

# Editorial

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Although psychiatry and psychology have lagged behind other disciplines in explaining how the human body works, that is all changing. Now, for the first time, it is possible to study what is going on in the brain when we think and feel emotions. No longer is it credible to locate the emotions in the heart and thoughts in the head although the interaction between thought and emotion within the brain is beginning to be understood.

In this edition of *Bereavement Care* we include a well-conducted review by Shahane, Fagundes, and Denny, psychologists from Rice University in Texas, that covers a large number of research projects and draws together recent work in 'psycho-neuro-immunology and cognitive neuroscience' to consider the value of current interventions in ameliorating the pains of normal and pathological grief and depression following the death of a spouse.

Since all thought is accompanied by chemical and electrical changes in the brain it follows that much current research seeks to use chemical means to alleviate or solve psychological problems. Already we have a wide range of anti-depressants and methods of neuro-stimulation for anxiety and depression. It seems very likely that it will not be long before the pharmaceutical industry will come up with drugs to relieve the pains of grief. We need to keep abreast of this knowledge if we are to contribute usefully to the debate on the ethical and other issues to which they will give rise.

After reviewing that literature Shahane et al. examine recent work in cognitive behaviour therapy (CBT) that provides other alternative methods of 'treatment' but both the chemical and the cognitive methods raise the question of how useful is it to treat grief as if it were a mental illness?

My own parents made a passionate attachment to each other similar to the attachment of Michelle Wilkins to her first husband (see this edition's First person article 'When is the right time', page 41) and, although such relationships are often seen as ideal they cause problems by making the couple vulnerable to separations and losses. Michelle is a bereavement support volunteer who shares with us not only the profound grief that she experienced when her husband died but the continuing bond with him that complicated a new relationship. In my parents' case it was it was the untimely death of my mother's father that led to his funeral replacing and delaying my parents' marriage. My mother's distress was misinterpreted by her future mother-in-law as evidence of illegitimate pregnancy and aggravated existing conflict between them.

Another potential cause of profound and lasting grief is the death of a child. In our book section Anne Geraghty

reviews Catherine Seigal's recent book focussing on the continuous bonds that follow the death of a child. Once again we find the persisting attachment to the dead in conflict with existing or emerging attachments to the living. In wealthier countries where most research is carried out, child deaths often cause profound and lasting grief. In her book *Death Without Weeping*, Nancy Scheper-Hughes considered the impact of child death in the context of the poorer countries of the world, perhaps better resembling the dangerous environments in which mankind evolved. In harsher conditions people may have large numbers of children to compensate for the stark reality that many children will die. In such countries the impact of the death of a child may be experienced differently, shaped by cultural expectations, and exposure to multiple adverse life experiences. This relative perspective is helpful to counter dominant Western descriptions of parental grief.

By way of contrast, we also include an account of the use of music by two music therapists, Laurel Young and Adrienne Pringle, to alleviate grief by means of music-making. Among several types of musical activity, Young and Pringle developed a community hospice bereavement support music therapy group, described here along with the comments and plaudits of the bereaved singers. Their work reminded me of the days when I sang in a choir at St Christopher's Hospice. I can attest that staff as well as patients and family members found joy in merging our voices with others to create harmony. Cicely Saunders was an excellent singer and I remember the day when, having announced her engagement to marry Marian Bohusz, she sang 'I attempt from Love's Sickness to Fly'.

Birds are not the only creatures who express their feelings by singing. Indeed, love songs may well have preceded speech in mammalian evolution. We may not believe that in death we shall join the angels in heavenly choirs, but it was my own experience of choral singing that caused me to end my book 'Love and Loss' with the words:

'It seems that love and loss provide the point and counterpoint of a symphony whose first movement sets the colour and feeling tone of all that is to come. Succeeding movements introduce new themes, which may challenge, replace or develop the earlier themes but cannot wipe them out. Order alternates with chaos as the music of life progresses and the whole moves towards some kind of resolution that, in great music, is always unexpected, subtle and deeply moving. The greatest music, like the greatest drama, is the

saddest, and its greatness stems from the emergence of meaning out of discord, loss and pain. The sublime in music, as in life, reflects the human search for meaning, the grasping at eternity, the transcendence of the littleness of I' (Parkes, 2006). ■

## References

Parkes, C.M. (2006). *Love and Loss: the roots of grief and its complications*. London: Routledge.

Scheper-Hughes, N. (1992). *Death without weeping: The violence of everyday life in Brazil*. Berkeley: University of California Press.