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Psychological assessment of bereaved individuals and psychotherapeutic interventions for grief: state of the art

Avaliação psicológica de pessoas enlutadas e intervenções psicoterapêuticas para luto: estado da arte

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Abstract

Grief is a normal and expected reaction to the loss of a beloved one, yet it is inadequately addressed in the health professionals' education. A large number of international studies is available on the topic but there is a shortage of publications in Portuguese. This article reviews the current state of the art concerning the knowledge on the subject, focusing on the psychological assessment of the condition and effective therapeutic interventions. Different academic databases were consulted, such as Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, *Literatura Latino-Americana e do Caribe em Ciências da Saúde*, Scientific Electronic Library Online, and PubMed, as well as books in this field. The survey outcome includes theoretical models, prevalent diagnoses in the grieving population such as prolonged grief disorder, mental health of the bereaved individuals and therapeutic interventions. There is a scarcity of studies in Brazil and the main findings and research limitations in the discussed subjects were highlighted.

Keywords: Bereavement; Prolonged grief disorder; Psychological assessment; Psychosocial intervention.

Resumo

O luto é uma reação normal e esperada diante de uma perda, porém, é pouco abordado na formação profissional em saúde. Há uma predominância de estudos sobre o tema no contexto internacional, o qual carece de publicações em língua portuguesa. Este artigo revisa o estado da arte atual do conhecimento sobre o tema, focando na avaliação psicológica e intervenções terapêuticas eficazes. Foram consultadas diversas bases acadêmicas, como Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, *Literatura Latino-Americana e do Caribe em Ciências*

da Saúde, Scientific Electronic Library Online e PubMed, além de livros da área. Os resultados descrevem modelos teóricos, diagnósticos prevalentes na população enlutada, como o transtorno de luto prolongado, saúde mental dos enlutados e intervenções terapêuticas. Revela-se uma escassez de estudos no contexto brasileiro, ressaltando os principais achados e limitações de pesquisa nos temas discutidos.

Palavras-chave: Luto; Transtorno de luto prolongado; Avaliação psicológica; Intervenção psicológica.

The experience of losing a loved one is known to have significant impacts on the lives of most individuals. The grieving process, characterized by normal and expected emotional and psychological reactions (Parkes, 1998), often triggers a disruption in the routine and life perspective of those who are bereaved, requiring a gradual adaptation to the changes inherent in the transition from a previous state to a new one (Franco, 2021). Despite its universal nature, the topic of grief is often neglected in the health professional training curricula, resulting in a skills gap among professionals to deal with this sensitive topic (Hayasida et al., 2014). This deficiency is particularly evident in college undergraduate programs, and is even absent in some institutions (Souza et al., 2023). Furthermore, there is a predominance of international studies on the subject with a scarcity of publications in Portuguese from Brazil as evidenced in recent systematic reviews (Buur et al., 2024; Djelantick et al., 2020). However, it is important to recognize that, at some point in time, health professionals especially in Brazil will inevitably encounter grieving patients in their clinical practices.

This article proposes a review of the state of the art on grief, with the aim of describing the main theoretical models of understanding grief, presenting the current scenario of diagnoses related to prolonged grief and exploring the available evidence on the mental health of the bereaved, mapping the most common psychological disorders among the bereaved population and identifying the risk factors associated with their development in this connection. Finally, this article also suggests discussions on psychotherapeutic interventions that have shown efficacy in the treatment of prolonged grief symptoms.

Method

In order to carry out this study, searches were conducted in the main academic databases, including the CAPES Journal Portal, the *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS, Latin American and Caribbean Literature in Health Sciences), the Scientific Electronic Library Online (SciELO) and PubMed. Descriptors in Portuguese were used, such as: mourning, complex grief, prolonged grief, prolonged grief disorder, mental health, risk factors and prevalence. In English, the corresponding descriptors were applied: grief, complex grief, prolonged grief, prolonged grief disorder, mental health, risk factors and prevalence. In addition, literary published works available online were screened. No specific time limit was established for the inclusion of articles and books; studies published up to March 2024 were considered, given the nature of the research field. The search outcome is presented according to this article's objectives.

