

# Editorial

**Colin Murray Parkes**

There is a general consensus that grief is not, in itself, an illness, but that does not mean that it can never take an abnormal course. In the past, and in many parts of the world today, bereavement problems were seen as spiritual problems and the proper realm of priests, pastoral counsellors and the religious community. Today, in an increasingly secular society, bereaved people make more use of doctors, social workers, psychologists, bereavement counsellors and trained and supported volunteers.

Although doctors are assumed by law, custom and the discipline of their craft to be the professionals best qualified to diagnose and treat illness, there is a grey area between mental health and illness that can make that task difficult. Two influential organisations are attempting to draw on the best recent research to identify criteria for the diagnosis of the mental disorders that can follow bereavement. These are the American Psychiatric Association, and a committee of the World Health Organisation (WHO). The former has now tackled some of the issues, and delayed decision on others, in the fifth edition of their *Diagnostic Statistical Manual (DSM-5)*; the WHO is still debating the situation for publication in the mental health section of their *International Classification of Diseases (ICD-11)*.

In this edition of *Bereavement Care* we publish an account (by Parkes) of the sections of the DSM-5 that are new and relevant to our readers. One section lays down criteria for the diagnosis of major depression, separation anxiety disorder and adjustment disorder after bereavement, the other provides diagnostic criteria for a possible 'persistent complex bereavement disorder', a category requiring further research. A review of a critical article about DSM-5 by two of the foremost researchers in our field, Paul Boelen and Holly Prigerson is also included in our Bereavement round-up. They applaud some of the recommendations of the DSM-5 and deplore others. This is an important debate and the editors will welcome further contributions.

However important it is to define and clarify problems in bereavement, that exercise is academic unless it helps us to solve them. A good example is Roger Solomon and Therese Rando's account of a method of treatment that has been successfully applied to the relief of post-traumatic stress disorder (PTSD) in many settings. Here they show

how it can be used to treat some of the complications of bereavement.

Personal experience is a great teacher and it is no coincidence that many of those who offer support to bereaved people have themselves been bereaved. Two who, in separate papers, combine personal experience with professional training are Denise Turner and Deborah Golden Alecson. Turner emphasises the importance of mementoes and rituals of remembrance as a way of helping families to find meaning in death. She explains the importance of involving the children, of reviewing progress and, in due course, letting go of the rituals before they become compulsive.

In *Bereavement in the Arts* Alecson relates a sad story of a life haunted by parental abuse and multiple losses. It is the acceptance of sensitive care and the discovery of her own talent for literature and poetry that has enabled her both to find meaning in her own life and to communicate her hard-earned lessons to others.

In Spotlight on Practice we focus on some other interventions that have proved their value. They include a support group for bereaved children and young persons (by Sarah Bull and Michele Pengelly), an approach to helping people bereaved by loss of a pet/companion animal (by Caroline Hewson) and new guidelines for managing bereavement in the workplace, approved and published by the British government-sponsored advisory organisation Acas (by Steve Williams and Breffni McGuinness).

All in all this edition of *Bereavement Care* has demonstrated, yet again, the importance of keeping a close watch on the latest developments in research, theory, clinical practice and personal experience if we are to maintain our ability to offer sophisticated support to the wide range of bereaved people who seek our help. ■

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders, fifth edition (DSM-5)*. Arlington, VA: American Psychiatric Publishing.

Boelen PA, Prigerson HG (2012). Commentary on the inclusion of persistent complex bereavement-related disorder in DSM-5. *Death Studies* 36(9) 771-794.

World Health Organisation (2014). *International classification of disease volume II (ICD-11) Beta version online*: <http://apps.who.int/classifications/icd11/browse/l-m/en> [Accessed 14th May 2014].