

Traumatic Grief: Diagnosis, Treatment and Prevention

By Selby Jacobs. Philadelphia and London: Brunner/Mazel. 1999. 112 pp. £20.00 (pb). ISBN 0-87630-986-4

This book is in the nature of a progress report on the work which Prigerson, Jacobs *et al* are carrying out to establish 'traumatic grief' as an acceptable diagnosis distinct from normal grief and other psychiatric disorders such as anxiety/panic disorders, major depression and post-traumatic stress disorder. In essence it replaces the range of disorders that have been lumped together as variants of grief and labelled pathological grief, morbid grief and atypical grief.

The diagnosis requires that the following criteria be met:

- (a) that sufferers have experienced a bereavement by death;
- (b) that they have reacted with intrusive and distressing core symptoms of separation anxiety (including pre-occupation with thoughts of the dead person);
- (c) that this has continued for at least two months from the time of onset (which, in the case of delayed reactions, is not from the time of death);

(d) that they have suffered four or more symptoms from a list of 11 symptoms of traumatisation; these include avoidance of reminders, numbing, feelings of futility and/or identification symptoms resembling those suffered by the one who has died;

(e) that they have shown evidence of impaired social, occupational or other functioning.

The two-month criterion has proved controversial and some authorities have argued that it does not enable a sufficient distinction to be made between traumatic and severe but normal grief. Jacobs replies that the other criteria do enable this distinction to be made and that an early diagnosis enables treatment to be introduced without unnecessary delay.

Research employing these criteria is still in progress, but much has been learned from previous studies. Jacobs includes a useful review of the research that has been carried out to evaluate treatment programmes. Well-conducted studies already point to the beneficial effects that can result from the newer antidepressants such as fluoxetine and paroxetine. Crisis intervention, dynamic psychotherapy and behaviour therapies have also given good results.

Unfortunately, he makes no mention of Schut *et al*'s (1997) impressive study of a form of combined art and psychotherapy, nor does he include the studies by Relf (1998) and Parkes (1981), which have demonstrated the effectiveness of bereavement counselling by volunteers in preventing long-term problems.

In his introduction Jacobs relates traumatic grief to the separation anxiety disorders of childhood with which it has much in common. It may be that in the final analysis it will come to be seen as one of a range of disorders of attachment.

This said, Jacobs' book is an important contribution to our understanding of problematic bereavement and it provides those who work with bereaved people with useful guidelines on the diagnosis and treatment of traumatic grief.

Parkes, C. M. (1981) Evaluation of a bereavement service. *Journal of Preventive Psychiatry*, **1**, 179–188.

Relf, M. (1988) Involving volunteers in bereavement counselling. *European Journal of Palliative Care*, **5**, 61–65.

Schut, H., de Keijser, J., van den Bout, J., et al (1997) Cross-modality grief therapy: description and assessment of a new program. *Journal of Clinical Psychology*, **52**, 357–265.

Colin Murray Parkes High Marl, 21 South Road, Chorleywood, Hertfordshire WD3 5AS