Results

Models for Understanding Grief

Although it is a universal phenomenon, the understanding of the grieving process is still limited in the general population, often restricted to a perspective of predefined phases. Freud's (1917/2012) initial analysis in 1917 approached mourning as a detachment from the object, while it

was with Kübler-Ross that the notion of a grieving process gained prominence, especially through her seminal work “On Death and Dying”, where she outlined the stages of denial, anger, bargaining, depression and acceptance (Kübler-Ross, 1969/2017). These stages, according to the author, could be experienced concomitantly and applied to both the patients and to their grieving family members. Although criticized by many, Kübler-Ross did not intend to prescribe a rigid model, but rather to describe the observations in her seminars and conversations with patients. Her work was instrumental in stimulating further research and advances in the understanding of grief, anticipatory grief, and palliative care, although it also contributed to misconceptions about the grieving process in popular culture.

Other theorists, such as Bowlby (1990) and Parkes (1998), have also proposed phase models. In contrast, Worden’s (2013) task model conceives the bereaved individual as an active agent, engaged in tasks, which are (1) acceptance of the loss reality, (2) processing the grief pain, (3) internal and external adjustment to life without the loved one, and (4) establishing a lasting connection with the deceased amid the beginning of a new life.

Currently, one of the most widely accepted models is Stroebe and Schut’s (1999; 2021) Dual Process Model of Coping with Bereavement, which identifies two poles through which the bereaved oscillate: loss-and- restoration-orientation. The loss-orientation pole includes intrusive memories, memories, and thoughts about the loss of the beloved one, in addition to the avoidance of changes that must be made once this loss occurs (for example, taking responsibility for household bills). Restoration encompasses changes, distractions, new roles assumed by the bereaved, and the search for new interests. In this model, the bereaved individuals sometimes confront their grief; sometimes they avoid the different bereavement tasks. Normal adaptation to loss involves oscillating between the two poles.

MacCallum and Bryant’s (2013) model, entitled Cognitive Attachment, integrates attachment, self-identity, and autobiographical memories, highlighting identity review as a central task of bereavement. For the authors, by reexamining their personal identity, the bereaved individuals are able to integrate the reality of the loss and, thus, develop new life goals, establish new interpersonal connections, and assume new roles. This model takes into account attachment styles, emotional regulation strategies, and how much the bereaved individual’s identity is influenced by the relationship with the deceased (interdependent or independent), as factors that affect the trajectory of the grief process, whether normal or prolonged. Finally, Neimeyer (2019; 2000) proposes a model of bereavement as a process of reconstruction of meanings, based on a constructivist and narrative approach. This American scholar recognizes that the experience of loss can shake and cause questioning of previous conceptions and belief system about the world and the individual’s life (Janoff-Bulman, 1992), leading the bereaved to reconfigure a new meaning for his/her reality. In this reconstruction, the bereaved individuals seek to find meanings that help them understand a life transformed by loss.

Grief Diagnosis

The normal grieving process usually begins with an acute stage in which the bereaved experiences a wide range of emotional reactions, including intense sadness, longing, and a sense of unreality about the death. These emotional responses can range from sadness to relief, and there is no correct or expected way to experience this condition (Franco, 2021). However, over time, these reactions tend to decrease in frequency and intensity, allowing the bereaved to gradually adapt to a new reality in the absence of the deceased (Prigerson et al., 2009; Stroebe et al., 2007).

Studies indicate that most people go through a grieving process that is considered normal, recovering without significant impairment of their functionality and without the need for professional interventions (Nielsen et al., 2019). Most bereaved people follow a resilience trajectory in the face of loss, where the acute grief symptoms decrease in intensity over time (Djelantik et al., 2022; Heeke et al., 2022). However, it is estimated that between 3% and 10% of people will experience prolonged grief reactions, which can result in significant impairment of their functionality (Lundorff, Bonanno et al., 2020; Lundorff, Holmgren et al., 2017; Rosner et al., 2021; Treilm et al., 2022). This prevalence tends to grow to 49% in the case of violent death (suicide, homicide or accident; Djelantik et al., 2020).

