

# Editorial

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There was consensus in the focus group of people bereaved by suicide described by Alexandra Pitman and colleagues in this issue that ‘peer support is the best support’. At its simplest, perhaps all bereavement support can be seen as a form of peer support: an encounter between two people or more, each with their own experiences of love, loss and learning, whether this encounter happens in a therapeutic setting, within the family or between neighbours or work colleagues. Yet the phrase ‘peer support’ implies more than a shared humanity. It suggests specific similarities between people’s experiences, meaning that their meeting is infused with informed empathy. This support from others in a similar situation may be of particular value for those whose grief is disenfranchised through stigma or indifference. Turnbull and Standing identify three benefits of the type of support offered by their project, which trains people bereaved through drugs and alcohol to support others. It can normalise experiences; it can lower inhibitions about reaching out for help; and the supporter, through volunteering, embodies hope by showing they have reached a point in their grief where they are able to support others.

This issue of *Bereavement Care* allows us to explore many ways in which bereavement may be disenfranchised: the social response to deaths through suicide, drugs or alcohol; the lack of rituals for those whose losses can go unacknowledged such as the death of companion animal; and the need to adapt supportive practices for griever whose response does not conform to powerful norms, such as children with Autistic Spectrum Disorder (ASD). As well as exploring peer support, the articles include other examples of people sharing their stories of disenfranchised grief to improve support for others: through telling the story and helping to shape services. Rachael Dixey’s decision to write about her experiences of caring for and grieving her beloved civil partner Irene through early-onset Alzheimer’s was not an easy one, but she concludes ‘Irene would certainly want a story about a same sex couple to be told’. She acknowledges that the ‘public, very public, published story of grief and mourning, warts and all, is what makes it authentic and that has reached out to others.’

Sharing stories for a purpose was also the point of the focus group described in Pitman *et al*’s article, bringing together ten people with experience of bereavement by suicide who were willing to use their insights to shape research and practice. The final section outlines encouraging progress in the UK in taking forward the priorities identified by the group. The article is a useful reminder that

shared experience still allows for a diversity of views and ideas: the group discussed important topics for debate such as the appropriate job title for someone whose role is to reach out to those who have been bereaved by suicide – but who may not be aware of the cause of death or yet able to acknowledge it.

Giving voice to those whose grief is disenfranchised offers an important redress to ‘hidden sorrow’ (Doka, 1989). Particular tools and techniques can help this voicing, and Bob Heath writes here of drawing on creative arts, using symbols in stories, pictures, poems and music to help clients ‘tell us what is often the untellable’. Katie Koehler describes the use of social stories (Gray 1991) to help children with ASD to understand the rituals around a death. Her article outlines how perceptual and processing differences from neurotypical children give rise to the behaviours that family, friends and supporters may observe among children with ASD, and how these might particularly influence their experience and expression of grief.

An interesting aspect of her piece is the suggestion that the techniques of memory work that might be used with neurotypical children may not be as helpful in the early aftermath of the death for a children with ASDs, when a focus on the more practical and factual issues may be more pressing. This theme of ‘what support when’ also emerges in Pitman *et al*’s piece about her group’s agreement on the importance of help in the early days following bereavement by suicide. Patterns of grief that don’t fit with social expectations or the way in which support is organised is a facet of disenfranchisement, and this issue outlines ways in which support can be adapted to encompass a wider set of experiences, helping people – in the words of Bob Heath – to ‘begin the process of re-engaging with hope’. Writing this editorial shortly after the death of Leonard Cohen, I am minded that his lyrics have helped many with this re-engagement.

Ring the bells that still can ring  
 Forget your perfect offering  
 There is a crack in everything  
 That’s how the light gets in. (Cohen 1992) ■

Cohen L (1992). Anthem. On *The future* [CD]. Sony Music.  
 Doka KJ (1989). *Disenfranchised Grief*. Lexington Books.  
 Gray C (1991). Social stories. *The Morning News*.  
 November-December, 1991. Jenison Public Schools.