

Editorial

Martin Newman

When we started our occasional series, 'Bereavement in the Arts', we anticipated that this would be an opportunity for contributors to discuss a piece of art (a painting, opera, book, film, exhibition, etc) that had moved them or contributed towards their understanding of the experience of bereavement, and to share that with others. It has become clear that, for some bereaved people, the act of creating something is a helpful tool in dealing with their grief, and we have shared some of those stories. From the contributions to this edition of *Bereavement Care*, it seems that, for many, the creation of 'continuing bonds' to those who have died is an important part of their grieving.

Anecdotal and personal evidence, often very moving, can help us understand the process of grief, especially if it resonates with our own experiences. Such anecdotal evidence can be a driving force to design more scientifically robust studies. The strongest evidence for the effectiveness of an intervention is normally considered to be the double-blind controlled randomised study, where neither the researcher nor participant is aware of whether they are having the trial or control intervention. Trickey, in his editorial in 2012 (*Bereavement Care* 31(1)) discussed how personal accounts can add richness to our understanding, whilst also pointing out that both types of study are important.

In this issue, the accounts by Belinda Whiting and Evelyn Bode provide powerful evidence of how exploring grief through the means of writing and art (respectively) enabled them to move on with their lives. The benefits of writing in bereavement are explored in more depth by Furnes and Dysvik's account of participants in memory writing groups in Norway, and in the commentary to Whiting's account by Jane Moss.

Moss picks out one of Whiting's metaphors of drowning at sea as particularly effective, and the power of metaphor for helping to give a voice to the feelings of bereavement is further examined as part of Rosenblatt and Bowman's conversation on the ways we can think about and conceptualize grief. Bereaved children may also benefit from a chance to express themselves creatively, and Fluegeman *et al*'s account of a US bereavement camp explores how occupational therapists can help by selecting appropriate meaningful and age-appropriate activities for children, which may include journaling, music, and discussion with other bereaved children.

The expression of continuing bonds with the deceased can vary across cultures, and Oyeboode and Owen's exploration of how cultural and religious practices can

affect bereavement includes a discussion of what kind of continuing bonds with the dead are considered appropriate, and for how long. In *Bereavement Care*, we try to offer a multi-cultural perspective, and over recent issues, we have included articles from, or concerning, a number of countries other than the UK, including Ecuador, Australia, Ireland, Canada, Israel, The Netherlands, New Zealand, and Japan.

Bereavement occurs in many countries as a result of war, famine, genocide, as well as a result of natural disasters such as floods, earthquakes and tsunamis. Sometimes research in such countries is difficult to carry out – for a number of reasons, including the lack of resources, and the disruption caused by the disaster or conflict. A recent article on mental health in post-genocide Rwanda (Palmer and Firmin, 2011) is of interest. They drew attention to a 2004 UNICEF study of 3000 children, which found that 80% had experienced death in the family, 70% had witnessed a killing or injury, 35% had seen other children killing or injuring other children, 61% were threatened with being killed, and 90% believed they would die. In the genocide, about one million citizens were killed, and about 300,000 children were murdered, a significant number by other children. The children who had experienced the genocide are now adults. Palmer and Firmin report that PTSD symptoms are common; one study found a prevalence rate of 44% ten years later. Another study had found that depression and substance misuse were common in the 29% of the general population who had PTSD. There are complex needs in such societies, and it is not clear what interventions may best be of help.

Elsewhere in the same issue of *International Psychiatry* is an article which discusses the representation of low- and middle-income countries in the psychiatric research literature, and considers how to reduce under-representation from such countries to 'improve the evidence base at international level and thus the quality of service provision and the further development of truly international psychiatry'. Recommendations include journals being proactive in attracting and supporting submissions from low- and middle-income countries, and we will do our best to do so. ■

Helal MN, Ahmed U, Vostanis P (2011). The representation of low- and middle-income countries in the psychiatric research literature. *International Psychiatry* 8(4) 92–94.

Palmer I, Firmin N (2011). Mental health in post-genocide Rwanda. *International Psychiatry* 8(4) 86–87.