Grief is no longer considered normal when it causes severe and persistent reactions that compromise the bereaved person's ability to perform his/her daily activities at home, at work, and/or in their interpersonal relationships after a period of time has elapsed since the death of their loved one (American Psychiatry Association [APA], 2022; World Health Organization [WHO], 2022). However, we ought to differentiate grief that transcends normality from the significant increases in suffering that are observed during emblematic dates, such as birthdays and death anniversaries, holidays, wedding anniversaries, and Mother's Day, as such occasions can act as reminders of the loss, generating normal and expected emotional responses, which should not be interpreted as indicative of prolonged grief or difficulties in the grieving process (APA, 2022; Stroebe & Schut, 1999). For mourning to be considered outside of normality, the associated suffering must be clinically significant and persistent on most days, regardless of commemorative dates.

Over the years, several efforts have been made to standardize the diagnosis of dysfunctional grief (Boelen et al., 2018; Boelen & Lenferink, 2020; Prigerson et al., 2009; Shear et al., 2011; Stroebe & Schut, 1999). The bereavement disorder also known as Prolonged Grief Disorder (PGD) was introduced in the 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) as abnormal grief (APA, 1980). In the 4th edition, however, the bereavement disorder was excluded, as it had come to be considered a culturally expected response. Grief is then classified as "another condition that may be a focus of clinical attention" (APA, 1995). The International Classification of Diseases and Related Health Problems (ICD), in its 10th revision, classified grief reactions that last for more than 6 months as code Z: "factors influencing health status and contact with health services" (WHO, 1993). The DSM-IV and ICD-10 focused on the distinction between normal grief and major depressive disorder.

Recently, the main proposals developed were Prolonged Grief Disorder (PGD; Prigerson et al., 2009), complicated grief (Shear et al., 2011) and persistent complex grief disorder (APA, 2013). At this time, PGD is inserted with modifications in the 11th edition of the International Classification of Diseases (ICD-11; WHO, 2022) and the diagnostic proposal that bears the same name, inserted in the text revision of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR; APA, 2022).

In terms of ICD-11, PGD is defined as a persistent and pervasive manifestation of grief after the death of a loved one, described by a set of 12 symptoms, of which at least one must belong to the group of "separation anxiety" and at least one to the group of "emotional pain". The formal diagnosis requires the persistence of these symptoms for a minimum period of six months after the loss, accompanied by suffering and impairment in functioning in occupational, social, family or other equally significant areas, with consideration of the cultural, religious and social context of the individual being assessed.

On the other hand, the DSM-5-TR establishes, for PGD, a temporal criterion of 12 months after the loss for adults and 6 months for children and adolescents (Cluster A), before the symptoms

of Clusters B and C be considered in the diagnosis. Despite the divergences with the ICD-11, the manual also emphasizes that the symptoms must be associated with clinically significant suffering and functions impairment in several areas of the bereaved person's life. Table 1 summarizes the main discrepancies between Prolonged Grief Disorder as described in the DSM-5-TR and the ICD-11.

Table 1

Comparison of diagnostic criteria for Prolonged Grief Disorder ICD-11 and DSM-5-TR

Prolonged Grief Disorder	ICD-11	DSM-5-TR
1 or 2 symptoms	• Persistent preoccupation with the deceased • Intense longing/longing for the deceased	• Preoccupation with thoughts or memories of the deceased • Intense longing/longing for the deceased
1 or more symptoms	• Guilt - Anger • Sadness Denial • Difficulty accepting the reality of death • Loss of identity • Inability to experience positive mood • Emotional numbness • Regret • Difficulty engaging in activities	
3 or more symptoms		• Identity disturbance • Feeling of disbelief about death - Avoidance • Intense emotional pain, such as anger, bitterness, and sadness • Difficulty engaging in activities • Emotional numbness • Feeling that life has no meaning • Intense loneliness
Criterion of harm and suffering	Impaired functionality and significant suffering	Impaired functionality and significant suffering
Time criterion	Loss > 6 months	Loss > 12 months

Note: DSM-5-TR: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision; ICD-11: International Classification of Diseases, 11th Revision.

