

Major Journal **Blasts** New Code Book for Making **Grief** a **Psychiatric Illness**¹

Story at-a-glance:

- Grief is a highly individual experience, but for most people it takes two to six months to “run its course” – and sometimes much longer, all of which is normal and to be expected after a significant loss.
- An article in the New England Journal of Medicine (NEJM) strongly criticizes the move, and explains that the new definition will label healthy people with a mental condition.
- By making grief a certifiable mental illness, it then becomes treatable by drugs, putting millions of people at risk of receiving unnecessary prescription for mind-altering psychotropic drugs.
- The American Psychiatric Association (APA) is now considering characterizing bereavement as a depressive disorder, which would encourage clinicians to diagnose people with major depression if their grief-related symptoms last longer than two weeks.

After the death of a loved one, do you think you'd feel (or if you've lost a loved one already, *did you feel*) back to your old self again in just two weeks? For nearly everyone, the answer is a resounding no. Grief is a highly individual experience, but for most people it takes two to six months to “run its course” – and sometimes much longer, all of which is *normal* and to be expected in the face of a significant loss.

Outrageously, the American Psychiatric Association (APA) is now considering characterizing bereavement as a depressive disorder, which would encourage clinicians to diagnose people with major depression if their grief-related symptoms last longer than two weeks!

By making grief a certifiable mental illness, it then becomes treatable by drugs and billable through insurance companies—and morphs into a “disorder” that is likely something that will stigmatize your health records for the rest of your life.

NEJM Says Grief Should be “Normalized” Not “Medicalized”

The APA's proposed classification, which is intended for inclusion in the association's upcoming new diagnostic manual, DSM-5, will characterize bereavement as a major depressive disorder after only two weeks of grieving. According to DSM-4, mild depressive symptoms, such as sadness, insomnia and crying, in a person who has recently lost a loved one are considered grief-related, and the guidelines clearly distinguish between normal grief and the more persistent symptoms of major depression.

¹ Article taken from <http://www.mercola.com/>

Writing in the *New England Journal of Medicine (NEJM)*ⁱ, Richard Friedman, M.D., explains that the new version of the manual will label healthy people with a mental condition and make them prime candidates for unnecessary prescriptions of mind-altering antidepressant and antipsychotic drugs.

" ... the American Psychiatric Association is considering making a significant change to the definition of depression in the upcoming 5th edition of the DSM, which would specifically characterize bereavement as a depressive disorder. In removing the so-called bereavement exclusion, the DSM-5 would encourage clinicians to diagnose major depression in persons with normal bereavement after only 2 weeks of mild depressive symptoms. Unfortunately, the effect of this proposed change would be to medicalize normal grief and erroneously label healthy people with a psychiatric diagnosis.

And it will no doubt be a boon to the pharmaceutical industry, because it will encourage unnecessary treatment with antidepressants and antipsychotics, both of which are increasingly used to treat depression and anxiety."

He notes that close to 2.5 million Americans die each year, and the number of those experiencing grief as a result is far higher. This is the market the pharmaceutical industry stands to gain, thanks to the APA's flagrant disregard for common sense. As if to help make things "right," the APA announced on May 9, 2012 that they would add a footnote "indicating that sadness with some mild depressive symptoms in the face of loss should not necessarily be viewed as major depression" – but noted that the bereavement exclusion would still be removed from the new DSM-5.

Poof ... Another "Disease" Created Out of Thin Air

The APA should be more aptly named the American Psychopharmacological Association, because they heavily rely on and promote drugs as the solution to most all mental illness. Worse yet, they work in tandem with the drug industry, "creating" more and more "psychiatric diseases," which are appearing in the literature all the time:

- Do you shop too much? You might have **Compulsive Shopping Disorder**.
- Do you have a difficult time with multiplication? You could be suffering from **Dyscalculia**.
- Spending too much time surfing the Web? It might be **Internet Addiction Disorder**.
- Spending too much time at the gym? You'd better see someone for your **Bigorexia** or **Muscle Dysmorphia**.
- And my favorite—are you terrified by the number 13? You could have **Triskaidekaphobia!**

Each of these new "diseases" gets added to the next edition of the DSM if enough people show up with those traits. And increasingly, the criteria for inclusion involves *whether or not the disorder responds to a category of drugs*. If it does, the phenomenon is dubbed a disease.

Of the 297 mental disorders described in the DSM, none can be objectively measured by empirical testsⁱⁱ. In other words, they're completely subjective. Mental illness symptoms within this manual are arbitrarily assigned by a subjective voting system by a psychiatric panel. So, they're essentially making up diseases to fit the drugs—not the other way around.

