

# Editorial

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This special edition of *Bereavement Care* marks the 60th anniversary of the foundation of our parent organisation, Cruse Bereavement Care. Although our editorial board is independent of that organisation with regard to the recruitment and selection of the contents, we share an office, a managing editor, financial management and inspiration.

As an ageing psychiatrist who joined Cruse in 1966, I briefly report the research and other factors that explain how Cruse developed from a small, simple club for empowering widows, into the renowned national organisation for all bereaved people that it is today. This is followed by two of Cruse's chief executives, past and present, Debbie Kerslake and Steven Wibberley. Kerslake recalls and reviews the inspiring international conference that opened Cruse's celebrations in July 2019 (in Birmingham, UK) and we are brought up-to-date with the progress of Cruse by Wibberley, its current chief executive.

Of course, Cruse is only one of the many organisations that assist bereaved people across the world. In the West they include the funeral directors who, we learn from Rumbold, Lowe and Aoun, are now faced with new demands for a wide variety of rituals, memorials and support that may or may not meet the needs of bereaved people. These include the digital legacies, 'memory boxes' and the like. Clabburn, Knighting, Jack and O'Brien report an assessment by healthcare professionals and bereavement specialists of the use of videotapes as legacies for their families by people with motor neurone disease that subsequently proved fatal. It reminded me that I made a similar series of audiotape recordings of my mother during her old age. They constitute a family archive that enabled me to send an edited version that was much appreciated. to her children and grandchildren after my mother's death.

Although the web is awash with offers of help to bereaved people, the fact that most grief diminishes over time makes it difficult to judge whether improvement is attributable to such help or would have happened anyway. For this reason it is important for offers of support be backed by systematic research and published in a reliable source. Denise Brady, as the former, longstanding librarian at St Christopher's Hospice, is well qualified to identify and guide us through the journals that overlap with this one.

Most of the contributors to bereavement journals, and their readers, come from and write about the relatively small number of wealthy countries in the English-speaking 'Western' world. In this edition, however, three... 'white,

middle class women with differing ages, social science disciplinary orientations, and personal experiences of loss through death', Jane Ribbens McCarthy, Ruth Evans and Sophie Bowlby, set aside their own assumptions about death, dying and bereavement in order ...

**'to educate themselves (while avoiding stereotypes) on the varieties of human ways of being in the world, letting go of our own cultural certainties and the arrogance and taken-for-granted privilege of Western thinking, being and living'.**

They have chosen Senegal to illustrate this difficult task and to recognise both the advantages and disadvantages of bereavement in this African country by comparison with their own.

Even within 'Western' societies there are many cultural and developmental factors influencing such clients as bereaved children, lesbian, gay, bisexual and trans (LGBT) attachments and many more including the losses of loved people with mental impairments. Here Liz Rolls reports on the success of many of the relatively new services for bereaved children that are becoming more sophisticated and are having ... 'a significant impact on social policy and the wider cultural discourse concerning bereaved children'. In our series of First Person accounts Richard O'Leary gives a vivid and heartfelt report of his experiences before and after the death of his registered male partner, Mervyn. With scrupulous honesty he analyses both the help and the difficulties that he experienced from churches, Cruse and other organisations and individuals. Roleston, West and Shaw summarise the findings of their assessment of the bereavement needs of patients with dementia and their families throughout Wales and their assessment of the introduction of a one-day training course for Cruse volunteers and others. Support for the value of Cruse volunteers for bereaved people with dementia comes from Dowling, Hubert and Hollins published in this journal in 2003. They reported the results of a random allocation study of two types of bereavement interventions in bereaved people in institutional care for learning difficulties. In one, fully trained volunteers from Cruse and the Wandsworth Bereavement Service were given short training in the special needs of patients with learning difficulties, in the other staff specialising in learning difficulties were given short training in bereavement care. On follow-up the best

outcomes were 'unequivocally' found with the Cruse/Wandsworth volunteers.

Although most deaths take place in old age it is the untimely deaths of middle-aged adults that constitute the majority of bereaved clients who seek help from Cruse. Such bereavements are more unexpected and often more traumatic than later losses. Atle Dyregrov and his wife Kari, from the centre for Crisis Psychology in Bergen, Norway, have devoted their lives to the study and support of people facing a wide range of traumatic losses. They know from experience and research that, although the impact of such losses is very great, there is a great deal that can be done to help people to grow through grieving. In this paper they summarise a rich literature on post-traumatic growth and its possibilities.

Disasters are rare in many parts of the world and can seldom be predicted, but they occur with sufficient frequency and their consequences are so profound that all members of the caring professions need to be prepared for them. They take place in small scale from motorway pile-ups to terrorist attacks, large-scale tempests, tsunamis and genocides. In this edition we include Anne Eyre's account of the use of peer support groups after disasters with special reference to the Manchester bombing in 2017 where a terrorist bomb killed 22 and physically injured 100 more. Support groups were facilitated by psychotherapists but

were not seen or treated as therapy groups and several other peer groups reached out to a wider range of participants.

Many disasters destroy homes and property the personal worth of which may exceed their financial value. Lucy Easthope recognises that personal effects come closely behind recovery of the bodies of the victims of disasters in importance to the families and takes on added value when no body can be recovered. She uses the term 'ethic of care' for the delicate handling of both the communication and the return of all that is left of a loved person or home.

It will be clear from all this that there is no single method of support or 'therapy' that will meet the complex needs of the wide variety of people, families and communities who need help after the many bereavements that flesh is heir to. Organisations such as Cruse will never have all the answers, nevertheless our willingness to listen and to do our best to show we care may be sufficient to restore hope when hope is gone and journals such as *Bereavement Care* will widen the understanding and increase the confidence of those who care enough to read them. Grief is the price of love but the right help at the right time can ensure that it is a price worth paying. ■

Dowling, D., Hubert, J., & Hollins, S. (2003). Bereavement interventions in people with learning disabilities. *Bereavement Care*, 22(1), 19-21.