It is important to note that in a study conducted in Brazil it was found that the symptoms (1) difficulty moving on, such as becoming interested in new things; (2) feeling that life is unsatisfactory or meaningless in the absence of the person who died; (3) a desire to die in order to be with the person who died; and (4) a significant reduction in social, occupational, or other important functioning after the death of a loved one tend to indicate the presence of relevant prolonged grief clinical symptoms (Bolaséll et al., 2023). In this sense, the study highlights relevant symptoms that can help health professionals identify individuals with, or at risk for, prolonged grief.

Mental Health of the Bereaved

The emergence of a disorder specifically linked to the grieving process (PGD) is associated not only with difficulties and impairments in social and occupational functioning, but also with other negative mental health outcomes. Studies indicate a considerable prevalence and association between symptoms of prolonged grief, Post-Traumatic Stress Disorder (PTSD) and depression in bereaved individuals (Bolaséll, Cruz Oliveira & Kristensen, 2021; Djelantik et al., 2022; Komischke-Konnerup et al., 2023; Lenferink et al., 2018; 2019; Prigerson et al., 2021). A meta-analysis on the co-occurrence of PGD with anxiety, depression and post-traumatic symptoms showed that 70% of PGD cases included at least one additional comorbidity, while 46% included at least two comorbidities (Komischke-Konnerup et al., 2021). Among the most prevalent symptoms were depression (63%), anxiety (54%) and post-traumatic symptoms (49%) pointing out a significant risk of developing such disorders in the bereaved population.

Studies employing latent class analysis, a statistical approach designed to identify subgroups of individuals who share a similar symptom profile (Colins & Lanza, 2010), have identified predominantly three classes of mental health outcomes in bereaved individuals: (1) the resilient class, characterized by a low probability of developing symptoms of Prolonged Grief Disorder (PGD), Posttraumatic Stress Disorder (PTSD), and depression; (2) the predominant emotional distress class, characterized by a high probability of manifesting symptoms of PGD, PTSD, and/or depression; and (3) the PGD class, marked by the predominance of specific PGD symptoms (Boelen, 2021; Boelen & Lenferink, 2019; Djelantik et al., 2017; Heeke et al., 2022). In studies specifically targeting violent deaths, an additional class has also been identified, in which PTSD symptoms predominate (Heeke et al., 2017; Nickerson et al., 2014). It is important to highlight that, these studies, although presenting similar results, differ with regard to the measures used to assess prolonged grief and the time elapsed since the loss in which patients are included in the assessments, highlighting the need for a comprehensive understanding of trajectories and mental health in the first months after the loss.

A study by Djelantik et al. (2022) analyzed the evolution of symptoms in 259 bereaved individuals at six-week intervals over the first two years after the loss. The results of this research revealed that the majority of participants presented a resilient trajectory (66%), while 25% demonstrated a chronic symptoms trajectory. However, it is noteworthy that 8% of the participants exhibited a recovery trajectory, characterized by a significant reduction in grief symptoms between the periods of six and eight months after the loss. This finding contributes significantly to the understanding of the temporal criterion for the diagnosis of prolonged grief, suggesting that symptoms manifested during the first year of grief should be interpreted in a clinical evaluation, with caution.

