

Dear Editors

A review in your journal (17(2): 28) by Colin Murray Parkes of *Continuing Bonds: New Understandings of Grief*\* which I co-edited with Phyllis Silverman and Steven Nickman needs correction and comment. I am pleased at the critical tone of the review. We said, 'If this book leads to further discussion and conversations on the subject, then we have succeeded' (p23). Parkes' comments are sure to provoke conversation, but I think the conversation will be more profitable if we clear up a few points in his review.

First, Parkes says 'the inclusion of a psychiatrist among the authors' might have helped us to better recognise pathology. As it says on the book's back cover, one of the editors, Steven Nickman, is a psychiatrist who has been on the clinical faculty of Harvard Medical School and on the staff of Massachusetts General Hospital for many years. In addition to normal editorial duties, Nickman was a major contributor to the commentary and the concluding thoughts. He wrote one chapter and co-authored two others. The book has a psychiatrist not only among its authors, but also among its editors.

Second, Parkes says that in the first chapter Silverman and I 'claim to have discovered a new paradigm for grief'. Although the word 'paradigm' did slip into one subhead, we write in the chapter about a new 'model of grief', not a paradigm. A model is not a Kuhnian paradigm that sets the groundwork for normal science. A new computer model to track storms is not a new paradigm of meteorology. Rather, a model is 'an ideal set of interactions or processes' (p3) that helps us to make sense of complex, multi-faceted data. A model is a clinical as well as a

scholarly tool. We simply claim that a model based on continuing bonds better describes how people resolve their grief than a model based on severing bonds. We do not even say that we can fully articulate the new model, much less discover a new paradigm. Rather we said, 'We are not certain about the shape of the new model, though we think it is implicit in the contributions to this book' (p23). So, we did not set the grandiose goal for ourselves that Parkes says we fail to achieve.

Third, Parkes presumes to know what is good for populations he has never studied. For example, in his comments on my chapter about a self-help group of bereaved parents, he says that 'by collusively emphasising the importance of the dead children in the lives of the surviving parents', the group may make it harder for parents to 'let go and move on.' That they should let go is a beginning assumption in Parkes' work, not a reasoned conclusion. He has never presented any data that show that maintaining bonds leads to pathology. The bereaved parents about whom I write are very aware that in Parkes' model they should let go. Many of them have read Parkes' books. They are emphatic that they do not find Parkes directing them toward healthy resolution of their grief. They hold on and move on, and in *Continuing Bonds* we see many other people doing the same.

There is a great deal in this book about which Parkes might legitimately disagree and I am pleased that he has begun to take his part in the scholarly dialogue the book invites. Parkes will play a more useful role in the discussions, however, if he will focus on what is in our book and not on what he imagines to be there.

DENNIS KLASS

Professor, Webster University,  
St Louis, Missouri 63119-3194, USA

Dr Parkes replies:

I am glad that Klass now acknowledges that his claim to have discovered a new 'paradigm' was a slip but cannot see how he can reconcile this with his suggestion that I imagined it. In turn I apologise for our slip in misspelling Silverman's name. This was a typographical error. I am glad that I was wrong in failing to realise that Dr Nickman is a psychiatrist, but can hardly be blamed since he is not included in the list of contributors which appears inside the book.

As to 'letting go' and 'moving on', these terms are ambiguous. In speaking of the need for bereaved people to accept the fact of loss and 'let go', I certainly never implied that we should forget the dead and I do not know of any other researcher in the field who has. As I see it, the work of grieving involves us in a painful process of teasing out from our memories and assumptions about the world those that we can carry forward and those which we must let go. There is a very real sense in which the dead 'live on' in our memory and Klass and his colleagues are quite right to draw our attention to that fact. But it often seems necessary to 'let go' of the person 'out there' in order to become open to the person 'in here'. This, I think, is what most bereaved people mean when they say 'I am beginning to accept his death'.

The death of a child, in our society, may well be a more difficult thing to accept than that of an adult and only well-conducted research will tell us whether my fears about the long-term value of self-help groups for bereaved parents are justified. I truly hope that they are not.

COLIN MURRAY PARKES

\* Available from Cruse Bereavement Care, 126 Sheen Road, Richmond, Surrey TW9 1UR, UK.

## REVIEWS

### BOOK

#### CRITICAL INCIDENT DEBRIEFING Understanding and dealing with trauma

Frank Parkinson

London, UK: Souvenir Press, 1997. £12.99

Anything written by Frank Parkinson is readable, and this is no exception. There is no similar book on the market, but though this one is interesting, it is ultimately unsatisfying.

Part of the problem is the intended audience. Whilst I agree with Parkinson that 'debriefing is not the exclusive prerogative of medical personnel', he does not make it clear what level of

qualification is required to do what with whom. Debriefing is a simple technique that requires great skill – a knowledge of post-traumatic stress, anxiety reactions, and approaches to the treatment of anxiety, as well as a good grip of group dynamics. Those taking on the debriefing of people who have experienced severe trauma should have a generic qualification in a mental health profession. However, such individuals will find some of the content discouragingly simple and over-prescriptive. If a reader really requires all the information in the first 86 pages, they should not be involved in debriefing without extensive further training. Badly handled debriefing can make matters worse by disrupting existing coping mechanisms.

Parkinson recognises that the Mitchell/

Dyregrov models are unwieldy, and shortens them, as other recent authors have done. Yet his model for debriefing is atheoretical and lacks a cogent principle. Many pages are devoted to the sensory impact of traumatic events, seemingly based upon a Pavlovian conditioning model that similar smells and sounds will elicit traumatic symptoms; this is true, but it receives far too much prominence. The author later describes debriefing as 'cognitive reframing', but does not take this further, and calls his third stage 'The feelings'. The emphasis in debriefing has to be on identifying cognitions that lead to reactions, rather than feelings themselves which are secondary to cognitions. A counsellor may be comfortable with the elicitation of

feelings over a series of sessions, but this is not the goal of debriefing, and its time scale prohibits it.

The description of the organising of debriefings is good, but the discussion of what might follow is poor and this is a central failing. The research to date, which is not considered in this book, indicates that debriefings are helpful, largely, if they are part of an overall intervention process rather than as a stand-alone technique.

This book will not serve as a main text for training. It has its good points, however, and could be read in conjunction with other material on debriefing. <sup>BC</sup>

Peter Hodgkinson

Partner, Centre for Crisis Psychology