

Editorial

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Two of the most important questions to which each of our readers must, perhaps, find answers are: do our efforts to help bereaved people work, and how can they be improved? We find answers to these questions in our own intuition and in the responses of our clients, but both are open to bias. Intuition is notoriously fallible, and our clients may find it hard to tell us if we are not much help.

We should not dismiss these sources of information as useless, but more is needed. Only systematic research, using every safeguard possible to eliminate bias, can provide more reliable answers to our questions. That said, such research is highly technical and most of us are forced to rely on the opinions of other authorities, whose erudition and qualifications we respect, to interpret the evidence.

However problems can arise when the experts disagree, as is the case now with the ongoing dispute about the evidence for the effectiveness of bereavement counselling. In that event, the editors of *Bereavement Care* see it as our role to bring the arguments to our readers' attention and to invite the experts to defend their positions.

Readers will be aware that doubts about the efficacy of bereavement counselling have been expressed by two of the most respected authorities in our field, Henk Schut and Robert Neimeyer. In our Winter 2009 issue (volume 28, issue 3), we published an article by Dale Larson and William Hoyt that challenged their views. We are grateful to Schut and Neimeyer for their responses to Larson and Hoyt in this issue, and to Larson and Hoyt for their thoughtful reply to both their articles. Some readers may find the arguments heavy going, but the issues are so important that we think they are worth the effort. The final consensus is not pessimistic.

Alongside this battle of the giants, we publish another in our new series of First Person accounts of personal bereavement. In this case we are grateful to Eleanor Turner, aged 12, for her articulate and moving account of her response to the sad death of her father by suicide, and to David Trickey for his additional comments. We also include a careful evaluation by Roberts and McGilloway of the well-planned approach to bereavement care that is offered to relatives by an Irish hospice.

Later in this issue, Janet Dowling makes a useful and fascinating contribution to our Spotlight on Practice series, with her description of how she uses storytelling in her work with bereaved people. As she points out, the most important story is the one the bereaved person has to tell us about themselves, but some bereaved people may struggle to do so.

Storytelling offers a framework that enables her to help such people to do so. With other people, storytelling is a way of showing them they are not alone. While research has yet to demonstrate the effectiveness of such approaches, they have been shown to be helpful in similar spheres, and our inclusion of her article here may, we hope, contribute towards the construction of a robust evidence base.

In keeping with our policy of drawing your attention to the fascinating differences between cultures, we invited Margi Abeles and Jeanne Katz to present an account of contemporary Jewish beliefs and customs. Their article outlines some useful insights and information, while stressing that people belonging to any particular culture cannot be assumed to follow all its tenets and customs, and that every bereaved person should be regarded as an individual, not a stereotype, and approached without preconceptions or assumptions.

Little research has been carried out into the financial implications of bereavement, or how experience of economic hardship affects grief. Anne Corden, Michael Hirst and Katharine Nice have admirably filled this gap with their UK study. They found that many bereaved people – and women in particular – face considerable financial difficulties following the death of their partner, and that dealing with these can take an immense emotional toll, adding to the distress of the bereavement. Palliative care and bereavement support practitioners will find their findings informative and helpful in offering help and support to those for whom bereavement has meant major financial as well as emotional loss.

Readers may be aware of the work in progress to have Prolonged Grief Disorder formally recognised as a psychiatric disorder in the DSM-V (*Diagnostic and Statistical Manual of Mental Disorders*) and ICD-10 classification systems. In this issue's Webwatch pages, Paul Boelen, who has recently joined our editorial board, and Catherine Jackson, our managing editor, report responses on the web to this proposal. It is clear that, for some lay people, a formal diagnosis for their sorrows would bring relief. However others are distressed by the thought that a human emotion such as grief might be labelled mentally dysfunctional. Bereavement professionals argue that such a diagnosis would bring expert help to the small numbers of people who are, for a variety of emotional and other reasons, suffering a kind of persisting grief that seriously impairs their ability to function in ways that make life worth living. This is another important topic on which we welcome constructive comment from our readers. ■