EDITORIAL

Mourning and grief are important and inevitable parts of the bereavement process. 'Normal' grief usually results in psychological growth and development. However, when a death has been sudden, unexpected, untimely, violent or inflicted by another human being, the loss is more traumatic and may cause psychological or psychiatric problems. In this issue we concentrate on some of the effects on bereavement following murder and manslaughter.

Colin Murray Parkes found in his study, published below, that death by murder or manslaughter can lead to impaired social functioning and interfere with the bereaved person's fundamental assumptions about human existence: the psychological crisis may provoke a spiritual crisis. Sometimes the period before the loss will include a series of traumatic events and these experiences will interfere with the bereavement reaction. The psychological response will be both a *bereavement reaction* and a *post-traumatic reaction*, often with the features of post-traumatic stress disorder (PTSD). Although the event itself is always traumatic, the bereavement *per se* may be traumatic to a greater or lesser extent, depending on previous circumstances

Lyn Brown's report concludes that the social network on its own is unlikely to be able to offer enough support to people who have experienced traumatic bereavement, especially when the death has been caused by another human being.

If the murderer and victim are a couple, their children will experience a double loss and a sudden change in their whole life situation. Dr Dora Black writes (p. 9) about her work with children who find themselves in this tragic situation.

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Guest Editor

Psychiatric Problems Following Bereavement by Murder or Manslaughter

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Situations of extreme stress provide the opportunity to study the onset and psychopathology of the psychiatric disorders to which they give rise. Bereavement following murder or manslaughter must surely be one of the most traumatic types of loss experienced. It has been the topic of several descriptive studies. These include Rynearson's[1] study of people who attended a support group for those bereaved by murder, a similar study by Amick-McMullan[2] et al, Burgess's[3] account of six people seen by a nurse counsellor after a murder, and several studies of children traumatised by a murder in the family, (Pynoos & Eth[4, 5], Black & Kaplan[6]). There are also several reports of self-help groups for parents of murdered children (Klass & Peach[7], Klass[8], Redmond[9]). These studies describe a range of serious problems, and support the view that the mental health of people bereaved by murder may well be at risk.

Previous research indicates that any or all of the following factors (which are likely to be present after a murder) can increase the prevalence of psychosocial problems in the wake of bereavement:

- sudden, unexpected deaths
- untimely deaths
- witnessing of horrific circumstances
- threat to the life of the survivor or other loss of personal security
- guilt at having survived
- intense anger or ambivalence
- deaths by human agency, particularly when compensation is involved.

Parkes[10] reviews the scientific literature in this field.

Method

It is with the aim of examining the interaction of these, and other factors peculiar to bereavement by murder, that a detailed study has been carried out of the case records of 17 patients who were referred to the writer's psychiatric out-patient clinic at the Royal London Hospital for the assessment and for the treatment of psychiatric problems arising after a death which was thought by the family to be murder. Manslaughter has been included because in some cases this was the verdict of the court, while many of the survivors continued to regard the offender as a murderer and express deep resentment of what they saw as the derisory sentence imposed. If anything, the stress on the families of the victims seems to have been greater in these cases.

Referrals to this clinic come from all parts of London, including several from the self-help organisation for parents of murdered children. Patients are always invited to bring a relative, and those who came were also interviewed.

Results

Only one of the 17 patients referred was a man (he had lost his wife). Of the women, nine were mothers who had lost a child, two had lost a sister, two a friend, and one each had lost a husband, mother, and mother-in-law.

Six of the assailants had been a stranger to the patient (four of whom were never identified), six were relatives (three sons-in-law, two brothers-in-law and a son) and five, other acquaintances. The known assailants were all men.

The most common method of killing was stabbing (eight); four victims were strangled, three shot, one beaten to death with an iron bar and one burned to death with petrol. In two cases the body had been mutilated after death.

The apparent reason for the killing was unknown in four cases, attributed to psychosis in two (one depressive and one schizophrenic illness), marital jealousy in seven, psychopathology in one, a fight in a public house, a family quarrel and political vengeance.