

B O O K

The Whispering of Ghosts

Trauma and Resilience

Boris Cyrulnik



Trans Susan Fairfield
 New York: Other Press
 2005, 171pp
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 Marilyn Monroe,

Charles Dickens and Hans Christian Andersen are among numerous vivid case studies of achievement and survival after early deprivation, disturbance and trauma discussed in this book. In 56 short chapters, Cyrulnik processes the current thinking on the concept of resilience, which he defines as 'a process that allows for the resumption of some kind of development despite trauma or adverse circumstances'. The title refers to his central point that resilience is a strategy that makes it possible to seize some pleasure in life, despite the 'whispering of ghosts' in the depths of our memory.

The author is himself a survivor of childhood tragedy and now a television personality. He discusses at length the important role of memory, make-believe, and day dreaming in resilience. Other contributing factors he draws out are a multiplicity of attachments, snatches of good care, use of story and meaning in their various complexions, the role of heroes, sublimation, finding purpose and control, and humour. The core of the book is about coping with the shadow side of one's ghosts. I found the discussion on 'Inventing a fiction', holding that tension between make-believe and reality, fascinating.

The text is written in an entertaining, readable style which survives the French translation into American English, even though the second half of the book becomes repetitious. Fewer anecdotes and more clarity about the author's conclusions on resilience-promoting factors and effective interventions for professionals would have been welcome. We are presented with a huge range of qualitative experiences, albeit very briefly, in diverse situations from bullying to child soldiers. Cyrulnik draws examples from literature but it is not always clear if other cases, data and statistics cited are from his clinical experience as a neuropsychiatrist or from research. The focus is on loss in general rather than grief or trauma following death and there are some bereavement statistics, but the sources are sometimes unclear. Thus the book has limited direct

relevance for bereavement counsellors and workers.

However, the insight into resilience is important. At the moment this concept is being applied to help us understand palliative and bereavement care, by actively identifying strengths, resources and coping mechanisms in assessment and intervention to balance an emphasis on risk and vulnerability (Monroe, Oliviere, 2006; Machin, 2006). Cyrulnik has published widely on this subject, and has given hope to many who have suffered trauma. The vast range of references in *The Whispering of Ghosts* opens up the French literature on the subject. For anyone learning about the ability to heal the wounded self and move on, to make sense of traumatic experiences by forming new emotional and social ties, to consider the complexities of attachment beyond the superficial, and to understand what children can experience as they construct their resilience, this is a productive read. ●

David Oliviere

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MONROE B, OLIVIERE D (2006). Resilience and palliative care. *European Journal of Palliative Care*; 13(5):22-25.
 MACHIN L (2006). The landscape of loss. *Bereavement Care*; 25(1): 7-11.

A B S T R A C T S

Complicated grief

In 2006, two bereavement journals, *Omega* and *Grief Matters*, each devoted a full issue to complicated grief. In addition, this concept is mentioned in the title or abstract of 82 references added to major bibliographical databases (eg Medline, Psychinfo, Cinahl) since the start of 2006. Thus, complicated grief is currently a topic of great interest, probably fuelled by the impending 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). This manual classifies psychiatric disorders and assists in diagnosis and provision of effective treatment. The following are short abstracts with comment from articles in the two journals mentioned above. They reflect key aspects of the wide-ranging debate on this topic. The full list of articles is provided at the end of this section.

Complicated grief: an attachment disorder worthy of inclusion in DSM-V

Ray R, Prigerson H. *Grief Matters* 2006; 9(2): 33-38

This is a succinct account of the diagnostic criteria for complicated grief proposed by Prigerson for DSM-V. It also includes criteria for a complicated grief disorder developed by Horowitz. In Prigerson's scheme, four criteria have been validated in a

variety of situations, and references to previous work by Prigerson are cited. The first criterion concerns pining for the deceased person. The second is a set of eight symptoms which must have been experienced by the bereaved person in the previous month and include, for example, trouble in accepting the death, and feeling that life is meaningless or empty without the deceased. The third criterion stipulates that the symptoms must have caused significant dysfunction and the fourth, that the symptom disturbances must have lasted for at least six months.

