

## Understanding loss and grief

Loss and grief are normal aspects of life. Grieving is viewed as a universal process rather than something to 'get over'. A lifetime is an accumulation of losses and so any given loss needs to be seen within a context and not as an isolated event. Losses that are ignored, not validated or left unresolved are often found to be at the root of later mental health problems.

Grief has been viewed as a passive process, yet researchers suggest that grief is a necessary painful process in order to foster human growth and maturity. Worden (1991) describes mourning as necessary and identifies four tasks (or phases) of grief:

- 1 To accept the reality of the loss
- 2 To feel the pain of grief
- 3 To adjust to a new environment
- 4 To emotionally relocate the deceased and move on with life.

Today the phases of emotions and behaviours are not viewed in a linear progression but more as part of a larger and more cyclical process. Each individual has a unique and unpredictable response to their loss. Therefore it can be argued that models can be unhelpful if parents have a framework of 'normal' grieving imposed upon them. Instead the dual process of grief (Stroebe and Schut, 1999) suggests that, rather than moving through phases, bereaved people often move backwards and forwards, sometimes confronting their loss and emotions, and at other times putting grieving feelings aside and dealing with the demands of living.

Traditional models assume generally that a bereaved person, after a period of time, is able to 'let go' of their emotional relationship with the deceased. However, it is increasingly acknowledged that many bereaved parents continue to feel a bond with their dead babies and find solace in this.

According to Wallerstedt et al (2003), the duration and intensity of grief following perinatal loss are often far longer and greater than most people expect. It is normal for many parents to grieve for their baby for months or years and to experience resurgences of intense grief on certain anniversaries and other important occasions for up to ten years or more.

Pregnancy loss brings unique issues along with it. For many parents it may be their first experience of loss and bereavement. These losses have been called 'lonely' as the mother often feels she is left to grieve alone. Theories state the greater part of the attachment process is completed before birth. Therefore, a woman will grieve irrespective of the gestation of the pregnancy loss.

Parents may be saying goodbye before they have said hello. The father may not have bonded with the child during pregnancy and what is being grieved is

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often a dream. A longed for baby may have represented hope, a replacement for a former loss, an expectation to save a relationship or to give meaning and purpose in life. There will be no stories or memories to share about this child and there may not be many photos.

Suggestions for professionals working with parents who have experienced the loss of a baby

- 1 Use appropriate language e.g. 'dead' rather than 'lost', to reinforce the reality of the situation.
- 2 Allow the birth to be real rather than being hurried over like a dream.
- 3 Be honest and aware of your own fears. What you say matters less than the care you say it with. Just being there quietly can help.
- 4 Explain what you can. The more parents see and understand the more this will help to reduce exaggerated and damaging fantasies.
- 5 Show your genuine feelings when appropriate but stay supporting the parents. Remain calm when they express strong feelings.
- 6 Share your feelings with a colleague.
- 7 Encourage memory building but respect the parents' wishes if they decline.
- 8 Encourage parents to show their grief with their children rather than hide their feelings.
- 9 Arrange for ongoing support from the community staff if the parents wish and provide information about local support groups and counselling services.
- 10 Be aware of mourning rituals in different cultures but remember that beliefs and rituals have individual meanings for each of us. Avoid making assumptions.

### References

- Stroebe, M. and Schut, H. (1999) The dual process model of coping with bereavement: rationale and description. *Death Studies*, 23: 3, pp.197–224.
- Wallerstedt, C., Lilley, M. and Baldwin, K. (2003) Interconceptional counselling after perinatal and infant loss. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 32: 4, pp.533–542.
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