

Associations between bereavement and (hypo-)mania: An updated mini-review

Roberta Spatuzzi¹, Maria Velia Giulietti², Luigi Attademo³ & Anna Vespa²

¹ Department of Mental Health, ASP Basilicata, Potenza, Italy

² Scientific and Technological Area, Department of Neurology, INRCA-IRCCS National Institute of Health and Science on Aging, Ancona, Italy

³ Department of Mental Health, North-West Tuscany Local Health Authority, Cecina, Italy

received: 06. 05. 2024;

revised: 05. 05. 2025;

accepted: 23. 07. 2025

Summary

Loss and bereavement may precede mood episodes in bipolar disorders (BD). When a loved one dies, this is a stressful life event with a negative connotation that can trigger the onset of symptoms of both polarities (depressive or manic) of BD or lead to the emergence of the first mood episodes.

Even though the relationships between death and depression are better known in the literature and clinical practice, the associations between bereavement and (hypo-)mania are less clear. To date, information on “funeral mania”, also called “grief mania” or “bereavement mania”, is rather limited, remaining in fact an underestimated topic. Aiming to draw more attention to this overlooked issue, the purpose of this mini-review is to update the knowledge currently available on this topic. We reviewed the existing literature exploring the possible associations between bereavement and the onset of a (hypo-)manic episode, both a first or recurrent episode, supporting the role of loss events as a potential risk factor for BD progression. Our findings emphasize the positive association between the loss of a loved one and (hypo-)manic symptoms in bipolar disorders, although no prospective studies have assessed the impact of these life events on the course of (hypo-)mania in a large sample. We recommend the clinical assessment of this association, in order to provide patients with BD with the most adequate and prompt treatments.

Keywords: Bipolar disorder; manic disorder; manic state; bereavement; grief

* * * * *

INTRODUCTION

Bipolar disorder (BD) is a biopsychosocial disorder. Over the years, ample research has made it abundantly clear that psychosocial factors and stressors influence the outcomes of this disorder (Maiera, 2012; Miklowitz & Johnson, 2006). Significant negative life events, such as relationship or family conflicts, relocations or job changes, health problems, house moves, etc., seem to trigger an increase in bipolar depression (Christensen et al., 2003; Johnson, 2005). However, it should be noted that many depressive episodes are not related to negative life events and appear to be triggered by other variables/factors (Craddock & Sklar, 2013; Harrison et al., 2018).

Events related to accomplishing goals, like getting a promotion or succeeding at work, starting a new relationship, or having a child, tend to trigger manic symptoms instead (Johnson et al., 2008). However, scientific literature and clinical practice highlight that these predictions are not always respected. In their study, Carstensen et al. (2000) reported that patients may show differing sensitivity, and the same kind of event may be experienced in different ways.

As such, grief triggered by the death of a relative is probably the greatest sorrow that can occur in an individual's life (Parkes, 1964). The grieving process is a normal and healthy response to loss; however, in some cases, the pain experienced by bereaved individuals can lead to a depressive or manic episode (Christensen et al., 2003). The latter phenomenon, called “funeral mania” and also known as “grief mania” or “bereavement mania,” is defined as the emergence of a manic episode in a short time following the death of a close family member or of a loved one (Carmassi et al., 2020).

Melanie Klein (1975) has defined “funeral mania” as the denial of the reality of a loss. In line with this view, mourning situations can paradoxically lead to manic defense. Previously, both Bowlby (1963) and Parkes (1964) have shown that there are situations where the response to grief may be denied, exaggerated, or distorted, leading to a pathological expression of grief.