Regarding the risk factors associated with the development of negative mental health outcomes, the findings recently published in a meta-analysis on risk factors for symptoms of prolonged grief stand out; those findings identified unexpected and violent deaths, low educational and socioeconomic level, female gender, anxious attachment style, and the loss of a child or partner as the main factors associated with those symptoms (Buur et al., 2024). Studies conducted in Brazil also corroborate this finding; they revealed a significant association between the deceased's close kinship and violent deaths with symptoms of prolonged grief (Alves et al., 2016; Bolaséll, Cruz Oliveira & Kristensen, 2021). Furthermore, the review carried out by Neimeyer and Burke (2017) showed that exposure to the body, the perception of a poor quality of death in the hospital environment and the lack of adequate communication and support offered in care settings, such as hospitals and emergency services, are significant predictors of symptoms of prolonged grief. With regard to PTSD and depression, violent deaths emerge as the most evident risk factor in the literature (Boelen et al., 2015; Bolaséll, Cruz Oliveira & Kristensen, 2021).

It is important to highlight that PTSD, in many cases, is closely related to the death event and is characterized by the experience of reliving the death scene and by intrusive mental images related to aspects of how the death occurred and the suffering experienced by the loved one before passing away (Kristensen et al., 2012). Although detailed investigations into the exposure factors that lead a bereaved person to the outcome of PTSD are limited, there is evidence of significant risks to mental health when the bereaved individuals are exposed to these situations, especially in the absence of adequate professional support (Bolaséll, Cruz Oliveira & Kristensen, 2021; Bolaséll, Cruz Oliveira, Frimm et al., 2021; Johnsen & Dyregov, 2016). In addition, there is a gap in the literature regarding longitudinal studies that address the prolonged effects of the loss experience, considering factors such as the kind of death, the relationship and communication with the healthcare team, and the specialized psychological support during hospitalization and the deceased's final phase of

life. However, some studies have already pointed out the association between these experiences and PTSD symptoms (Kentish-Barnes et al., 2015; Neimeyer & Lee, 2021).

Finally, it is important to highlight that there is a tendency in studies on grief to overrepresent women and highly educated participants in their samples (Eisma & Stroebe, 2021). Thus, such results should be interpreted with caution and attention. Furthermore, it is recommended that future studies avoid convenience sampling and adopt alternative strategies, such as stratified sampling (a good example is the study by Rosner et al., 2021).

Interventions

In clinical psychology, several therapeutic approaches are used to deal with the demands associated with the grieving process. The scientific field has focused its efforts especially on identifying effective interventions for treating symptoms of prolonged grief, as well as comorbid symptoms of depression and PTSD. In these cases, there is evidence that specialized treatments tend to present better results when compared to non-specialized psychotherapies (Johannsen et al., 2019; Shear et al., 2014; Wagner et al., 2006).

The meta-analysis conducted by Johannsen et al. (2019) of randomized clinical trials in psychological interventions focusing grief in adults identified a significant positive effect of such interventions, which was maintained in subsequent follow-ups, although with a smaller effect size. In addition, that study highlighted the beneficial effects of psychological interventions in grief on depressive and PTSD symptoms; the authors also observed more robust effects in interventions carried out individually. Findings from this review highlight the need to invest in and improve specific interventions for PGD and its comorbidities, and highlight the effectiveness of approaches based on Cognitive Behavioral Therapy (CBT). Indeed, randomized clinical trials comparing CBT for prolonged grief with control groups, such as wait-list or other interventions (e.g., grief counseling), have demonstrated the effectiveness of this technique in reducing symptoms of prolonged grief, post-traumatic stress, and depression, both in those bereaved upon cases of natural death and violent death (Boelen et al., 2007; Rosner et al., 2014).

Shear et al. (2014) conducted a study to evaluate the efficacy of their Complicated Grief Treatment protocol compared to Interpersonal Therapy (IPT) in a sample of middle-aged adults. Both treatments demonstrated efficacy in reducing symptoms of prolonged grief, but participants receiving Complicated Grief Treatment showed approximately twice the reduction in symptoms compared to the group receiving IPT. This finding was consistent with a previous study conducted with a larger sample (Shear et al., 2005).

