves an alternation between continuing "immersion in activities that implicate the deceased, and repeated experiences of absence and negation of one's expectations" (p. 55). Fuchs argues that the process of readjustment, when successful, typically does not result in detaching oneself from the deceased or cutting the bond with them (cf. Freud, 1917: 255). Rather, it is geared towards establishing a new inner relationship with the deceased that accommodates their presence but "does not get in conflict with external reality any longer" (p. 58). The experienced conflict or ambiguity between the presence and absence of the deceased can typically be resolved in the process of re-establishing one's relation with the deceased. Hence, according to Fuchs, the fundamental question in the process of grief is "Who am I now that my loved one is gone?". Addressing it may involve re-organizing one's identity and experiencing recurring waves of painful emotions that may take months or even years. Throughout this process the experienced ambiguity between the presence and absence of the deceased can be finally resolved by establishing a new connection. Fuchs proposes two complementary ways of reintegration with the deceased. One way involves various forms of *identification* (or incorporation) of the lost person. The mourner learns to preserve and incorporate the persisting presence of the deceased in the memory, instead of searching for it outside. The mourner may also at later stages start exhibiting some of the traits of the deceased in their own behavior. Another way of transforming the relation with the deceased involves various forms of *representation*. Fuchs mentions culture-specific memorial rites, commemoration days etc., as typical iconic and symbolic forms of representing the deceased that can preserve the continuing relation to them (p. 58). Both types of resolving the experienced ambiguity share the acknowledgement of the loss and provide ways of regaining the relation to the loved one.

The above presented phenomenological reflections on the nature of experiences involved in grief (as opposed to depression, Ratcliffe, 2017) and its experiential dynamics (Fuchs, 2018) can serve as a starting point for understanding the nature of complicated grief.[4] The conception of typical dynamics of experiences involved in typical grief responses, as described by the above phenomenological analyses, can be useful for the purpose of drawing the divide between uncomplicated and complicated grief.

On Ratcliffe's view, the *static* nature of the experienced preoccupation with the deceased and the experience of global disconnection from other people and activities are among the core characteristics of complicated grief. Although Fuchs (2018) does not provide any timeframe or normality conditions for the above described reintegration process in uncomplicated grief, his analysis may nevertheless provide some insights for the issue of complicated grief.[5] According to him, one of the core experiences in grief is the painful ambiguity between the presence

4 It is another question whether these accounts provide an exhaustive characterization of typical grief responses. For example, one could argue that not all typical grief responses involve existential crisis or the painful ambiguity of presence and absence, as suggested by Fuchs (for discussion see Bonanno 2009). A thorough discussion and/or criticism of these accounts of typical grief goes beyond the scope of this paper.

5 Fuchs may actually be rather skeptical about this notion. He suggests that Freud's view that detachment is a resolution in grief may have had an influence on what he calls pathologizing of grief in modern medicine. In footnote 13 (p. 55) he mentions the criteria for complicated grief as some of its symptoms. He also explicitly rejects engaging in a normative analysis of grief (p. 45).

and absence of the deceased and the world before and after the loss, which tends to paralyse mourner's life. As the above analyses suggest, grief as a process is geared towards resolving this ambiguity in a way that can allow the grieving person to return to their life *and* find a way of connecting with the deceased.

I would now like to propose that the disturbance of the above sketched processes of reintegration may be a key component explaining the occurrence of complicated grief.

The dynamic of grief typically implies that *reintegration processes*, i.e. those that lead to acknowledging the loss and finding ways of re-establishing the relation with the deceased, are at some point initiated and proceed with time (e.g. Klass *et al.*, 2014, Boelen *et al.*, 2006). As a result of this observation, I suggest that the divide between uncomplicated and complicated grief could rely on whether, when and how the grieving person enters the so described reintegration processes, where by re-establishing the relation with the deceased they can resolve, to some extent, the experienced, paralysing ambiguity of their presence and absence. Uncomplicated grief can turn into complicated one, when the *work of grief* or the typical progress in the reintegration is either not initiated or largely disturbed at some point. Based on these observations, I propose that the stasis experienced in many cases of complicated grief, as described by Ratcliffe, has a particular kind of source or etiology. It is as a result of *the disturbance in the processes of reintegration.*

There are several, possibly compatible reasons to think that the reintegration processes are a key element in the dynamics of grief and that their disturbance may result in its complicated forms. First, one can see the dynamics of grief as a psychological process guided by some instrumental norms. On that view, reintegration processes are an expression of our broader coping *resilience* system that works towards establishing a balance in our mental life in the face of stressful and traumatic events (e.g. Bonanno, 2009).[6] Second, there may be normative reasons for why reintegration processes are necessary in the dynamics of grief. For example, it could be argued that a prolonged grief is no longer fitting because after the death and with time the deceased starts playing a different role in one's life and the attitudes and emotions typical for grief, are no longer appropriate (Nussbaum, 2003, for discussion see: Marusic, 2018; Na'aman, 2019).

