

Correspondence

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ANTICIPATORY GRIEF AND WIDOWHOOD

DEAR SIR,

In the paper by Clayton *et al.* entitled 'Anticipatory grief in widowhood' and in the companion paper by Bornstein *et al.* (*Journal*, January 1973, 122, 47-51; May 1973, 122, 561-6), the authors conclude that in their sample of unselected widows of mean age 61 years 'duration of illness [of deceased spouse] was unrelated to the prevalence of symptoms [in the survivor]'.

A recent study by Parkes, Glick, Weiss and Napier (in preparation) provides comparable information about a younger sample of American widows and widowers which conflicts with these findings and suggests that, whatever the validity of the concept of 'anticipatory grief', there are some bereaved persons who, given the opportunity, are able to prepare themselves for bereavement.

This study was confined to the under 45 age group because previous work had suggested that age at bereavement was so important a determinant of outcome that failure to control for this factor would make it impossible to identify other determinants. Twenty-four Bostonian widows and widowers who had had less than two weeks warning of probable death *and/or* less than three days warning that death was imminent were compared with 46 who had had a longer preparation for bereavement. Data were obtained at interviews conducted three weeks and 13 months after bereavement, and have now been re-analysed, using criteria which were as close as possible to the criteria adopted by Clayton *et al.* to identify the 'Depressive Symptom-Complex'.

The Table shows that 52 per cent of respondents had a 'Depressive Symptom-Complex' 13 months after bereavement, a figure considerably in excess of the 20 per cent reported by Clayton *et al.* and conforming with Maddison and Walker's discovery of a high incidence of disturbance in this age group of Boston widows and widowers (1967). It also showed that 'Depressive Symptom-Complex' was very much more common in the 'short preparation' group (χ^2 with Yates' correction 5.0; 1 d.f.; $p < .05$). This group also showed significantly more anxiety and self-reproach, and their 'overall out-

TABLE
Proportions in short and long preparation groups showing depressive symptom complex

	Depressive Symptom Complex	No Depressive Symptom Complex
Short preparation group ..	17 (74%)	6 (26%)
Long preparation group ..	19 (42%)	26 (58%)
Both groups	35 (52%)	32 (48%)

come' ratings were less good than those with a longer preparation for bereavement. Differences were just as pronounced at follow-up 2-4 years after bereavement.

These findings seem to suggest that sudden or unexpected losses are more traumatic in the younger age group we studied than in the predominantly older sample studied by Clayton and Bornstein. It might be postulated that in the 60-year-old no conjugal bereavement is entirely unexpected, and that the process of 'disengagement' has already started, whereas younger persons may benefit from an adequate warning of bereavement. The implications of this conclusion for members of the medical and nursing professions, who are often in a position to give such warnings, are obvious.

I am indebted to Dr. Paula Clayton for this opportunity to comment on the second paper concurrently with its publication.

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REFERENCE

MADDISON, D., and WALKER, W. L. (1967). 'Factors affecting the outcome of conjugal bereavement.' *Brit. J. Psychiat.*, 113, 1057-68.

DEPRESSIVE ILLNESSES IN LATE LIFE

DEAR SIR,

On different occasions both of us have calculated the distribution of scores on the Newcastle diagnostic