That said, not only does it appear necessary to distinguish between specific types of life events, but it also appears essential to deepen knowledge of the interaction between the social environment and biological vulnerability in BD (Johnson, 2005). Unfortunately, difficulties

in conducting life event research are well documented (Dohrenwend et al., 1984). Added to this is the difficulty of carrying out longitudinal clinical studies on the time course of mourning both in healthy and psychiatric populations, which could cause the prevalence of the phenomenon in the population to be underestimated. Another particular aspect of this issue is the difficulty of patients and their families in recognizing the onset of the hypomanic episode after bereavement (compared to frank manic episode). Hypomania is also part of the BD spectrum, and not treating it would constitute a serious mistake, whether it is a consequence of an underestimated diagnosis by clinicians or due to the patient's lack of awareness. Due to the very limited number of studies in the literature on this topic, we believe that this integrative mini-review could provide new insights into the relationship between (hypo-)manic episodes and life events, as the mechanisms for these associations remain often unclear and still underestimated.

METHODS

In this mini-review article, we provide an updated list of studies on (hypo-)manic episodes associated with bereavement in individuals with BD, in order to draw more attention to this topic. For this reason, we searched the PubMed electronic database for all articles up to November 28, 2023. Search terms included: (“funeral mania” or “grief mania” or “bereavement” or “complicated grief”) AND (“manic episode” or “hypomanic episode” or “bipolar disorder”). The search included all languages. A total of 66 articles were identified. We excluded 48 articles, because they were studies unrelated to the topic or were not informative enough. Further relevant articles were searched in the authors' personal files and in Google Scholar. Three studies were added after reference-checking, resulting in a final set of 21 articles published between 1977 and 2022 eligible for inclusion (Table 1).

RESULTS AND CONCLUSIONS

In this mini-review, study designs of the included articles are distributed as follows: 14 case reports, 4 cohort studies, and 3 cross-sectional studies (see Table 1 for details).

In line with the study of Carmassi et al. (2020), findings from our mini-review show that bereavement may

be considered a risk factor for the recurrence of an episode of mania in people suffering from BD.

In particular, most numerous and possibly powerful studies (Kesing et al., 2004; Keyes et al., 2014; Tay et al., 2022) reviewed: a) support the existence of an association between unexpected death and onset of manic episodes; b) report the fact that bereaved partners with a history of serious mental disorder are at greatest risk for exacerbations within the first three months of bereavement; c) show that suicide of a first-degree relative can be strongly associated with increased risk for mania/mixed episodes.

The unexpected death of a loved one may be a substantial risk factor (trauma) for the onset of a manic episode; furthermore, given the heritability of suicide and bipolar disorder, people with bipolar disorder would be genetically more vulnerable to family suicide rather than people without bipolar disorder.

Patients with complicated grief and/or post-traumatic stress disorder, reported significantly higher scores on the manic component, assessed through the Mood Spectrum Self-Report (MOODS-SR), compared to complicated grief alone (Dell'Osso et al., 2012).

Rarely, bereavement may be a trigger for the onset of a first manic episode in people without a history of mental disorders too, as reported in the clinical cases presented by Sonmez et al. (2021) and Carmassi et al. (2013).

Interestingly, in all selected clinical cases, the deceased person had family relationships with the patient. However, a case report by Onishi et al. (2008) highlighted the manic reaction of a patient with lung cancer 4 days after the death of a close friend, also suffering from lung cancer, though the deceased was not a member of his immediate family.

Rickarby et al. (1977) and Carmassi et al. (2013) describe patients who appear primarily to be suffering from affective instability that does not meet the criteria for a classic manic episode, and often seem to display symptoms consistent with a mixed episode in the aftermath of a relevant loss. Current DSM-5 nosography abolished the previous mixed episode classification, replacing it with a mixed-feature specifier that can be applied to episodes of major depression and (hypo-)mania.

Of all the cases reviewed, only the report presented by Hamilton et al. (2006) describes the case of a 22-year-old patient who, upon the death of his father, had a first transient manic episode that was not sufficient to necessitate any treatment. We believe this can be compatible with a hypomanic episode. Furthermore, from the literature examined, only the retrospective study of Kubacki (1986) scrutinized also hypomanic episodes in a study sample of probands. The paucity of studies on the association between bereavement and hypomania could be linked

Table 1 – Studies reporting (hypo-)manic episodes associated with bereavement (in descending chronological order).