It's almost impossible to see a psychiatrist today without being diagnosed with a mental disorder because so many behavior variations are described as pathology. And you have very high chance – approaching 100% -- of emerging from your psychiatrist's office with a prescription in hand. Writing a prescription is, of course, much faster than engaging in behavioral or lifestyle strategies, but it's also a far more lucrative approach for the conventional model. Additionally, most practitioners have yet to accept the far more effective energetic psychological approaches. The branding of various forms of normal human emotions as "mental illness" has been a Big Pharma cash cow for years. According to marketing professional Vince Parry in a 2003 commentary called "*The Art of Branding a Condition*":ⁱⁱⁱ

*"Watching the Diagnostic and Statistical Manual of Mental Disorders (DSM) balloon in size over the decades to its current phonebook dimensions would have us believe that the world is a more unstable place today than ever."... Not surprisingly, many of these newly coined conditions were brought to light **through direct funding by pharmaceutical companies**, in research, in publicity or both."*

And if that's not damning enough, a former chief of the American Psychiatric Association admitted that some of the "mistakes" the APA made in its diagnostic manual have had "terrible consequences," which have mislabeled millions of children and adults, and facilitated epidemics of mental illness that don't exist^{iv}.

The Despicable Way Big Pharma Successfully Drugs Up Your Kids

Disease manufacturing doesn't just impact adults ... it also targets your kids. A new book -- *Born with a Junk Food Deficiency: How Flaks, Quacks, and Hacks Pimp the Public Health* -- exposes the secrets drug companies use to sell their wares may have you seething once you know what Big Pharma does to influence the drugging of the most vulnerable human beings of all—your children. According to AlterNet, the once modest specialty of child psychiatry has become a hot market for a pharmacology industry that services a mire of "disorders."^v

From schizophrenia to just being irritable (and a dozen behaviors in-between) there's a pill for every pediatric patient alive. And it's all because good marketing has made children the new money bomb. How can that be? Easy, says former pharmaceutical rep Gen Olsen in the featured article.

"Children are forced by school personnel to take their drugs, they are forced by their parents to take their drugs, and they are forced by their doctors to take their drugs. So, children are the ideal patient-type because they represent refilled prescription compliance and 'longevity'. In other words, they will be lifelong patients and repeat customers for Pharma."

The featured article continued:

"Few, indeed, are kids who start out diagnosed and treated for ADHD, bipolar disorder, and other "psychopathologies" who end up on no drugs, psychologically fine, and ready to run for class president. Even if they outgrow their original diagnoses—a big "if" with a mental health history that follows them—the side effects from years of psychoactive drugs and their physical health on mental, social, and emotional development take their toll. Even children on allergy and asthma drugs, which are promoted for kids as young as age one, are now known to develop psychiatric side effects according to emerging research.

Kids who start out with psychiatric diagnoses are not only lifers—they are expensive lifers usually shuttled into government programs that will pay for psychiatric drug "cocktails" that can approach \$2,000 a month."

The industry has no doubt been helped by federal and state laws that mandate universal mental health screening for all children from birth to ages 18 or 22, such as those in Indiana, Massachusetts, New Jersey, and Illinois. That means that, technically, kids can be diagnosed with a psychiatric disorder as early as a few days old and drugged, even if their parents don't agree.

The Vitamin D Connection

It's a shame many psychiatrists appear to be too busy writing prescriptions to keep abreast of the latest research, such as an incredibly revealing study recently published in BMC Psychiatry.^{[vi](#)} Vitamin D deficiency is very common in teenagers with severe mental illness, which isn't surprising since vitamin D is crucial for proper brain development and functioning. The new study found that teenagers with low vitamin D levels were nearly *four times* as likely to be psychotic!

Research published in 2010 also found that teenage residents at a mental health clinic were likely to have low vitamin D levels, and most of them were *dangerously* low at that – female teens averaged vitamin D levels of around 20 ng/ml while males had average vitamin D level of around 10 ng/ml.^{[vii](#)} Any child (or adult, for that matter) who is experiencing emotional or mental symptoms should have their vitamin D levels tested and optimized as a standard of care – but this is often overlooked by most health care practitioners (including psychiatrists). This could potentially alleviate the problem, as researchers noted "considerable psychiatric improvement that coincided with vitamin D treatment in some of the patients whose deficiency was treated."