The meaning-making approach has also shown therapeutic potential (Neimeyer, 2000; 2019; Lichtenthal et al., 2019). A study conducted by Lichtenthal and colleagues (2019) found a significant reduction in symptoms of prolonged grief after implementing a Meaning-Centered Grief Therapy protocol with bereaved parents. The effectiveness of the intervention was remarkable throughout the three-month follow-up period, and there was an even more pronounced manifestation in posttraumatic growth scores. The protocol demonstrated effectiveness in both its in-person and online modalities, consisting of 16 weekly sessions that addressed topics such as grief psychoeducation, cognitive restructuring, and experiential exercises focused on identity and legacy. Meaning-making techniques included: (1) helping the bereaved to employ sources of meaning in their life as resources for finding meaning after the loss; (2) empowering the bereaved to make choices regarding their attitudes toward grief; and (3) developing a narrative that integrates the meaning of the deceased person's life into the bereaved individual's own life story. The aim of the

relevant techniques is to facilitate the construction of meaning and preserve the connection and bond with the deceased (Lichtenthal et al., 2019; Neimeyer, 2019).

In Brazil, case studies evaluated CBT protocols for individuals who experienced pregnancy loss, parental grief, and sudden death of a spouse (Silva & Nardi, 2010; 2011a; 2011b). A literature review on grief interventions revealed an important gap in the country's scientific scenario, highlighting a predominance of studies conducted in hospital settings, where support and prevention actions are implemented (Santos, 2017). Furthermore, according to the review, there is a shortage of studies that empirically evaluate the effectiveness of specialized psychological interventions, which highlights the urgent need for investment in academic research in this field in Brazil.

Online psychotherapy has proven to be an effective alternative in the treatment of PGD and other associated psychopathologies, as evidenced by a series of international studies (Eisma et al., 2015; Kersting et al., 2013; Lenferink et al., 2023; Reitsma et al., 2023; Wagner et al., 2006). In particular, the work of Kersting et al. (2013) revealed the effectiveness of this therapeutic modality in reducing the symptoms of PGD and PTSD in parents who have suffered fetal loss. Similarly, research by Eisma et al. (2015) demonstrated a significant reduction in both PGD and PTSD symptoms and in the frequency of ruminative thoughts, especially among participants who underwent the prolonged exposure technique, compared to those who received behavioral activation. Furthermore, Lenferink et al. (2023) reviewed the efficacy of a 12-week online intervention aimed at individuals bereaved due to car accidents. This intervention consisted of eight one-to-one online sessions spread over 12 weeks, comprising one psychoeducation session, three exposure sessions, two cognitive restructuring sessions, and two behavioral activation sessions, the latter aimed at encouraging the resumption of social and occupational activities (Lenferink et al., 2020 for the full protocol). The outcome indicated a significant decrease in symptoms of prolonged grief, post-traumatic stress, and depression at the end of the treatment, with the effects being maintained during the eight-week follow-up period. Finally, the study by Reitsma et al. (2023) tested the efficacy of an unguided online CBT intervention, delivered through a digital application. The comparison between the intervention participants and those in the control group showed that the former experienced lower levels of PGD, PTSD, and depression symptoms. Hence, these studies enhance the potential of online psychotherapy as a valuable tool for the treatment of grief-related disorders and offer a promising perspective for the expansion of therapeutic access in a digital setting.

Although the results obtained are promising, it is important to highlight some limitations of these studies. For example, two of the studies reviewed had small sample sizes (Eisma et al., 2015; Wagner et al., 2006), and another had a highly specific group of bereaved individuals (Kersting et al., 2013), which highlights the need for more research on the effectiveness of online interventions for the treatment of PGD. This need is even more pressing in the post-pandemic framework, given the growth of demand for online psychotherapy services and the need to optimize care for individuals impacted by losses caused by COVID-19 (Boelen et al., 2021; Djelantik et al., 2021). In short, online treatments specific to grief not only facilitate access to the necessary care for people from different geographic regions, but also contribute to reducing treatment dropout rates. The provision of online therapies can overcome significant barriers, such as lack of adequate transportation and financial limitations that make it difficult to travel to therapy centers, and can also be offered at a lower cost than in-person care (Lenferink et al., 2020; Reitsma et al., 2021). Thus, the importance of expanding and deepening scientific research in this field is evident; the purpose is to validate and refine online interventions to effectively meet the growing demand for mental health services in an increasingly digitalized world.

