

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.

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