



Understanding Changes in *DSM-5*

GRIEF EXCEPTION

Humans show grief when they lose something or someone important to them. The way one feels when experiencing grief is not unlike how someone with depression feels. But are they the same? Before *DSM-5*, if an individual had lost a loved one and showed signs of depression, he or she would not be diagnosed with major depressive disorder. This came to be known as the grief exception or bereavement exclusion.

This exception was removed in *DSM-5*. Depression, whether the direct result of grief or some other cause, can be diagnosed as a clinical case, as long as certain criteria are met (Uher, Payne, Pavlova & Perlis, 2014). Those professionals who support this change argue that previously, a person suffering from severe depression symptoms a month or two after a loss might not have gotten the treatment that he or she needed. Further, it was suggested that not treating grief might miss those individuals who have thoughts of suicide.

Those who did not support the change argue that, although both may look the same, grief-related stress is different from depression. Further, grief is a normal human response to loss and not only seen in humans. Based on descriptions by Darwin and others, grief or sadness as the result of loss

has been seen in a number of different species. As such, the experience of grief should not be seen as a mental disorder (J. C. Wakefield, 2016). Different cultures also illustrate different roles and time frames for those experiencing grief, especially with the death of a parent, partner, or child.

Grief is experienced by different individuals in different ways. Some people want others to support and interact with them during periods of grief. Other people withdraw into themselves and avoid interactions with other people. Overall, grief is a common human experience that can be felt and expressed in a variety of ways. Further, the types of narratives that a person tells himself or herself after a loss may be different from those seen in depression (Tekin, 2015). For example, people experiencing grief may reexperience significant memories of the person who was lost, which gives them comfort, whereas those with depression may see a negative future or tell themselves they are bad. These differences also have implications for the type of treatment that would be more effective for someone seeking help with his or her grief versus depression. If, indeed, grief and depression represent different underlying processes, then the lack of this distinction would also result in confused research findings in the two areas.