Editorial

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This issue takes us on a very long journey from the immediate aftermath of a death through to the months and years that follow. We journey in the company of bereaved campaigners, school teachers, mortuary staff, chaplains, palliative care therapists, counsellors and coroner's courts. Along this route a range of possibilities for support emerge – support provided by others, but also self-directed coping, with clear examples of bereaved people articulating and acting on their own needs. The overarching theme is a sense of purpose – the search for which is a tangible feature in Catherine Jackson's first person interviews *Campaigners Speak*. Purposeful also are thoughtful actions of mortuary staff, and the planned and directed exposures and follow-ups of the other professionals detailed above.

A further theme is the way in which these papers illuminate aspects of death and bereavement which are usually unseen, private and hence more challenging – for the bereaved person and for those charged with helping them. One example of this hidden theme is dealing with 'the body'. Arguably in modern society we are more and more exposed to the living body, yet our direct exposure to physical death is less frequent than for other generations. Most of our dealings with the physicality of death are mediated through media. Many traditional grief rituals involve the washing of the body, the slow transition from life to death acted out in caring for the deceased's body. In contrast, Woodthorpe and Komaromy's article gives the perspective of the professional caretakers. Their normally hidden work emerges as care with dual purpose; firstly, a continuing of the care for the deceased person (a patient while under their care) and secondly, a diligent preparation of the body with the relative's encounter in mind.

Equally hidden from people's experience is the aftermath of the destruction of a body through accident, injury or suicide. We hear from Ryan and Giljohann how some bereaved people need, for a range of reasons, to see the natural and immediate aftermath of a loved one's death – though visiting or photographs. The careful navigation of these requests in a therapeutic, prepared and gradual series of sessions is expertly described in the work. Sense-making for some bereaved people requires structured support and the collaboration of coroner and bereavement service provides this structure.

Chapple and Ziebland's (2010) large study of relatives' decisions on whether or not to view a body following traumatic death links the work of both mortuary staff and the counselling/coroner collaboration described in two of the articles in this issue. Chapple and Ziebland found relatives were in the main unlikely to experience regret when they had chosen to view the body of their relative. On the contrary, imagined images were worse than reality at times. Managing fear and promoting choice seem important features in the management of traumatic death.

A different type of 'hidden' can be what goes on 'behind closed doors'; the intimate balance at play within families which is usually known only to insiders. In this issue, Lytje highlights teachers' recognition of the imperative to support bereaved children in the context of their families, while noting that at times coordinating a collaboration between home and school may be a challenge. Ford, Fraser and Morrison reach out through brief intervention to the hospital's bereaved relatives, providing an opportunity for their unknown needs, and potentially unfinished business, to be followed up. We hear from the Swire family interview how Mr and Mrs Swire describe their individual but complementary responses to their daughter's death – Mr Swire needed to seek justice, Mrs Swire needed to withdraw to her other children; each allows the other their contrasting coping styles.

The ways in which family members can moderate each others' behaviour, allowing and disallowing some demonstrations of grief, some searching, some specific sense-making, is illustrated in Ryan's article where for example, a mother's desire to view images of her son's body is not acceptable to others in the family. This represents another challenge to her quest and provides a further focus for the counseling support. Finally, Masterson *et al's* article pulls together in a measured and methodical way a means of categorising families by describing well-functioning and dysfunctional families with a fifth category 'intermediate'. Explicitly uncovering the 'hidden' family dynamic is a first step towards identifying who needs most support. The authors go on to describe an inquiry into the effectiveness of family focused grief therapy which is begun during the patient's illness and follows on through to facing and experiencing loss.

This issue's selection of articles illustrates how early care (sometimes by people a family may never meet), follow-up care and indeed persistent campaigning can all play a role in grief support. The articles highlight the importance of purposeful, responsive and individualised responses for families as well as bereaved individuals. Finally there are messages for how bereavement care is reflected in our hospital, school and legal/coronial systems. ■

Chapple A, Zielbald S (2010). Viewing the body after bereavement due to a traumatic death: qualitative study in the UK. British Medical Journal 340 c2032

 DOI: 10.1080/02682621.2013.851835