



Accompanying couples with bereavement issues



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Overview

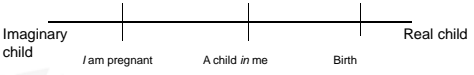
1. Psychology of pregnancy and pregnancy loss.
2. Loss, grief and mourning.
3. Psychosocial Pathway for Perinatal Loss.
4. Ending infertility treatment.
5. Focus on the therapist/counsellor



1. Psychology of pregnancy

Continuum:



- confronting reality
- attachment and interpretation of the child wish

e.g. woman who became pregnant spontaneously versus woman who has been in infertility treatment for 5 years before pregnancy
e.g. man who's not sure he wants to be a father versus man who has always dreamed about fathering a child and teaching his son football

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1. Psychology of pregnancy loss

Perinatal loss (miscarriage, termination, unsuccessful IVF,...)
= "Ambiguous Loss"
(Rosenblatt, 1987)

The diagram illustrates 'Ambiguous Loss' as a state between 'something' and 'nothing'. It is defined as 'What, if anything, has been lost.' This can be categorized into 'Event' and 'Non-event'. The 'Event' category is further divided into 'unspeakable loss' and 'no loss'. A note states 'No fit's all approach' with an arrow pointing to the diagram. The diagram is attributed to Keirse, 2004.

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2. Loss, grief and mourning

The diagram shows a timeline from 'Imaginary Child' to 'Real child'. Key stages include 'I am pregnant', 'A child in me', and 'Birth'. A large arrow points from 'Imaginary Child' to 'Real child', with a sub-arrow pointing to 'A child in me'. Text boxes indicate 'Psychologically, the wished for child is present' and 'Physically the child is absent', with the label 'Boundary Ambiguity' below them.

- Grieving = normal, healthy, dynamic, universal and individual response to loss
- Mourning = healing process

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Stages of grief

(Elizabeth Kübler-Ross, 1969)

- Steps not necessarily linear.
- Diverse individual differences.
- Normalize grief experience + easy to recognize
- Newer grief theories: process models
- From severing bonds to maintaining bonds
- Focus on cognition and meaning making in addition to emotion
- Challenges concept of endpoint

The diagram shows 'Grief' at the center, surrounded by five stages: Denial (It can't be happening), Anger (Why me? It's not fair), Bargaining (If I had done ..., I would not have lost ...), Depression (I'm so sad, why bother?), and Acceptance (It's going to be ok.).

Unique aspects of grief

- Multidimensional loss:
 - Loss of a baby
 - Loss of self-esteem as a parent
 - Feelings of failure as a woman
 - Loss of 'pregnant status'
 - Fear of loss of reproductive capacity
 - Fear of loss of health
 - Fear of loss of control



Unique aspects of grief

- Grieving is difficult because
 - Prospective nature of the loss:
 - 'pain of not ever knowing'
 - mourning for the hopes, wishes and fantasies of the future baby
 - 'Invisible' loss
 - Few socially acceptable avenues for mourning
 - Often lack of social support
 - intensifies shame and feelings of failure
 - 'permission' to grieve



Unpredictable pattern of perinatal grief

- Tidal wave: growing and cresting, then reclining + repetitive waves
 - recurrent grieving throughout life span
- Shadow grief: reminders/triggers that rekindle the feelings of loss
(Peppers & Knapp, 1980)
- Expressions of grief:
 - **Emotions:** shock, numbness, guilt, anger, anxiety, self-blame, depression, ...
 - **Physical symptoms:** headache, shortness of breath, heartache, lack of appetite, sleeping problems,...
 - **Cognitive symptoms:** dreams, memory problems, impaired decision making, intrusive thoughts about fetus, hallucinations of hearing baby cry
 - **Social symptoms:** isolation, withdrawal



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Case example and discussion



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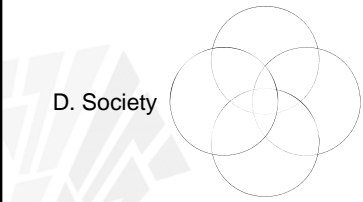
3. Psychosocial Pathway for Perinatal Loss

A. Individual

D. Society

B. Couple

C. Family



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4. Ending infertility treatment

'not yet pregnant' 'not going to be pregnant'

Imaginary child Closing boundaries Resolving ambiguity Real child

*Long complex process
Not a transitional moment*
(Daniluk, 1996)

- Infertility = major loss, often unrecognized and socially 'unspeakable'
- Ambiguous and open-ended loss - hard to find closure
- Impact on identity - intrinsic to adult female and male identity

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Case discussion

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5. Focus on the therapist/counsellor

- Case discussion
- Points for clinical practice

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Thank you for your attention.
Questions?

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