Authors/year	Study design	Sample/Patient(s) characteristics	Comments
Tay et al., 2022	Retrospective cohort study	N = 13.095 partners and adult children (partners: n = 2.552; children n = 10.543) with a SMI diagnosis experienced the loss of a partner and/or parent. 5.572 M, 7.523 F Mean age 68.7 Partners, 44.8 Adult child Country: Denmark Setting: clinical population	Bereaved partners with a history of SMI (i.e. BD) are at greatest risk for exacerbations within the first three months of bereavement.
Sonmez et al., 2021	Case report	F; Age 26 Death of father (4 days earlier) Country: Turkey	Manic episode (with mixed characteristics) with psychotic symptoms in subject with no previous psychiatric diseases
Carmassi et al., 2020	Case report	M; Age 77 Death of his wife (following weeks) Country: Italy	Manic episode in patient with a previous major depressive episode.
Owen et al., 2016	Cross-sectional	20 BD (15 BD I; 5 BD II) 7 M, 13 F Age 26-60 Country: UK Setting: clinical population	The loss of social support, particularly through bereavement, creates a loss of control and can trigger mania or depression.
Keyes et al., 2014	Longitudinal cohort study	27,534 individuals Country: USA Setting: clinical population	The present study also provides novel data supporting an association between unexpected death and onset of manic episodes in a general population sample across the life course
Carmassi et al., 2013	Case report	F; Age 52 Death of son Country: Italy	Mania with psychotic symptoms in patient without any previous lifetime mood episodes.
Dell'Osso et al., 2012	Cross-sectional	116 patients (66 PTSD, 22 CG and 28 CG+PTSD) Country: Italy Setting: clinical; outpatients, inpatients	Patients with CG+PTSD or PTSD alone reported significantly higher scores than CG on the manic component of the MOODS-SR.
Maytal et al., 2007	Cross-sectional	108 individuals with BD 66 FF, 42 M Mean age 43.7 years Country USA	Significant association of CG with poor sleep in individuals with BD.
Hamilton, 2006	Case report	M; Age 30 Country: USA	Patient had a first transient manic episode at 22 when his father died, The first episode was not sufficient to necessitate any treatment. He was admitted for the first time at 27 years old when he became severely manic after the death of his mother.
Kesing et al., 2004	Retrospective cohort study	1565 patients and 31.300 control subjects Country: Denmark	Suicide of a mother or sibling was strongly associated with increased risk for mania/mixed episodes
Sayar & Güzelhan, 2002	Case report	F; Age 55 Death of her husband (suicide) Country: Turkey	Manic episode in patient with no history of BD

Table 1 (continued)