In a general review of treatment protocols for PGD and associated symptoms, we observe the recurrent incorporation of several therapeutic techniques with emphasis on those techniques derived from CBT and meaning reconstruction techniques. Psychoeducation emerges as a critical component in interventions, essential for patients to understand their symptoms and the interventions therapeutic potential (de Heus et al., 2017; Shear et al., 2014). In addition, the prolonged exposure technique, whether in its classical form or through the loss narrative, has shown to be beneficial for the bereaved (Boelen et al., 2007; Boelen et al., 2021; de Heus et al., 2017). Other elements, such as work focused on problem-solving and future planning, help steer the bereaved towards restoration (Nam et al., 2017; Shear et al., 2014). Likewise, the reconstruction of a new meaning for life through meaning reconstruction techniques has also been supported by evidence in the literature (Lichtenthal et al., 2019). Table 2 presents a detailed summary of the main interventions available for the treatment of PGD and related symptoms.

Table 2

Psychological Interventions in the Treatment of Prolonged Grief Disorder and Associated Symptoms

Intervention	Techniques	Effects
Cognitive Behavioral Therapy	• Psychoeducation • Cognitive Restructuring • Prolonged Exposure Therapy	Reduction of symptoms of PGD and PTSD
Complicated Grief Treatment	• Prolonged Exposure Therapy • Motivational Interviewing • Problem Solving • Interpersonal Therapy Techniques	Redução dos sintomas de PGD
Interpersonal Therapy	• Determining grief as the patient's focus • Strategies for coping with problems and resolving conflicts • Exploring new interests • Developing new skills	Reduction of PGD symptoms
Meaning-Centered Grief Therapy	• Psychoeducation • Cognitive restructuring • Experiential exercises • Meaning reconstruction techniques (e.g. meaning-of-life narrative)	Reduced symptoms of PGD and increased levels of Post-Traumatic Growth

Note: PGD: Prolonged Grief Disorder; PTSD: Posttraumatic Stress Disorder.

Conclusion

The emotional consequences of the loss of a loved one vary considerably, and it is crucial to understand what constitutes a normal reaction to grief and when that reaction becomes eligible for specialized psychological intervention. From a diagnostic point of view, scientific research has progressed in the search for a uniform definition that characterizes the loss of functionality and emotional suffering resulting from grief. However, there are still discrepancies between the definitions proposed by the main diagnostic manuals namely the ICD-11 and the DSM-5-TR. The differences, although restricted, mainly to the temporal criteria, indicate the need for more longitudinal studies that can contribute to a more precise and respectful setting of time for the prolonged grief diagnosis.

In addition to PGD, evidence points to an increased risk of developing other psychopathologies, including PTSD, depression and anxiety. Therefore, health professionals should be aware of other symptoms that also cause intense emotional distress in order to be able to perform a correct differential diagnosis, considering the frequent comorbidity between these disorders. Significant risk factors for developing these conditions include violent and unexpected deaths, as well as close bonding relationships, such as those between parents, children and spouses.

In the context of clinical treatment, there is evidence that bereaved individuals with clinically relevant symptoms of prolonged grief benefit significantly from specialized treatments, especially those based on cognitive-behavioral techniques. In addition, there is a vast field to be explored in terms of preventive interventions for PGD, which should deserve attention in future empirical studies, along with a greater understanding of the disorder mediating and risk factors.

Finally, the grief research scenario in Brazil is still in its early stages. Although researchers in this country have carried out relevant work in recent decades, mainly in areas such as thanatology and palliative care (for example: Braz & Franco, 2017; Fukumitsu & Kovács, 2015; Kovács, 2016), data on the mental health of the bereaved are still scarce (for example: Alves et al., 2016; Bolaséll, Cruz Oliveira & Kristensen, 2021; Joaquim et al., 2021). Therefore, greater academic investment in grief intervention empirical studies is demanded; this field is highlighted as an area deserving attention and continued development.

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