5-1-1986


John W. Crossin

Follow this and additional works at: http://epublications.marquette.edu/lnq

Part of the Ethics and Political Philosophy Commons, and the Medicine and Health Sciences Commons

Recommended Citation
Available at: http://epublications.marquette.edu/lnq/vol53/iss2/17
This thorough and detailed volume is the work of the Committee for the Study of Health Consequences of the Stress of Bereavement, appointed by the Institute of Medicine. The mandate of the committee was to see what could be concluded from current research, to indicate areas for future research, and to point out “preventive interventions that should be recommended for more wide-spread adoption in the health care system” (p. 5). The book seeks then to synthesize data from many disciplines while it focuses primarily “on reactions to the death of a closely related family member” (p. 6).

The volume includes 11 chapters. The first clarifies the project and defines terms. The final chapter offers conclusions and recommendations. The substance of the work appears in the intervening chapters. Each of these is clearly written, critical, and thorough. Each has a substantial bibliography. Each ends with a summary, conclusions, or recommendations. The chapters are detailed and at times make for dry reading, yet are rewarding in covering a broad range of theory and information.

The work covers such topics as adults' reactions to bereavement, reaction to particular types of bereavement, childhood and adolescent bereavement, biological responses, sociocultural influences, and so forth. The breadth and thoroughness of the varied treatments would make the volume a solid reference work for busy practitioners.

Among many important findings, the authors note the current consensus that grieving individuals are distressed, not ill or diseased. This distress usually decreases by the end of the first year although many individuals experience more persistent distress. Furthermore, “Contrary to commonly held views, most of the research literature indicates that sudden death, however defined, does not produce more disturbed survivors,” (p. 38). Adults vary greatly in their reaction to bereavement. Grieving is a process which does not proceed linearly and which can be greatly influenced by cultural and ethnic background. “Four aspects of social support — enhancing self-esteem and a feeling of being loved, problem solving, networking, and providing relationship resources for meeting life cycle transitions — are thought to modify the effects and to facilitate recovery from bereavement” (p. 203). There is, however, relatively little information available on non-conjugal bereavement among adults.

Perhaps the most helpful chapter is on the role of the health professionals and institutions. The committee believes that “the well-being of the family and others close to a dying person is part of health professionals’ responsibility in terminal illness” (p. 219). It identifies tasks for health professionals and gives some practical advice for dealing with those who are bereaved.

In conclusion, the committee notes the inadequacy of present research and suggests numerous questions which need to be addressed. It makes no recommendations for public policy on intervention strategies because of the lack of data at the present time.

The volume will be helpful to those looking for an in-depth knowledge of bereavement from the point of view of the social sciences. While broad in its scope, it does not deal with the impact of religion on bereavement or with issues of pastoral care. The committee's work provides a clear view of an important contemporary concern.