

Editorial

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This Issue of *Bereavement Care* shares some major features and cross-cutting themes. Several authors address specific experiences, including aspects of support, where bereavement has occurred:

- through drugs or other substances (Cartwright), including responses to such deaths by those who themselves use illegal substances (Valentine)
- as a result of stillbirth and perinatal deaths (Beck et al.)
- as a result of suicide (Lytje and Dyregrov; Valentine)
- during childhood (Debenham; Lytje and Dyregrov; Scott et al.).

And all the pieces in this Issue, directly or indirectly, have relevance to a further major theme concerning available evidence, whether based on surveys and questionnaires (Cartwright; Lytje and Dyregrov; Scott et al.), meaning-making in interviews (Valentine) or personal experiences and understandings (Gilmour; Beck et al.; Jones). This then raises complex questions about the adequacy of research evidence, as well as its ambiguities and contradictions (Lytje and Dyregrov).

Considerations of support in relation to particular bereavement experiences raises some dilemmas, particularly the vexed question of whether such experiences require specialist support expertise, or whether peer support, or existing networks, are able to provide an input that is found to be supportive. Thus Cartwright asked how helpful specialist and non-specialist counselling or other forms of support may be for people bereaved through a substance-abuse related death. The answers from his volunteer participants were not always straightforward. Beck et al. actively set out to provide a new form of specialist support for dealing with experiences of stillbirths and perinatal deaths, through the creation of an audio archive of parents' and professionals' personal experiences. The subsequent feedback, from a range of professionals and other relevant listeners, was generally very positive.

Scott et al. researched the general experiences of a relatively small sample of Scottish school children with regard to significant deaths in their lives, and what sources of support they had available to them, as described by parents, children, and teachers. Young people themselves overwhelmingly favoured support from informal networks, both family and friends. Indeed, the authors comment on the lack of recognition by adults of the importance of peer support, and the capacity of children to offer such support. This conclusion resonates with existing arguments for what has been termed 'death education' in schools, which,

amongst other benefits, might increase young people's ability and confidence in providing support to their friends and peers after a significant bereavement (Job & Frances, 2004). Indeed, the literature review by Lytje and Dyregrov indicates some complex issues in terms of peer relationships, including the value of supportive friendships but also the possibility that bereaved children may feel distanced from their peers.

In undertaking this review of recent literature, Lytje and Dyregrov faced a complex and important task, with many cross-cutting and interacting issues that needed to be considered when examining the consequences of bereavement during childhood, in the context of evidence from different studies that may be contradictory and ambiguous. Exploring the interaction of different issues over time in the life of a bereaved person, whether adult or child, is key for understanding the sequence of, and interaction between, different life experiences. Some of the best statistical studies cited by Lytje and Dyregrov examine a range of interacting factors over time, highlighting the possibility that what appears to be a negative outcome of a bereavement in the life of a child, may rather be the consequence of pre-existing disadvantageous circumstances in their life which increased the risk of **both** experiencing a significant bereavement **and** having poor resources to support them after the death.

One research issue that must always be considered concerns the nature of the samples and how they were accessed; many studies are limited to volunteer participants and/or those who are already in contact with bereavement services of one sort or another (which is indeed the case with some of the articles in this issue). In this regard, it is important that Lytje and Dyregrov review findings from some significant recent publications based on large scale data sets from Scandinavian countries which record detailed information, including significant bereavements, for all children in those countries. Such datasets can provide greater confidence in the generalisability of the findings within these national contexts, and the robustness of their conclusions, although sometimes such large scale studies provide tantalisingly limited insights into the lived experiences of their respondents.

It is also very important that readers of such research have a good understanding of the nature of any conclusions about the 'significance' and 'increased risk' of unwelcome outcomes associated with childhood bereavement, since both of these terms may convey a greater sense of their importance than is warranted by the fact that they have very specific meanings in relation to

statistical analysis. This then points to a further difficult issue about how to communicate such findings to a wider audience: on the one hand, such increased 'risk' may help channel attention and resources to support bereaved children, while on the other hand, there is a concern to avoid overstating the 'risk' and 'significance' in ways that may create anxiety and undermine resilience in bereaved children and their families. Such issues perhaps highlight the ways in which 'facts' and 'evidence' can never simply speak for themselves.

Somewhat by contrast to such statistical approaches, in her Bereavement round up Valentine focuses upon the importance of meaning-making after a death, drawing attention to the socio-cultural contexts and circumstances of people's lives, highlighted through three recent studies concerning various forms of bereavement. As Valentine points out, meaning-making provides both a research approach and a topic for investigation. Additionally, the meaning of 'meaning' may also differ between academic disciplines and approaches (Ribbens McCarthy, 2006), being used by sociologists in terms of 'sense-making' as an inevitable feature of social life (Ribbens McCarthy et al., 2018), and by others more therapeutically in terms of creating a meaningful, 'reconstructed narrative' after a bereavement (Neimeyer, 2001).

Other contributing authors convey the complexity of significant bereavement through writing in different forms about personal experience. Jones positively reviews Appignanesi's autobiography of her experiences after

widowhood, while Gilmour writes very directly about her personal experiences after the death of her daughter. While Valentine draws attention to meaning-making as both cognitive and emotional, Gilmour experienced the death in very embodied ways (as with some other personal accounts of severe loss). She explores these in open and evocative terms, through poetry as well as prose.

All these different approaches to the provision of 'evidence' have particular value and particular contributions to make, as well as particular limitations. Given the enormously multi-faceted nature of human experiences after a significant death, this range of approaches and means of communicating them are all to be valued. ■

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