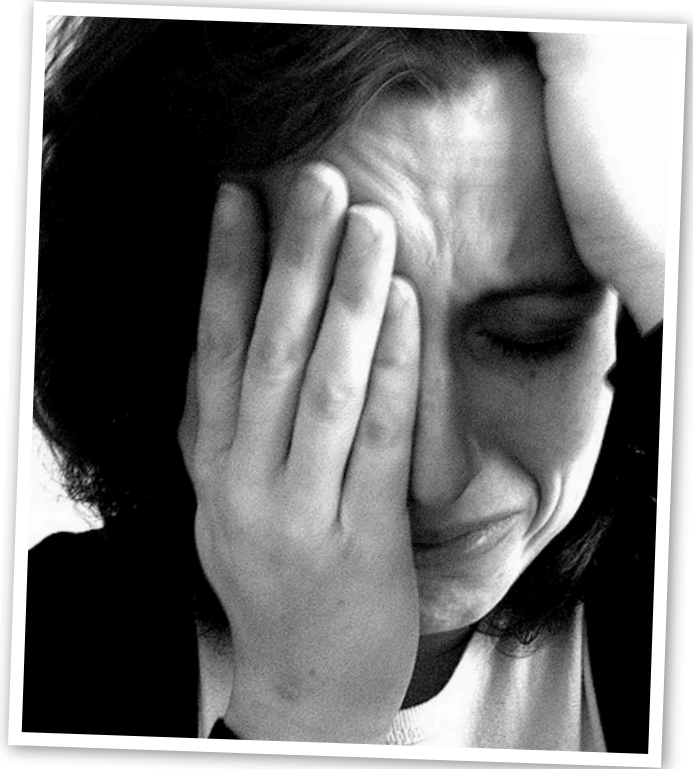
You can learn some practical guidelines on how to use natural sun exposure to [optimize your vitamin D levels](#) in the video below.

http://www.youtube.com/watch?v=vS9acVgQjZY&feature=player_embedded

How Grief Can Break Your Heart²

Story at-a-glance:

- Losing a significant person in your life raises your risk of having a heart attack the next day by 21 times, and in the following week by 6 times, new research shows.
- The abrupt increase in risk of cardiovascular events like heart attack following extreme stress may be related to the flood of stress hormones your body is exposed to.
- Stress cardiomyopathy, aka “broken heart syndrome,” which causes many of the same symptoms as a heart attack, is also known to occur shortly following extreme emotional stress.
- If you’re currently grieving or going through any type of emotional stress, it’s important to take steps to support positive mental health, not only for your mind but also for your body.



Dying from a broken heart may seem more like a scene from a Shakespearean drama than reality, but extreme grief really can "break" your heart. In the days after losing someone close to you, your risk of suffering from a heart attack goes through the roof -- increasing by up to 21 times!

If You Lose a Loved One, You're at Serious Risk of Having a Heart Attack

It's well known that psychological stress exacts a great physical toll on your health, but new research reveals just how extreme that toll can be. In comparing how grief affects your heart disease risk within a period of time, researchers found that losing a significant person in your life raises your risk of having a [heart attack the next day by 21 times](#), and in the following week by 6 times.

The risk of heart attacks began to decline after about a month had passed, perhaps as levels of stress hormones begin to level out. The study did not get into the causes of the abrupt increase in risk of cardiovascular events like heart attack, but it's likely related to the flood of stress hormones your body is exposed to following extreme stress.

² Article taken from <http://www.mercola.com/>

For instance, adrenaline increases your blood pressure and your heart rate, and it's been suggested it may lead to narrowing of the arteries that supply blood to your heart, or even bind directly to heart cells allowing large amounts of calcium to enter and render the cells temporarily unable to function properly.

Interestingly, while your risk of heart attack increases following severe stress, so does your risk of what's known as stress cardiomyopathy -- or "broken heart syndrome" -- which is basically a "temporary" heart attack that occurs due to stress.

Did Penn State Football Coach Joe Paterno Die from a "Broken Heart"?

Joe Paterno, the beloved former head football coach at Penn State University, died just 74 days after he was fired from his position in the wake of a sex abuse scandal. It was last November that child sex allegations were brought up against Jerry Sandusky, Paterno's assistant at Penn State, and many blamed Paterno for not doing more to protect the boys. Paterno had been [quoted as saying](#) the incident was "one of the great sorrows in my life," and noted he was "absolutely devastated" by the allegations against Sandusky. This undoubtedly placed great stress on Paterno, and in combination with also losing his position at Penn State, may very well have contributed to his demise.

