

Editorial

Liz Rolls

It has been commented upon in earlier editorials that there is no *one* such thing as grief (Stedmon, 2018). The articles in this month's journal remind us that – as much as anything – this arises from the very different relationships we have to the 'objects' of loss.

Three articles concern bereavement following the loss of a child. In *The Emergence and effect of hospital protocols for perinatal loss in Canada*, Deborah Davidson considers the role of organisations in mediating the experience of parental loss as a result of perinatal death. From this perspective, she outlines the historical changes in the organisational conditions of healthcare in Canada that have made a difference to this experience. In situating an individual's experience in an organisational setting – a circumstance in which there can be conflicting needs and tensions – Davidson's review highlights the way in which protocols – essentially impersonal, system bound, and procedural – have changed and developed over time as a result of listening, and now giving recognition, to the very personal experience of the loss of a child.

The theme of early infant loss is carried forward in Fauzia Paize and Jessica MacWilliam's Spotlight on Practice: *End of life and bereavement care on a tertiary neonatal unit: a parental survey* – this time from the perspective of parents and their experience of organisational care. The evocative testaments of these parents gives us insight into the contradictoriness of their situation exemplified by the conflicting emotions of rejoicing in the new life of their infant while, at the same time, facing their infant's imminent death. This disruption to 'a significant life milestone (pregnancy/birth/infancy)' has been depicted elsewhere by Brown and Addington-Hall (2008) as a 'fractured storyline'. Such a fracture can deprive parents of the capacity to make meaning of the event – a component considered essential for adaptation to loss. The parents' narratives show how sensitive and truthful communication from staff, together with helpful practices such as the 'keepsafe box', can help bring coherence and meaning to the events that have overtaken them – contributing to them reconstructing a storyline that includes their infant. We are also reminded that hospitals are also organisations in which the business of the unit can make it difficult to afford parents much-needed time and privacy.

Toni Bewley's First Person article *Losing your child: becoming a hero to zero parent* is a timely reminder that not all parental loss involves young children. The joy of

her daughter's life (also called Toni) and the void created as a result of her death at the age of 23 years is vividly described. Sadly, it is also a reminder that, as a society, we have lost (did we ever have it?) the capacity to speak to the bereaved. The insensitivity of people – imagining that still having two surviving children (which '*seemed to lessen the death*') and because Toni was a fostered/chosen child with a disability, this made Toni's death 'ok' – still has the power to shock.

In Susan Neilson and Faith Gibson's *Bereavement support after the death of a child with cancer: implications for practice*, the authors have returned to the data to undertake an in-depth secondary analysis of the perspective of parents and professionals, in particular the role of the general practitioner (GP). Organisational factors are again highlighted as mediating the capacity of professionals to respond to parents – in this case, the pressure of insufficient time to give to the bereaved (GPs) or not wanting to waste the GP's time (parents). Knowing how to respond to the bereaved is a continuing theme even among those professionals located in more specialist environments, and having sources of learning to enable them to do so with sensitivity as well as how to assess levels of bereavement are considered important. Inter-professional communication and collaboration is also highlighted.

Returning to the First Person, Erica Buist in *This party's dead: A journey to seven death festivals* vividly evokes the trauma of the visceral experience of finding a corpse some days after death but, more importantly, through her journey to the seven death festivals, indicates how far we have come as a culture towards a collective death anxiety arising from the 'sequestration of death' (Mellor & Shilling, 1993). As we move ever forward towards 'direct cremations' in which there are no ceremonial services involved (the body is cremated shortly after death, without embalming, viewing or visitation), relatives – and society – are increasingly distanced from the disposal ritual. To 'neglect death, is to ignore one of the few universal parameters in which individual and social life are constructed' (Mellor & Shilling, 1993, p. 411). What Erica Buist discovers on the journey is that death 'is normal' and that rituals and festivals give people time and space in an essentially social setting to deal with the terror of death so that when someone dies it can be faced, including by the society around them.

The motif of difficult deaths or losses is carried forward into Sarah Wayland and Myfanwy Maple's article: *An*

all-consuming cumulonimbus of pain': a scoping review exploring the impact of ambiguous loss when someone is missing and the counselling interventions relevant to the experience – a timely scoping review examining the breadth of literature that has arisen since Emeritus Professor Pauline Boss' 1999 landmark publication *Ambiguous loss: learning to live with unresolved grief*. The disconnection from the community that the relatives of the missing experience, as people go about their lives unaffected by the loss with which relatives are consumed, is a reminder of the prolonged isolation that these people can experience. They give us insight into the importance – and difficulty – of holding hope for the person's return while, at the same time, being able to manage and live in this place of deep uncertainty and the deep yearning for 'the lost object'.

What theories of grief bereavement and loss-focused research can do is to shine a light on the different processes that surround our experience of loss – the intra-psychic;

the inter-personal; and the socio-cultural. Together with the different positions and relationships we each have to the 'objects of loss', it becomes easier to see how there is no *one* such thing as grief. Although we all share the essential components, perhaps, taking all these variables together, we can think of grief as more like a kaleidoscope in which a small rotation of the combination of these elements results in a different pattern being experienced and presented. As well as 'death denial', and lack of time identified in these papers, does this complexity also make it difficult for us to always know how best to respond and for the bereaved to feel we have got it 'right'? ■

Brown, J., & Addington-Hall, J. (2008). How people with motor neurone disease talk about living with their illness: A narrative study. *Journal of Advanced Nursing*, 62(2), 200–208.

Mellor, P. A., & Shilling, C. (1993). Modernity, self-identity and the sequestration of death. *Sociology*, 27(3), 411–431.

Stedmon, J. (2018) Editorial. *Bereavement Care*, 37(1), 1.