

Editorial

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The human brain is a meaning-making machine. From the dawning of individual consciousness in the newborn human being, the infant is striving to make sense of the world about him or her. During the course of our childhood we build up an internal model of the world (an 'assumptive world') that reflects the world we meet and includes other people, particularly those we love. Our security depends on the accuracy of this internal model. Bereavement shatters many assumptions, some of them basic, and we are left without a sail in uncharted waters. In our disorientation we flounder around, seeking for sustenance from one now gone, but not yet gone in our fond memory.

Two sets of basic assumptions arise from our relationship with our main caregiver (usually our mother) and the persistence of a familiar place (our home). If we are separated from either or have a problematic relationship with the caregiver this will reduce our sense of security and basic trust. As these early experiences constitute a blue print for future relationships they may impair our vulnerability to losses of loved ones later in life (Parkes, 2006).

In this edition of Bereavement Care each contributor is tackling the problems of finding meaning in the face of an event that undermines the habits of thought which make up our basic assumptions about the world.

In *Making sense of loss and grief: the value of in-depth assessments* Wilson, Gabriel & James show, in well-chosen case studies, how some bereaved people need help with reconstructing their assumptive world while others, more resilient, find new meanings even in a complex world.

In Kleinman's tantalisingly short paper, *Caring for memories*, we see how '...caregiving does not end with the loss of the person cared for. We go on caring for memories. ...we literally re-member the dead person. So that he or she continues to be a presence among us.'

Widening his frame of reference, this Harvard anthropologist suggests that 'The care of memories is how societies, not just individuals, survive and endure.' Viewed in this way we are all creating the society we inhabit. Our lives change the world whether we like it or not. Caring for memories is part of our 'continuing bond' with the dead and we need to beware of misusing drugs in order to forget.

Doctors and nurses are recognised by society as properly qualified to prescribe drugs and to prevent their misuse. Some use of medication to mitigate physical and mental pains may allow dying patients and acutely bereaved people to cope, think more clearly and obtain sufficient rest to

regain the confidence to feel grief and to communicate with their friends and families. Psychiatrists have similar responsibility for prescribing mind-altering drugs for the benefit of their patients but we need to be sensitively aware of the dangers. Drugs are a poor substitute for revising assumptions and may encourage dependency in people who need to learn to cope alone.

In their first person account James Gilbert and Helen Lawton have kindly provided personal accounts of problems for their families that arose when a member died as a result of drug and/or alcohol abuse. They highlight some of the responses that helped or hindered. Part of the problem is the way in which good memories of the loved person have been spoiled and social esteem undermined by drug/alcohol abuse. Fiona Turnbull recognises that even living with an addict can be a 'living bereavement', undermining basic assumptions about the person we loved, and points to services now becoming available to families in the UK.

Another situation where 'caring for memories' is important arises when professionals are seeking permission from relatives to permit organ donation. Ashkenazi & Guttman show that while some parents may resist such requests for fear that their memories of their child will be spoiled by bodily mutilation, others will see the donation as an opportunity to bring some good meaning out of the meaningless death of their child. Much will depend on the respectful sensitivity of the person requesting the donation.

If, with Kleinman, we see the maintenance of memories as a social responsibility, Mander and Marshall's account of maternal memorabilia in Scotland takes on fresh relevance. Today the loss of a woman in childbirth is rare but, for that very reason, it is more traumatic for the survivors. Even in Presbyterian Scotland a wide range of memorabilia were found. They are of most importance to the immediate family. Some memorials, notably portraits, have artistic merits that may commemorate the artist more than the sitter. My first impression of a memorial to a wife who died in childbirth, the Taj Mahal, was so beautiful that I surprised myself by weeping. Which reminds me to recommend two recent books: *Poems that Make Grown Men Cry* and its sequel *Poems that Make Women Cry*, edited by Anthony and Ben Holden (Simon and Schuster).

Parkes CM (2006). *Love and loss: the roots of grief and its complications*. London & New York: Routledge.