EDITORIAL

ystematic inquiry into the topic of bereavement began in 1913, when Freud postulated a relationship between grief and severe depression and speculated on the meaning and significance of this association for the survivor. In 1932, Eliot, an American sociologist, called for a general social psychology of bereavement. It was his belief that through the active collaboration of a network of concerned scholars a body of knowledge concerning the phenomenon of loss could be developed that would be of significant clinical value. Except for his own students his plea went unheeded.

Research into bereavement continued to be intermittent throughout the next two decades, although there were classic studies by Freud and Burlingham on separation, and by Lindermann on acute grief. It was not until the 1960s that bereavement research intensified. The focus, however, was primarily on the widow or widower. It is only recently that attention has been directed toward parental death in adult life, even though this is the most frequent form of bereavement today.

The three studies reported in this issue of *Bereavement Care* address a peculiarly modern form of bereavement. In doing so they not only help fill a serious void in the literature on grief, but they also move us that much closer to the goal set for us by Eliot more than 60 years ago.

Robert Fulton, PhD USA

Adult orphans: psychological problems following the loss of a parent in adult life



Colin Murray Parkes

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It is commonly assumed that the death of a parent in adult life is less traumatic than other kinds of bereavement. Yet 'adult orphans' are the second largest category,

almost a quarter, of all those who seek the help of the UK charity, Cruse Bereavement Care (widows are the largest), and make up 29% of those referred to me for treatment of psychiatric problems.

THE NEED FOR RESEARCH

ost of the research into the psychological effects of bereavement has focused on the effects of the death of spouses or children or the effects, during childhood, of the death of a parent. Little has been written about the death of a parent in adult life despite the fact that this is the commonest kind of bereavement. Exceptions are a recent book by Abrams¹, When Parents Die, which gives a clear account of the problems which arise in young adults who have lost a parent and a more general book by Marshall², Losing a Parent. Both of these are directed at people bereaved in these ways, as is the short pamphlet by Morcom, After the Death of a Parent³.

In 1963, when I studied the frequency with which parent bereavements preceded the onset of the illnesses of psychiatric patients referred to the Bethlem Royal and Maudsley Hospitals in London, I found this to be no greater than would have been expected by chance alone. It may be that times have changed since 1963, but there is another possible explanation of this statistical finding. It may be that the death of a parent can be a maturing experience for some people, allowing them, at last, to grow up. In these circumstances the death of a parent may be associated with an improvement in overall mental

EDITOR'S NOTE

Grief, we have come to learn, is neither a unitary concept nor an unvarying experience. On the contrary, the perspective on grief that is emerging from the literature is that of a highly complex, multi-dimensional phenomenon that varies widely according to social as well as psychological attributes.

In this study, Colin Murray Parkes underscores the important role that these factors play in the determination of a particular grief response. While it has been observed elsewhere in the literature that social processes, such as the changed nature of the nuclear family, the diminishment of the elderly's role in contemporary society and the institutionalisation of the dying, serve to influence both the meaning and the character of the bereavement experiences, Dr Parkes' research compels us to consider still other factors. He demonstrates that the individual's life course and the nature of his or her marital bonds, as well as interpersonal relationships (besides those that pertain to the deceased), play a crucial role in the outcome of bereavement.

While Dr Parkes's sample of bereaved, psychiatric patients is relatively small, possibly self-selected and weighted heavily toward the bereaved woman, his study is, nevertheless, a significant step forward in our understanding of the grief experience. It invites careful analysis and offers intriguing new pathways for further research into this profound human experience.

health, rather than a deterioration. If the number whose health improves balances the number whose health deteriorates, no overall change in psychiatric morbidity would be expected.