

Editorial

Martin Newman

This edition contains articles from a number of different countries and covers a wide variety of areas around bereavement. Walter gives us a new perspective on the ways in which religions can interact with society. As he says in his article, we are used to reading about the practices associated with death and bereavement according to the different religions but Walter looks at how religions interact with a society's dominant practices. This is a very helpful approach and gives new insights into this area.

The paper by Joplin and Vrkleviski is a reminder that, whilst in academic research, complex co-morbidities may be excluded from a study, it is often necessary to help individuals with a very complex set of difficulties and illnesses, who have suffered bereavement. For some, grief is prolonged, although how best to describe and classify this is still of some controversy. Joplin and Vrkleviski describe a patient with severe psychiatric illness who benefitted from a psychotherapeutic intervention for bereavement alongside pharmacological treatment for that illness.

Fish has investigated the experience of bereavement following a 'physician assisted suicide' or 'physician assisted death'. This is surely one area which will be studied further in future as it becomes increasingly common and the ethics and appropriateness of such deaths will continue to be debated.

Mowll, Adams and Darling, in New South Wales, Australia, have looked at the effects of facilitating access to crime scene photographs and how this may be managed. With the increasing prevalence of closed-circuit television, it seems likely that many more bereaved persons will want to see such images. Whilst professionals may fear that seeing such images may be traumatic, the authors suggest that seeing such images may also have a positive therapeutic effect, and point out the need for further research. Rooney Ferris has helpfully provided a round-up of recent articles around bereavement with a focus on how people bereaved through dementia can best be supported. The increased global incidence of the disease means that many more people will face the loss of loved ones through dementia.

One theme many of the articles in this edition have is that bereavement can also be an opportunity for a new beginning, an opportunity to do things previously not

thought of. In the interview with Cathy Phelan, by Jessica Mitchell, Cathy says how her husband's death has made her *'a sadder and also happier person for it. When I am sad, I am sadder, when happy happier...because he died at a young age I feel I have got to live for him...I do feel the privilege of life and I can't take it for granted. Danny's death has given me a greater ability to enjoy my life, which is really quite tragic but true.'*

Cathy is an artist who was inspired to begin making sculptures after her husband Daniel died. She has made many pieces of work influenced by her bereavement including the horse on the front cover of this edition of the journal. The horse is a memorial to Daniel and its making features in the film 'After Daniel' which Cathy discusses in her interview.

Deborah Davidson writes about tattoos as memorials that demonstrate continuing bonds with those who have died both to the bearer of the tattoo and to others. Davidson says that she decided to get tattoos (of butterflies) to commemorate and honour her deceased babies who died shortly after their births in 1975 and 1977. She founded the *Tattoo Project*, and discusses what she describes as the five central features of 'memorial' tattoos. One woman discussed in her article has had the word 'Sentebale', which means 'Forget-Me-Nor' in Sesotho, tattooed on her body.

'Sentebale' is also the name of the charity founded by HRH Prince Harry of the UK and HRH Prince Seeiso of Lesotho as a memorial to their late mothers, Diana Princess of Wales and Queen Mamohato. This is surely an inspiring example of how grief and loss informs a wish to remember, acknowledge and continue the work of those who have died, and what can be put into action after the death of a loved one.

Finally, our book reviews discuss a wide range of books which will be helpful to practitioners and academics. As I am a child and adolescent psychiatrist, I am often asked how best to explain death (sometimes traumatic) to young children. The phrase referred to by Debenham in her review of a book by Barber and Barber resonates with many of the articles in this edition, and is surely of as much relevance to adults as to children – *'It's okay to be sad, but it's okay to be happy too.'* ■