

Editorial

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Writing an editorial is a tricky business. How much should one comment on current events? It seems odd to ignore them, but important too that commentaries should remain topical for future readers. When, in early spring 2020, I offered to write the opening for this issue, I already knew that we would be marking the end of an era. With the inimitable Colin Murray Parkes standing down as chair of the Editorial Board, and this being the last edition of our partnership with Taylor and Francis, it felt more acceptable than usual to acknowledge these events.

Little did I know then how the world as we knew it would soon be utterly eclipsed by the rapid spread of Covid-19. With more than a million deaths worldwide at the time of writing, innumerable families are grieving lives lost to this cruel virus. In many countries, *all* bereavements have been affected during the outbreak, by strict measures to control further infection. While necessary to protect public health from further sorrow, these policies have stopped people spending time with loved ones as they are dying, changed rituals around caring for the body, restricted numbers at funerals, and made it more difficult to gather, console and support one another in grief.

While we are in the middle of this ongoing crisis, it is hard to make sense of it. As we await empirical findings on the impact of the pandemic on grief, it can also be helpful to look to older studies, and findings from before the outbreak, to think about how they can guide us in this strange new world.

An example in this edition is Birrell et al's careful consideration of the generalisability of their findings on the relationship between grief and cremation style. Their results suggest that the elaborateness of the funeral ceremony that is chosen makes no difference to grief. But as they point out, it may be the element of control that is critical, rather than the style that is chosen, which has obvious implications for our context today: *'being forced to accept a low attendance at a funeral, unwitnessed or direct cremation is different from making arrangements of one's own choice'*.

Reading this issue initiates further connections between pre-pandemic findings and our current situation. Many of us have struggled for appropriate metaphors to describe this experience, and Daho's analysis of the imagery that Italian and American parents use to describe perinatal hospice shows how we strive to express hidden meanings in the face of unspeakable loss.

Wakenshaw's piece on the role of transitional objects in bereavement practice takes on a new significance in light

of the creative methods that have kept families connected when someone is dying away from home during Covid-19: pairs of knitted hearts or painted stones, treasured objects from home.

The reopening of schools following the peak of infections focused the minds of staff on the needs of bereaved students. In many countries, this attention was long overdue. Dyregrov et al share important practical tips from Scandinavian strategic responses in usual times, offering a course that can help to resolve grieving young people's dilemma that *'on one hand, they do not want to stand out, but at the same time they long to be seen in the new life situation they find themselves in'*.

The pandemic is rare in its blurring of the personal and professional experiences of those involved in bereavement care – many of whom have themselves been bereaved during this time. It is likely that we will see many reflective pieces emerging in coming months, and we hope for innovative research designs and methods. The narrative peer-to-peer methods described by Gillis et al marry the skills of patient-researchers and academics in co-design.

Many of us have turned to Colin Murray Parkes' wise writings on mass bereavement events to help guide our thinking in the face of the current crisis. Debbie Kerslake's tribute to Colin reminds us of his unique contribution to the field, and the vast number of bereaved people who have benefited directly and indirectly from his care, learning and teaching. Three of the things I value most about Colin are his scholarship, his humility and his effervescent curiosity. It is fitting that this edition, the last under his tenure, should feature a thoughtful article (Lawler et al) exploring the clinical utility of the Bereavement Risk Index that he published with Robert Weiss in 1983. We have been fortunate indeed to have been inspired and taught so much by him, and by his expert leadership of the journal.

This edition is not only the last with Colin at the helm: it is also the last to be published in association with Taylor and Francis. As an editorial board we are grateful for the expertise and hard work they have brought to the partnership. We are glad too of the remarkable community of contributors, reviewers and readers that make Bereavement Care the unique publication that it is, and we look forward to exchanging ideas and knowledge with you in the journal's new format. We continue to welcome your contributions.

Please write to us, write for us, and think with us, now that bereavement scholarship is more important than ever.

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Bereavement Care in 2021

This is the last issue of *Bereavement Care* to be published in association with Taylor and Francis. From 2021 Cruse Bereavement Care will publish the journal online, continuing to accept papers for peer review and publishing.

Bereavement Care was founded in 1982, and has grown to become a unique international journal that sets a high academic and scientific standard. Accessible and interdisciplinary, it reaches a range of relevant audiences including practitioners, volunteers and students, as well as academics, researchers and all those with an interest in the impact of death on people's lives.

Bereavement Care will continue to improve understanding of grief and bereavement and to enhance the quality of care and support provided to all bereaved people

We aim to inform best practice in bereavement care, to discuss the contexts of death and bereavement within societies around the world, and to stimulate dialogue about bereavement from a wide perspective and across disciplines.

We publish leading new research and theory alongside articles describing the best current practices and innovations in service delivery. We have an international readership and welcome contributions on the needs of people from all cultures, religions and philosophies.

Our editorial board is carefully chosen to include a balance of practitioners and academics to cover the disciplines relevant to the care of bereaved people.

Articles are double blind peer reviewed by independent referees.

For further information on submissions see www.cruse.org.uk/bereavement-care-journal ■