

Editorial

Jacqui Stedmon

The diversity of articles in this edition of *Bereavement Care* reminds us that there is no one such thing as grief. The uniqueness of personal experiences of bereavement can be transcended through the social sharing of grief, often in collaboration with healthcare professionals, and permanent meaning may be culturally constructed through public memorialisation. Inclusion of experiences ranging from the emptiness of perinatal loss to families coping with the death of a loved one by alcohol or drugs suggests that grief, at one time disenfranchised through lack of public recognition, is now being acknowledged with kindness and compassion. Yet grief remains a timeless mystery of the human condition.

In spite of the contribution of scientific research to our understanding of bereavement, Caroline Pearce's study of how 'recovery' is negotiated in bereavement care practice uncovers conflict and ambiguity. On the one hand counsellors recognise that bereaved people typically achieve some form of restoration to their lives. On the other hand, they also witness that the process of grieving doesn't have a definable end point. Even those advocating a strong version of the 'Recovery Model' admit that absolute completion in terms of severance of bonds with the deceased became an ongoing problem for their clients. Some of these confusions are no doubt rooted in the history of models of grief as clearly articulated in Chris Hall's helpful summary of the literature on adult grief in a previous edition of this journal (Spring 2014). Traditional stage models tended to suggest that healthy grieving required closure while postmodern theories of grief testify to the importance of continuing bonds with the deceased. Empirical studies reliably inform us that there are individual differences in bereavement pathways such that it is possible to distinguish between 'typical' and 'atypical' grief trajectories. Indeed, bereavement counsellors too feel that 'straightforward' and 'run of the mill' grief can be differentiated from 'complicated' and 'risky' variants.

All very well, but in practice this apparent clarity becomes clouded when faced with the uniqueness of making sense of an individual's own special grief. Bereavement counsellors are somewhat eclectic in their approaches and appear to dip in and out of applying seemingly contradictory aspects of these different theoretical models to best fit their clients' presentations. For example, 'normalisation', in the context of therapy, relates more to an understanding that a client's feelings are 'natural' to their private world of grief rather than that their idiosyncratic experiences can be calibrated against some measurable statistical norm.

Perhaps it is not surprising that the rigours of science may run counter to the more reflective, intuitive and empathic approach that counsellors tend to use when working with bereavement. Indeed within the book reviews we find two authors, Jonathan Stedall and Tony Walter, grappling with the paradoxical mystery of death through poetry and critical thinking respectively. Both suggest that a true understanding of death, like infinity and eternity, maybe beyond the limits of our comprehension. Although such a potent, complex and universal phenomenon as death may lie beyond our contemporary grasp, arguably the uniqueness of grief at a personal level may be better encompassed by theories that focus on individual meaning-making.

Meaning-making in its broadest sense goes beyond giving sorrow words. It is not restricted to a linguistic framework and embraces the richness of embodied and creative expressions of grief. In this edition's 'Bereavement in the Arts' Liz Rolls takes us on a personal journey to Vladslö, a German military cemetery. Here we are confronted by Käthe Kollwitz's monumental work to immortalise in stone the grief she and her husband experienced following the insufferable death of their son who died fighting in the first World War. Kneeling before the grave of their son, Peter, are two larger than life sized sculptures of a mother and father whose heavy forms are etched in unutterable sorrow. Fulfilling a promise that she made to Peter, these statues took 18 years finally to complete and testify to the enduring pain of losing a child at any age. The figures portray the raw visceral nature of parental grief in a tangible form, for Käthe, 'a wound which will never heal'.

The metaphor of grief as an unhealed wound or permanent scar is likely familiar but elsewhere in this edition we are enriched by the sharing of personal meanings that put no boundaries around the experience of grief. In our First Person piece Erin Bolens shares her poems, which she modestly describes as originating from early scribbles written after her dad died when she was eleven years old. She talks of the importance of memories and suggests we all have 'a little box of grief we keep under the bed'; with others we can find comfort in the similarities and laugh at the differences. Through revisiting, exploring and sharing grief Erin describes it as a 'shapeshifter' that becomes 'a wardrobe staple, worn over a lifetime'. Returning once more to the question of recovery she is emphatic that grief is 'not like a coat you are given when someone dies that you eventually grow out of', rather 'it evolves with you'. She does however identify the dilemma of what to keep and what to

throw away when someone dies, sorting the treasure from clutter.

Elsewhere we are reminded that such luxury of choice is often denied to those who grieve a life that has been all too brief. I was initially drawn to Deborah Davidson's choice to review four articles all relating to bereavement support following perinatal loss as it connects to my previous work as a clinical psychologist engaging with parental distress in a neonatal intensive care unit. Consequently I have welcomed the commitment of the UK Government to expand the mental health resources available to perinatal services. However, I engaged with Deborah's Bereavement round up with a deeper sense of poignancy once I appreciated that she herself had lived experience of being the mother of 2 babies, both of whom died shortly after birth. Her own insight into the feelings of returning home from hospital with 'empty arms' and being invalidated as a mother are a powerful testimony for the need to take greater professional care of those bereaved during the perinatal period. Progress has been made during the last 40 years and research evidences the heartfelt need to support parents in connecting with the short lives of their babies, both in and out of utero, so as to validate the meaning of parenthood and provide tangible memories to potentiate continuing bonds. Since the mid 80s bereavement rituals such as cuddling, bathing, clothing and photographing babies after they have died have been sensitively facilitated. Parents are also encouraged to keep transitional objects such as handprints and footprints so that they too have treasured memories to help fill the void of loss.

Ending on a note of optimism, Lisa Whitehead and colleagues help young people to cope with both bereavement

and other types of negative change using a solution focused therapy (SFT) programme. Their research evaluated the outcomes for young people attending an eight session 'Give us a break!' (GUAB) group. GUAB is designed to offer a supportive environment in which trained facilitators help members to recognise their strengths, express their feelings about significant life events, and identify goals towards a more hopeful future using SFT techniques. Measures relating to positive coping and resilience were found to improve significantly following participation in a GUAB group. Although this approach was not targeted specifically at addressing bereavement it suggests that a strengths based emphasis has a positive impact on young people dealing with a variety of loss related issues. This is an interesting finding in so far as it runs counter to evidence suggesting that interventions for bereavement are generally most effective when specifically focused on the grieving process. Further work is needed to establish the processes whereby building assets and resilience may resource younger people to better cope with loss through death.

Finally I'd like to pay a timely tribute to Colin Murray Parkes who has tirelessly worked on developing *Bereavement Care* into the journal it is today - finely balanced to appeal to academics and practitioners alike. As this edition goes to press Colin will have just celebrated his 90th birthday. He can take pride in the contribution he has made to enhancing the quality of care provided to bereaved people in all parts of the world. Many of us have started out standing on the shoulders of this true and generous giant. On behalf of the Editorial Board: Happy Birthday Colin! ■