Editorial

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In this edition of *Bereavement Care* we focus on ways in which bereaved people can be helped to rebuild their assumptive world and find new meanings in life. It starts with Ella Hoyle's fascinating account of the creation of a 'thesis' about her journey through grief followed by Robert Neimeyer's analysis of her adventure in meaning-making. He points out that we 'will find inspiration in her story, as well as in the rich trove of techniques for supporting such reflective practice'.

Samantha Murphy then reports an in-depth study of couples' responses to a stillbirth and, without denying their suffering, is able to show how several of them were 'empowered to take action to improve local and, in some cases, national maternity services, as well as raising people's awareness of stillbirth and breaking the silence that surrounds it'.

Katherine Supiano finds a similar capacity for learning lessons from grief in students from health professions, most of whom revealed personal experiences of bereavement in focus groups, in order to reflect upon them and to relate them to the similar experiences of their colleagues and clients. Thus both the bereaved students and their non-bereaved colleagues benefited from their experience.

Each person's unique experience of life means that we all come from different cultures. But some are more different than others. Taukeni's account of the responses to bereavement of orphans in Namibia may seem familiar yet we are brought up short when we learn that one of the orphans thinks his late mother was bewitched. We have much to learn from both the similarities and differences between cultures and it is fascinating to discover, in the study by Foster and her colleagues, that poor people in Ecuador, who may lack the mementoes treasured by bereaved Westerners, reported more frequent dreams of reunion with the lost person than had been found in a comparative study in the USA. Continuing bonds, it seems, have many manifestations.

Two important papers describe nationally organised responses to traumatic losses. Bush fires are a recurrent hazard in Australia which may explain that country's development of excellent psychological support services following disasters. Some of the worst were the devastating firestorms in Victoria during 2009, the response to which was described by Chris Hall in *Bereavement Care* 30 (2) pp.5–9. Subsequently members of the Australian Centre for Post-traumatic Mental Health and the Department of Psychiatry at the University of Melbourne have worked with Hall's group to develop the model service described here by Wade, Forbes and Nursey. Acknowledging that, even in a disaster area, most people will come through without the need for specialist help, they describe and illustrate a practical and economical way of providing three levels of service graded according to need.

The Gulf wars and other military engagements have killed many service men and women, and even those deaths that do not result from combat are traumatic for the young families who experience them. Support for families and fellows provided by the armed services were described by Paul Cawkill in *Bereavement Care* 28, (2), pp. 25–30. But most bereaved family members eventually move out of that cocoon, and in this edition Cawkill joins Jenny Green to examine the newly-developed service provided for military families by *Cruse Bereavement Care* and to illustrate it from the experience of two trained bereavement volunteers.

Book lovers may be startled by the report by Colleen Attara in our series '*Bereavement in the Arts*'. Yet, by her dissection and respectful reconstruction of a much-loved book which she had read to her dying mother, she contributed, like Ella Hoyle, to the healing art of grieving.

All who help bereaved people are faced with the problem of finding the right balance between confrontation and avoidance of emotional issues. Should teachers encourage bereaved students to express their grief or to leave it aside? Should midwives encourage mothers of stillborn babies to look at and hold their dead baby or should they remove them from the delivery room and take a photograph which the mother can see if she wishes?

Research studies may suggest answers but we must beware of over-generalising from them. Thus, Taukeni's finding that most of the six orphaned children from six schools in Namibia whom he interviewed did not find that a brief handshake from their teacher met their needs for emotional support, should not be taken to mean that they all needed to cry, nor does the finding from recent research that most mothers who see and hold their stillborn babies become more depressed and have a worse overall outcome than mothers who do not see or hold them be assumed to mean that no mother should be permitted to see or hold her dead baby (Hughes *et al.* 2002). There are no simple, off-the-peg answers to these simple questions because human beings are not simple. In the end, it is bereaved people who are best placed to decide when to confront, and when to avoid, grief.

Hughes, P, Turton, P, Hopper, E, Slyter, H & Evans CDH (2002). Assessment of guidelines for good practice in psycho-social care of mothers after stillbirth. *Lancet* 9327, 114–118