The criteria continue to evolve, partly based on validation studies, partly on professional judgement, eg the extension of the period for symptom disturbance has recently been extended from two to six months. The authors also discuss the concept of normal grief, resilient responses to bereavement, and the links with other psychiatric diagnoses such as PTSD. Psychological and physical problems related to the distress caused by grief are discussed and possible treatments are outlined. Judging by the overall thrust of the special issue of *Omega*, this is likely to be a benchmark set of criteria on which much of the future discussion will be based.

Symposium on complicated grief

Parkes CM. *Omega* 2006; 52(1): 1-7

Guest editor's conclusions

Parkes CM. *Omega* 2006; 52(1): 107-113

These two contributions provide an overview of a (virtual) symposium of 12 articles published in this issue of *Omega*, explicitly related to whether or not complicated grief should be included in the DSM. Currently grief is subsumed as an aspect of other psychiatric diagnoses such as depression but is not regarded as a disorder in itself. The debate focuses on three issues: a) can complicated grief be regarded as a mental disorder? b) if so, where does it fit in relation to other disorders? c) what criteria for diagnosis are best supported by systematic research?

Parkes' introductory paper gives a brief history of the development of the concept of complicated grief; presents, with some comments, the two recent sets of criteria for the condition by Horowitz and by Prigerson; and outlines the main areas for debate on the subject. He cites a criticism of Prigerson's criteria for complicated grief in relation to bereaved parents and looks at concerns that bereavement in general may come to be seen as a psychiatric diagnosis and unnecessarily medicalised, as well as arguments that accepting complicated grief as a psychiatric diagnosis will result in social stigma. There is an ongoing discussion of what is 'normal' versus 'complicated' grief.

ABSTRACTS

The authors of the 12 papers are introduced. All have been previously involved in these debates but major contributors are Holly Prigerson, Karl Goodkin, Robert Neimeyer, Margaret Stroebe and Tony Walter. Further responses and conclusions are provided by some of these, as well as Nancy Hogan and Mardi Horowitz. Many write with co-authors. Articles vary from the almost purely empirical stance (Prigerson) to a questioning of the social nature of complicated grief (Walter). Walter asks if complicated grief could be a phenomenon negotiated between researchers, agencies and client. This seems particularly likely in the USA, where researchers are keen to have complicated grief included in the DSM partly because some health insurance companies will not fund treatments if the patient does not have a listed diagnosis. This point is made by a number of the writers.

The symposium forms a fascinating collection of views and Parkes concludes, on balance, that there is a case for accepting that complicated grief is a category for the DSM. He considers Prigerson's criteria to be the most appropriate for inclusion and indeed some of the other contributors have already also indicated this preference. Many of the authors also have opinions on where the disorder should sit within the classification of mental disorders, but on this there is no attempt at universal agreement.

Treatment of complicated grief

Shear KM. *Grief Matters* 2006; 9(2): 39-42

As a conclusion to this synopsis, it seems fitting to describe some clinical work. Shear has previously conducted a randomised control assessment of an intervention which she calls 'complicated grief therapy', based on Prigerson's criteria and tailored to ameliorate symptoms. This article describes a successful course of treatment with one patient. The author undertook the complicated grief therapy, which comprises 16 sessions with introductory, middle and termination phases. Briefly, this involves first developing a relationship while establishing the background history. In the middle sessions, the aim is to facilitate resolution of prolonged grief symptoms and to achieve integration of the loss. The final phase is concerned with reviewing the treatment, discussing feelings about ending and developing plans for the future.

There is evidence in the literature of similar debates on whether or how various types of psychological pain should be included in the DSM-V. Whatever the outcome for complicated grief, it is to be hoped that researchers and practitioners will remain open to differing point of views, as is seen in this collection of papers. This openness will always be important in assisting bereaved people. ●

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TRIBUTE

Dora Black

Bereavement has long been recognised as a serious and lasting hazard to the physical and mental health of children, yet, when in the 1970s, my dear friend Dora Black first joined the UK national bereavement charity, Cruse Bereavement Care, psychological support for bereaved children was a 'no-go' area. It is largely thanks to her work that this is no longer the case.