Authors/year	Study design	Sample/Patient(s) characteristics	Comments
Morgan et al., 2001	Case report	F; Age 37 Death of husband Country: UK	Acute mania following bereavement in subjects without any previous lifetime mood episodes after her husband's death
Onishi et al., 2000	Case report	M; Age 66 Death of a close friend Country: Japan	First manic episode associated with bereavement in a lung cancer patient. The patient became manic 4 days after the death of a close friend also suffering from lung cancer.
Hamiel et al., 1999	Case report	F; Age not reported Country: Israel	In trichotillomania (TR), like in mania, manic defenses are used to cope with separation
Singh et al., 1988	Case report	F, Age 36 Death of father Country: UK	Acute Mania in subject with mental impairment secondary to a hypoxic brain damage
Rosenman & Tayler, 1986	Case report	F; Age 28 Death of husband Country: Not available	Acute mania. Previous history of post-partum depression.
Gill, 1986	Case reports	F; Age 49 Death of : Husband Mother (4 years later)	Acute mania Acute Mania + with psychotic symptoms following bereavement in subjects without any previous lifetime mood episodes.
		M; Age 46 Death of: Mother Father (2 years later)	Acute mania in patient without any lifetime mood episode Acute mania
		F; Age 24 Death of her father (suicide)	Acute mania in patient without any lifetime mood episode
Kubacki, 1986	Retrospective cohort study	A total of 74 manic or hypomanic episodes were scrutinized in 31 probands (18 F and 13 M) Country: N.S. Setting: clinical; outpatients	Acute grief reaction (funeral mania), the syndrome under scrutiny, occurred in about 1/7 of the men, and more than 1/4 of the women.
Ranga et al., 1984	Case report	F; Age 34 Death of husband's cousin	Acute mania with psychotic symptoms in recurrent major depressive episodes
Hollender & Goldin, 1978	Case report	F; Age 44 Death of son Country: USA	Acute Mania with psychotic symptoms in recurrent depressive episodes (the first occurring after the loss of her husband 3 years earlier)
		M; Age 55 Death of son (killed)	Acute manic episode followed by recurrent manic episodes yearly in the anniversary of son's death in patient without any lifetime mood episode who presented
Rickarby, 1977	Case reports	M; Age 25 Death of mother	Acute mania with psychotic symptoms in patient without any lifetime mood episode
		F; Age 44 Death of husband	Acute mania in patient with previous severe depressive episodes
		F, Age 21 Death of father	Acute mania in patient with previous severe depressive episodes with following recurrences and periods of mood instability (no mania)

List of abbreviations: BD: bipolar disorder; F: females; M: males; SMI: Serious Mental Illness; PTSD: Post-traumatic stress disorder; CG: complicated grief; MOODS-SR: Mood Spectrum Self-Report.

to the difficulty of patients and their families in recognizing the pathological nature of the hypomanic episode (compared to mania) in a moment of life characterized by the overload of commitments and responsibilities, such as having to organize the funeral, the increase in social contacts during the first period of mourning, the behavioral activation, and the sleep loss (Maytal et al., 2007; Sachs, 2013). While the social and relational impact of mania is immediately evident, both due to the intensity of symptomatic manifestations and the frequent need for hospitalization, hypomania has a more insidious and subtle impact. This can make hypomania a condition that is difficult to recognize and diagnose, as it often involves subthreshold symptoms that clinicians may not observe. Owen et al. (2017) suggested that the loss of social support through bereavement could lead to a loss of control, triggering either mania or depression. Hypomanic or manic symptoms might facilitate the formation of new social connections, whereas the disinhibited and risky behaviors seen during mania can result in the breakdown of crucial relationships. Unfortunately, based on the literature data scanned, no prospective studies have assessed the impact of the death event on the course of (hypo-)mania in a large sample. Prospective studies in this setting are distinctively difficult due to recruitment issues and ethical considerations in approaching people after bereavement. In particular, we must consider the difficulty of monitoring the reaction of individuals following sudden deaths due to the unpredictability of the phenomenon. In addition, although “funeral mania” is a well-known clinical entity, it does not yet have a recognizable nosological status in the DSM and ICD (Carmassi et al., 2020).