While it's officially said that Paterno died from complications from lung cancer, stress, grief and a broken heart would be hard to rule out as contributing factors.

Broken Heart Syndrome Often Mimics a Heart Attack

The symptoms of stress cardiomyopathy or broken heart syndrome are very similar to those of a typical heart attack -- chest pain, shortness of breath, low blood pressure and even congestive heart failure can occur. There are some important differences, however.

In broken heart syndrome, the symptoms occur shortly after an extremely stressful event, such as a death in the family, serious financial loss, extreme anger, domestic abuse, a serious medical diagnosis, or a car accident or other trauma. This stress and the subsequent release of stress hormones are thought to "stun" or "shock" the heart, leading to sudden heart muscle weakness.

This condition can be life-threatening and requires immediate medical attention, however it is often a [temporary condition that leaves no permanent damage](#). In most cases a typical heart attack occurs due to blockages in the coronary arteries that stop blood flow and cause heart cells to die, leading to irreversible damage. But people with broken heart syndrome often have normal arteries without significant blockages. The symptoms occur due to the emotional stress, so when the stress begins to die down, the heart is able to recover.

Stress Impacts Far More than Your Heart ...

The fact is, you can't separate your health from your emotions. Every feeling you have affects some part of your body. And stress can wreak havoc even if you're doing everything else "right."

Extreme, sudden stress like the examples noted above can obviously have near-immediate impacts on your health, but so can lingering everyday stressors that we all juggle, particularly when they're not dealt with over time. This causes your body to remain in "fight or flight" mode for far too long -- much longer than was ever intended from a biological standpoint.

One of the most common consequences of this scenario is that your adrenal glands, faced with excessive stress and burden, [become overworked and fatigued](#). This can lead to a number of related health conditions, including fatigue, autoimmune disorders, skin problems and more. Stress has also been linked to [cancer](#) by acting as a pathway between cancerous mutations, potentially triggering the growth of tumors. In fact, stress, and by proxy your emotional health, is a leading factor in virtually any disease or illness you can think of.

Are There Any Proven Ways to Deal With Grief?

Getting back to the original study, the grief experienced following the loss of a loved one is easily one of the most devastating experiences a person can face. So what can you do to get through it?

Generally speaking, the emotional intensity of feelings of grief will recede over time, but the grieving process itself will be unique to you. You might feel denial and anger, but you might not. You might feel depressed or a yearning for your loved one, or you might not. It's important to open your mind to the notion that whatever you feel during your grieving process is OK, and likely exactly what you need.

While grief can feel insurmountable and become understandably all-consuming, take comfort in the fact that virtually everyone is able to move past the dark feelings. Typically within six months, you'll begin to see a light at the end of the tunnel.

During the grieving process, be gentle with yourself and take steps to support positive mental health³. Also, please remember that both your mind and mood are significantly affected by your diet, so don't dismiss that part. While it may not be a miracle cure in and of itself, it can be extremely difficult to achieve sound mental health without the [proper foundation of a sound diet](#) and exercise plan.

Sound sleep is another critical issue. You can have the best diet and exercise program possible but if you aren't sleeping well your mental health can suffer and it is difficult to make healing progress. You can find [33 tips to help improve your sleep habits here](#).

Remember, left untended, emotional trauma like losing a loved one can lead to serious health problems down the road -- anything from heart attacks to depression and cancer is possible.

³ Please note, we do **not** agree with, nor do we recommend any type of meditation, yoga, and/or New-Age type therapies. We do recommend much PRAYER, led by the Holy Spirit and grounded in the Truth of GOD's Word, the Bible.

If you've been dealing with debilitating feelings of grief that last for a year or more, professional help, including counseling⁴, may be warranted.

As an aside, many of these same tips, particularly my [nutrition plan](#) for proper diet along with [regular exercise](#) and attention to [reducing emotional stress](#) will drastically lower your heart disease and heart attack risk from any cause, so it's wise to implement them into your lifestyle whether you're experiencing grief or not.

One final tip ... low levels of vitamin D in your blood have long been correlated with [higher risk of heart disease and heart attacks](#), as well as problems with emotional health, such as [depression](#). So I recommend you [optimize your vitamin D levels](#) for the sake of both your heart health *and* your emotional health.

⁴ We would encourage those working through grief to work with a mature/trained counsellor and/or mentor, either someone from their local congregation/community, or one of the Kanaan-team counsellors, as listed on the website.