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None of us can predict where or when we will die, nor the circumstances surrounding our death. Not that we spend much time thinking about it: the majority of us live as if we were immortal – even counsellors and healthcare professionals who should know better! In a more religious age we might well have prepared for our demise, and prayed to be saved from a 'sudden death' that would not allow

time for this preparation. These days I often hear people say they are not afraid of death, but are rather concerned about pain and indignity. Woody Allen put this neatly when he wrote, 'It's not that I'm afraid to die, it's just that I don't want to be there when it happens!'

However it happens, the fact of death and its immediate impact often has a profound effect on those who survive. Bereavement often becomes, as the Chief Executive Officer of Cruse, Anne Viney, states (p6), 'a health issue'. The startling fact from Anne's article for me was that 'the total volume of enquiries to Cruse is now almost one-third of the volume of registered deaths'. Does this mean that we are less able to cope with bereavement in today's world or is it that there was a great deal of hidden grief in the past or better means in our communities to facilitate grieving?

From my own experience, bereavement is often the cause of referral for clients with all sorts of simultaneously presenting issues, such as anxiety, depression, anger, family disruption and so on. Bereavement becomes a health issue for me simply because of the huge number of presentations to family doctors where the death of a loved one is a significant factor. The range of material available to you in this issue of *HCPJ* is fascinating, and it is difficult to recommend one article above another. The scientific, yet sensitive, treatment of complicated grief and bereavement as a disorder by Pedro Huertas give an interesting perspective on the nature of 'resilience' in relationship to our tenuous 'hold on the world' and our attachments. Sharman Partridge echoes this in her description of the counselling work at St Richard's Hospice, Worcester (p24), when she says that 'living with grief takes place in the real world'.

My own training came to mind when I read Ann Dent's piece on models of grieving which, though useful, need to be sensitively and appropriately tailored to our clients. Models after all are just tools – not prescriptions for grieving. Sally Flatteau Taylor reminds me of a phenomenon I know well from my professional interest in spirituality – that of the reality of the presence of the deceased to many who are bereaved. Her conclusions may be challenging to some practitioners.

When you have had enough of bereavement, take a break and look at the other interesting material – on counselling blind and partially sighted people; in the new regular columns on training issues and primary care; in our best practice feature – this time from the Shetland Isles; in the latest Agenda for Change advice on job review and matching panels; and in our FHCP members update section, on page 40. You will also find some very interesting book reviews.

Bereavement is one of those subjects that perhaps we feel we know well. I hope this issue of *HCPJ* will enable you to think again, and support you in making a positive difference to your practice.

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