References

- Bowlby, J. (1963). Pathological mourning and childhood mourning. *Journal of the American Psychoanalytic Association*, 11(3), 500-541.
- Carmassi, C., Shear, K. M., Corsi, M., Bertelloni, C. A., Dell’Osso, V., & Dell’Osso, L. (2020). Mania following bereavement: State of the art and clinical evidence. *Frontiers in Psychiatry*, 11, 366. <https://doi.org/10.3389/fpsy.2020.00366>
- Carmassi, C., Shear, M. K., Socci, C., Corsi, M., Dell’Osso, L., & First, M. B. (2013). Complicated grief and manic comorbidity in the aftermath of the loss of a son. *Journal of Psychiatric Practice*, 19(5), 419-428.
- Carstensen, L. L., Pasupathi, M., Mayr, U., & Nesselroade, J. R. (2000). Emotional experience in everyday life across the adult life span. *Journal of Personality and Social Psychology*, 79(3), 644-655.
- Christensen, E. M., Gjerris, A., Larsen, J. K., Bendtsen, B. B., Larsen, B. H., Rolff, H., Ring, H., & Schaumburg, E. (2003). Life events and onset of a new phase in bipolar affective disorder. *Bipolar Disorders*, 5(6), 356-361.
- Craddock, N., & Sklar, P. (2013). Genetics of bipolar disorder. *The Lancet*, 381(9878), 1654-1662.
- Dell’Osso, L., Carmassi, C., Musetti, L., Socci, C., Shear, M. K., Conversano, C., Maremmi, I., & Perugi, G. (2012). Lifetime mood symptoms and adult separation anxiety in patients with complicated grief and/or post-traumatic stress disorder: A preliminary report. *Psychiatry Research*, 198(3), 436-440.
- Dohrenwend, B. S., Dohrenwend, B. P., Dodson, M., & Shrout, P. E. (1984). Symptoms, hassles, social supports, and life events: Problem of confounded measures. *Journal of Abnormal Psychology*, 93(2), 222-230. <https://doi.org/10.1037/0021-843X.93.2.222>
- Gill, P. V. (1986). Mania following bereavement. *British Journal of Psychiatry*, 149(1), 123-124.
- Hamiel, D., Yoffe, A., & Roe, D. (1999). Trichotillomania and the mourning process: A case report and review of the psychodynamics. *Israel Journal of Psychiatry and Related Sciences*, 36(3), 192-199, discussion 200-202.

While Carmassi and colleagues (2020) excluded the studies that signal the onset of manic episodes following mourning in patients with an organic medical condition, we believe it may be relevant to pay attention to this phenomenon also in these patients (Hamiel et al., 1999; Singh et al., 1988).

We are aware that – given the above-mentioned literature search strategies – coverage may not be optimal: only PubMed was consulted, thus excluding non-biomedical literature. This could represent a limitation of the study.

Lastly, in this mini-review, we identified several important avenues for future research, including the need for further evaluation of (hypo-)mania after bereavement and the need for longitudinal research in this area. To summarize, our findings suggest that clinicians should recommend the clinical assessment of these associations regularly, in order to provide patients suffering from BD with the most adequate and prompt treatments.

Ethical Considerations: Does this study include human subjects? NO

Conflict of interest: No conflict of interest

Funding sources: The authors received no funding from an external source

Authors contributions: Dr. Roberta Spatuzzi: study design, data collection, first draft, writing and approval of the final version. Dr. Maria Velia Giulietti: design and implementation of the study, analysis of the results and writing of the manuscript. Dr. Luigi Attademo: analysis and writing of the manuscript. Dr. Anna Vespa: analysis and writing of the manuscript.

