Psychiatry debates whether the pain of loss is really depression

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The pain of losing a loved one can be a searing, gut-wrenching hurt and a long-lasting blow to a person's mood, concentration and ability to function. But is grief the same as depression?

That's a lively debate right now, as the psychiatric profession considers a key change in the forthcoming rewrite of its diagnostic "Bible." That proposed modification - one of many - would allow mental health providers to label the psychic pain of bereavement a mood disorder and act quickly to treat it, in some cases, with medication. With the Diagnostic and Statistical Manual's fifth edition set for completion by the end of this year, the editors of the British journal The Lancet have come out in strong opposition to the new language, calling grief a natural and healthy response to loss, not a pathological state.

"Grief is not an illness. It is more usefully thought of as part of being human, and a normal response to the death of a loved one," writes the editor of The Lancet. "Most people who experience the death of someone they love do not need treatment by a psychiatrist or indeed by any doctor. For those who are grieving, doctors would do better to offer time, compassion, remembrance, and empathy, than pills."

The change under consideration would expunge any reference to the passage of time since a loved one's death before a diagnosis of depression could be considered. The current edition of the diagnostic manual states that if a patient's low mood and energy, sleep difficulties and appetite changes persist for more than two months following

bereavement, a diagnosis of depression might be considered. An earlier edition of the manual had established a year as the period during which mourning should not be confused with depression.

"Putting a time frame on grief is inappropriate," The Lancet's lead editorial states simply. And in a "Perspectives" essay also published Thursday in Lancet, Harvard University medical anthropologist Dr. Arthur Kleinman agrees, eloquently exploring what's at stake.

"Is grief something we can or should no longer tolerate?" asks Kleinman, who describes his own grief after his wife of 46 years died last March from Alzheimer's Disease. "Is this existential source of suffering like any dental or back pain unwanted and unneeded?"

Kleinman calls the current two-month time period allowed for grief a "shockingly short expectation" that no religion or society would support. To allow grief to be redefined as depression with no allowance at all for the passage of time not only spells "the loss of grief": it risks redefining vast numbers of Americans who are taking their time to adjust to the loss of a loved one as sick, he writes. And it powerfully rewrites cultural values about how we understand and mark the loss of a fellow human being.

Proponents of the change have argued that it would allow the bereaved to seek help for their suffering. And they add that it would not define all who grieve as depressed. They argue there is often no difference, but for the recent death of a loved one, between the behaviors that define depression and those that define grief.

The Lancet's editors note there is no evidence that antidepressant medications improve the moods of people who are healthy to begin with. Citing fellow critics of the proposed move, Kleinman suggests that it might have been inevitable once the financial interests of pharmaceutical

manufacturers collided with psychiatry's loose definitions of mental illness and the profession's tendency to expand its patient base.

"Its ubiquity makes grief a potential profit centre for the business of psychiatry," writes Kleinman.