Without medicalizing either uncomplicated or complicated grief, the divide between the two can be drawn in terms of disturbances in the typical dynamics of grief where the processes of reintegration involving various forms of experience and their intensification occur. Phenomenological analysis is crucial for uncovering the presence or absence of individual *experiences* involved in the process of reintegration and for assessing possible disturbances. This is because phenomenological inquiry is particularly suitable to investigate individual experiences that concern: the mourner's acknowledgement of the loss, the way in which the deceased is represented by the mourner and the kind of relation that is established after the loss, the emotions that are associated with the continuing bond with the deceased (e.g. Klass *et al.*, 2014). Given the heterogeneity of such relations and grief experiences, in each and every case we might need to investigate the specific dynamics of reestablishing the relation with the deceased in the process of grief. Although disturbances in reintegration processes may take various forms and involve a variety of experiences, we can still see them as the underlying *structural* feature of complicated grief.

6 For a related discussion of resilience mechanisms and prolonged PTSD see Herman 1992, 2015. It is plausible that a more general resilience system may be involved in explaining one's individual capacity in dealing with different forms of stress and trauma. Thus, reintegration processes may be important for dealing with other types of situations and their presence may be one of individual's stable characteristics. I thank Laurence Kirkmayer and Elisabetta Lalumera for interesting comments on this matter.

A natural question to ask this point is *when* in the course of time we should expect the signs of reintegration processes and when we should be alarmed by their absence and suspect complicated grief? The answer, unfortunately, is far from straightforward. Since the dynamics of grief may depend on various contextual factors, such as mourner's psychological resources to deal with the loss, the relationship they had with the deceased or the cultural context, this proposal does not provide an answer to the question about the typical timeframe of the reintegration processes involved in grief. Different constellations of these and other relevant contextual factors may place different requirements for the reintegration processes. For example, a mourner who has a propensity for depressed mood and had a particularly complicated relation with the deceased may face different challenges in the process of grief than a mourner who was relatively close with the deceased and could prepare for their loss by following their illness for some time. Grief may be a genuinely universal phenomenon, but the work of grief and experiences involved in readjustment processes may vary quite a lot. Different constellations of contextual factors and different challenges seem to suggest that specific reintegration processes may require different timeframes. For this reason, using a single time threshold to draw the divide between complicated and uncomplicated grief may be artificial and uninformative.

The above observation about the expected variance in the timeline of the reintegration processes in grief has implications for drawing the divide between uncomplicated and complicated grief and fostering clinical approaches to the latter. Without a specific time threshold, the prospects for providing strict diagnostic criteria for complicated grief may seem particularly dim. However, it is worth noting that the above proposal emphasizes one core aspect of the divide between uncomplicated and complicated grief, without actually taking a stance on the issue of diagnostic criteria as such. Given the expected diversity in the reintegration processes involved in grief, neither prolonged suffering in grief (the time aspect) nor the intensification of some of the experiences involved in grief, as suggested in the DSM-5 and ICD-11 research criteria, may be sufficient for capturing the divide between uncomplicated and complicated grief.[7] Some difficult reintegration processes may take particularly long time, and understandably so, and, respectively, some may result in particularly intense symptoms. Because of that, the criteria listed in both manuals may be informative for understanding experiences of the grieving person to the extent that they can be seen as an expression of the underlying problems with reintegration. As I have argued here, in order to understand complicated grief we should go beyond symptoms mentioned in such criteria and search for factors indicating whether reintegration processes in grief take place. This could be done with the use of a thorough clinical interview investigating, among other, the relation with the deceased, ways of relating to them and remembering them, typical emotions, as well as the nature and the amount of preoccupation with the loss. I have suggested that the best way to investigate these questions is by means of phenomenological analysis. In light of information gathered in such interviews we may be able to see a particular experience of grief as either transitioning or as stagnant. It is only in the dynamic context of readjustment and reintegration processes that the stasis of complicated grief can be identified.

5. Conclusions

I have discussed recent research in the phenomenology of grief and depression (Ratcliffe, 2017; Fuchs, 2018) and suggested that a phenomenological approach may be particularly useful for the task of drawing a divide between uncomplicated and complicated grief. I have argued for

7 The ICD-11 proposed suggestion of such criteria tries to avoid some aspects of this problem by explicitly by acknowledging cultural diversity in the assessment of CG.

a new account of complicated grief and suggested that a promising way to draw the divide is to look for the presence of *reintegration* processes geared towards acknowledging the loss and establishing a new relation between the mourner and the deceased. The proposal is a starting point for a much needed, full account of complicated grief.

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