- Hamilton, J. W. (2006). The critical effect of object loss in the development of episodic manic illness. *Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 34(3), 333-348.
- Harrison, P. J., Geddes, J. R., & Tunbridge, E. M. (2018). The emerging neurobiology of bipolar disorder. *Trends in Neurosciences*, 41(1), 18-30.
- Hollender, M. H., & Goldin, M. L. (1978). Funeral mania. *Journal of Nervous and Mental Disease*, 166(12), 890-892.
- Johnson, S. L., Cueller, A. K., Ruggero, C., Winett-Perlman, C., Goodnick, P., White, R., & Miller, I. (2008). Life events as predictors of mania and depression in bipolar I disorder. *Journal of Abnormal Psychology*, 117(2), 268-277. <https://doi.org/10.1037/0021-843X.117.2.268>
- Johnson, S. L. (2005). Life events in bipolar disorder: Towards more specific models. *Clinical Psychology Review*, 25(8), 1008-1027.
- Kessing, L. V., Agerbo, E., & Mortensen, P. B. (2004). Major stressful life events and other risk factors for first admission with mania. *Bipolar Disorders*, 6(2), 122-129.
- Keyes, K. M., Pratt, C., Galea, S., McLaughlin, K. A., Koenen, K. C., & Shear, M. K. (2014). The burden of loss: Unexpected death of a loved one and psychiatric disorders across the life course in a national study. *American Journal of Psychiatry*, 171(8), 864-871.
- Klein, M. (1975). *Love, Guilt and Reparation and Other Works 1921-1945*. The Free Press.
- Kubacki, A. (1986). Male and female mania. *Canadian Journal of Psychiatry*, 31(1), 70-72.
- Maiera, E. (2012). Bipolar disorder and stress. *Psychiatria Danubina*, 24(Suppl 1), S59-S60.
- Maytal, G., Zalta, A. K., Thompson, E., Chow, C. W., Perlman, C., Ostacher, M. J., Pollack, M.H., Shear, K., & Simon, N. M. (2007). Complicated grief and impaired sleep in patients with bipolar disorder. *Bipolar Disorders*, 9(6), 913-917.
- Miklowitz, D. J., & Johnson, S. L. (2006). The psychopathology and treatment of bipolar disorder. *Annual Review of Clinical Psychology*, 2, 199-235.
- Morgan, J. F., Beckett, J., & Zolse, G. (2001). Psychogenic mania and bereavement. *Psychopathology*, 34(5), 265-267.
- Onishi, H., Miyashita, A., & Kosaka, K. (2000). A manic episode associated with bereavement in a patient with lung cancer: A case report. *Supportive Care in Cancer*, 8(5), 339-340.
- Owen, R., Gooding, P., Dempsey, R., & Jones, S. (2017). The reciprocal relationship between bipolar disorder and social interaction: A qualitative investigation. *Clinical Psychology and Psychotherapy*, 24(6), 911-918. <https://doi.org/10.1002/cpp.2055>
- Parkes, C. M. (1964). Effects of bereavement on physical and mental health: A study of the medical records of widows. *British Medical Journal*, 2(5406), 274-279.
- Ranga, K., Krishnan, R., Swartz, M. S., Larson, M. J., & Santoliquido, G. (1984). Funeral mania in recurrent bipolar affective disorders: Reports of three cases. *Journal of Clinical Psychiatry*, 45(9), 310-311.
- Rickarby, G. A. (1977). Four cases of mania associated with bereavement. *Journal of Nervous and Mental Disease*, 165(4), 255-262.
- Rosenman, S. J., & Tayler, H. (1986). Mania following bereavement: A case report. *British Journal of Psychiatry*, 148(4), 468-470. <https://doi.org/10.1192/bjp.148.4.468>
- Sachs, G. (2013). Sleep disorders associated with psychiatric diseases. *Psychiatria Danubina*, 25(4), 435-440.
- Sayar, K., & Güzelhan, Y. (2002). Bereavement mania and its treatment: A case presentation. *Klinik Psikofarmakoloji Bülteni-Bulletin of Clinical Psychopharmacology*, 12(1), 23-25.
- Singh, I., Jawed, S. H., & Wilson, S. (1988). Mania following bereavement in a mentally handicapped man. *British Journal of Psychiatry*, 152(6), 866-867. <https://doi.org/10.1192/bjp.152.6.866>
- Sonmez, D., Okumus, B., & Hocaoglu, C. (2021). The occurrence of funeral mania after bereavement: A case report. *Medeni Medical Journal*, 36(4), 276-280.
- Tay, D. L., Thygesen, L. C., Kozlov, E., & Ornstein, K. A. (2022). Serious mental illness exacerbation post-bereavement: A population-based study of partners and adult children. *Clinical Epidemiology*, 14, 1065-1077.

Correspondence:

Roberta Spatuzzi, Psy.D., Department of Mental Health,
ASP Basilicata, Potenza, Italy
roberta.spatuzzi@yahoo.com

Published under



<https://creativecommons.org/licenses/by-nc-nd/4.0/>