Dora pioneered new methods of support for families after the death of a parent and published the results of careful scientific research, which established the value of her work. She made a special study of the plight of children bereaved by murder and co-authored the book, *When Father Kills Mother**. She has edited three other books, contributed chapters to 32 books and authored over 50 scientific papers in the field of adolescent and child psychiatry.

In 1993 she founded and was Director of the first UK clinic for children who have been acutely psychologically traumatised, the Children's Trauma Clinic, at the Royal Free Hospital, London. She subsequently helped to set up and was also Director (1995-7) of London's first Traumatic Stress Clinic.

From 1973 to 1987 Dora served on the Council of Cruse of which she was the Vice Chairman from 1986-90. Here her wisdom and committed care has been unstinting. She was chairman of the Policy Committee during the 1970s and '80s, a time of steady expansion, and she played a large part in making Cruse the respected body that it is today. She has also served on Cruse's research and training committees.

She has been an editor of *Bereavement Care* since it was launched in 1982; indeed, there would have been no such journal without her for, at that time, she was the only child psychiatrist in Britain with the expertise to blaze this trail, to guide us and to develop this difficult area of service.

Dora made it clear that in introducing Martin Newman and David Trickey as co-editors of *Bereavement Care*, she was planning to make herself redundant. It is, nevertheless, with great regret that we announce her well-deserved, retirement from the editorial board. Dora may be redundant, but the work that she inspired will go on. ● *CMP*

* Black D, Harris-Hendriks J, Kaplan T (1993). *When Father Kills Mother*. London: Routledge.

References to articles from *Omega* and *Grief Matters*, 2006

- GOODKIN K, LEE, D, MOLINA R *et al*. Complicated bereavement: disease state or state of being? *Omega* 2006; 52(1): 21-36.
- GOODKIN K, LEE D, FRASCA A *et al*. Complicated bereavement: A commentary on its state of evolution. *Omega* 2006; 52(1): 99-105.
- HALL C. Editorial. *Grief Matters* 2006; 9(2): 27
- HOGAN NS, WORDEN JW, SCHMIDT LA. Considerations in conceptualizing complicated grief. *Omega* 2006; 52(1): 81-85.
- HOROWITZ M. Meditating on complicated grief disorder as a diagnosis. *Omega* 2006; 52(1): 87-89.
- LOBB E, KRISTIANSON LJ, AOUN S, MONTEROSSO L. An overview of complicated grief terminology and diagnostic criteria. *Grief Matters* 2006; 9(2): 28-32.
- NEIMEYER RA. Complicated grief and the quest for meaning: a constructivist contribution. *Omega* 2006; 52(1): 37-52.
- NEIMEYER RA. Defining the new abnormal: Scientific and social construction of complicated grief. *Omega* 2006; 52(1): 95-97.
- PARKES CM. Symposium on complicated grief. *Omega* 2006; 52(1): 1-7.
- PARKES CM. Guest editor's conclusions. *Omega* 2006; 52(1): 107-113.
- PRIGERSON HG, MACIEJEWSKI PK. A call for sound empirical testing and evaluation of criteria for complicated grief proposed for the DSM-V. *Omega* 2006; 52(1): 9-19.
- PRIGERSON HG, VANDERWERKER LC. Final remarks. *Omega* 2006; 52(1): 91-94.
- STROEBE M, SCHUT H. Complicated grief: a conceptual analysis of the field. *Omega* 2006; 52(1): 53-70.
- RAY R, PRIGERSON H. Complicated grief: an attachment disorder worthy of inclusion in DSM-V. *Grief Matters* 2006; 9(2): 33-38.
- SHEAR KM. The treatment of complicated grief. *Grief Matters* 2006; 9(2): 39-42.
- WALTER T. What is complicated grief? A social constructionist perspective. *Omega* 2006; 52(1): 71-79.

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