

Abstracts

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Unearthing the construct of transgenerational grief: the 'ghost' of the sibling never known

Kempson D, Conley VM, Murdock V (2008). *Illness, Crisis and Loss* 16(4) 271–284

This article explores the idea of transgenerational grief as it applies to adults' lifelong responses to a sibling whom they did not know but whose 'ghost' has been important in the family. Various theories are introduced to suggest ways they could be used to better understand the concept.

In terms of the theories of meaning-making, the loss is integrated by the parents but it is still present and is given meaning through the narration of loss. This in turn affects the meaning the sibling attributes to his/her life. In terms of family theory, the authors refer to one that suggests that all family members over time and generations have an effect on the family unit. Another relevant aspect of family theory is that of sibling position and its consequences to any individual. This can become very confused for the surviving siblings if a child dies.

The authors cite some interesting case studies and suggest that open communication about their dead sibling is necessary for the surviving children to fully understand their family and to come to terms with this hidden family grief. They suggest that health professionals dealing with a family at the time of a miscarriage or neonatal death are in a key position to raise awareness in parents of the impact of the loss not just on them but on all the family members. In any supportive role with adults, it may be important to explore the role of any 'ghost' sibling in their lives and possibly encourage a relationship with that person – for example, by writing letters to the deceased, finding out more about him/her.

It reminded me of a recent TV programme where Michael Portillo visits the family of an old school friend who committed suicide. This enabled Portillo's friend's parents, as well as his surviving sibling, to have their child/brother returned to them positively, for the first time since he died many decades ago.

The psychological impact of bereavement on insecurely attached adults in a primary care setting

McChrystal J (2008). *Counselling and Psychotherapy Research* 8(4) 231–238

The author, a psychotherapist in a primary care setting in the UK, investigated the psychological impact of bereavement on attachment styles in adults.

A total of 36 adults who had been bereaved between one and six years previously were recruited from patients at two GP clinics. They were informed about the study by leaflet distribution within the respective clinics. All were then interviewed by the author, using a tool titled the Modified Adult Attachment Interview in order to assess their state of mind with regard to attachment.

The way the interviewee described specific biographical events in sequence and the kinds of emotional experiences associated with them were examined, in a detailed analysis of the transcripts. The results yielded information on their attachment styles and these could be assigned to any of four predetermined categories, as described in the tool named above.

One of the categories was secure attachment and none of the interviewees were considered to have this attachment style. The author provides reasons as to why this might have occurred.

The medical notes of 20 people were matched for age and sex and the bereaved all had higher levels of anxiety and depression than the control group. No other information on this group was sought.

Although it is suggested that a simpler questionnaire might be more useful in identifying attachment styles more easily – and to target treatment accordingly – it was also stated that, although completion of the questionnaire was demanding for researcher and participant alike, it could also be rewarding. Patients welcomed the opportunity to re-evaluate their attachment experiences. The researcher gained satisfaction from hearing people's stories and reflecting on their attachment experiences

in depth when analysing the transcripts. The way it was described made it seem a very equal exploration of these issues that made it valuable for both parties.

The experience of miscarriage in first pregnancy: the women's voices

Gerberwith-Epstein P, Leichtentritt RD, Benyamini Y (2009). *Death Studies* 33(1) 1–29

This is a qualitative analysis of 19 Israeli women who lost a first pregnancy to miscarriage. The aim of the study was to provide a voice for this experience. A number of questions were used as a starting point: eg. the women's expectations surrounding the pregnancy and their experiences related to the miscarriage.

Five central themes emerged: (a) the greater the joy, the more painful the crash; (b) the nature and intensity of the loss; (c) sources of support; (d) life after the miscarriage and (e) recommendations to professionals. These are discussed in some detail, using verbatim accounts.

The authors also discuss the loss of something unseen, the effect on personal relationships, and the socio-cultural aspect. According to the authors, two exacerbating aspects of miscarriage in Israel are the Jewish religion, where there is a moral imperative to 'go out and multiply' (even though the women were not strict adherents to their religion), and the current political situation where, the authors suggest, there is demographic competition with the Arab population.

The method of recruitment was varied: eg. by advertisement. Recruitment was limited to women under 35 years who had their miscarriage less than four years prior to the interview and who had later had another child or were about to give birth. The authors discuss their reasons for this.

The women had an important message for professional counsellors – help women to process the experience so it doesn't blight the rest of their lives: 'If you don't do something about it in the beginning, and if you don't take care of it the way it should, then it could be like this and follow you for a very long time.' And 'emphasise that it's all right to mourn.'

Perinatal loss: a qualitative study in Northern Ireland

McCreight BS (2008). *Omega* 57(1) 1–19

It is interesting to compare this recent article on miscarriage and neonatal death with the one above. It illustrates how a similar question – 'Tell me the story of the events surrounding the death or the loss of your baby' – evoked similar and also different feelings and experiences. This may be partly explained by the way the sample was recruited. This group was selected from various support groups and the sample included some women who did not go on to have another child. However, a similar number were recruited – 23 in this study.

Findings in three key areas are discussed: (a) emotional responses to the pregnancy loss; (b) the medicalisation of perinatal grief, and (c) burial arrangements. Emotional issues are discussed in greater detail in the article by Gerber-Epstein *et al* (above), but similar themes are seen here. The theme of medicalisation is discussed in far greater depth in this article. While one mother in the Gerber-Epstein article mentions the 'inhumanity' of the medical procedures, this writer explores this theme more explicitly – for example, in terms of the body as a means of production and how the death of a baby can be simply seen in a hospital as a 'blip' on the production line.

As with the study above, a unique cultural factor is introduced to this study – that of the burial, and indeed, more crudely, of the disposal of stillborn babies as a practice devoid of all ritual and with no involvement of the mother of the child, or of the father and the wider family. This was due, in the main, to religious attitudes towards newborn babies. They could not be buried in church ground if they had not been baptised. The author observes this has changed in the past 15 years and the needs of the parents are now more fully recognised but hospital practices still vary considerably with regard to the way the remains of miscarried babies are treated.

The reference lists for each article are also very different. For this reason alone, it is worth viewing them together.

Loss, bereavement, counselling and support: an intellectual disability perspective

Read S (2008). *Grief Matters* 11(4) 54–59

This short article provides some practical advice on helping intellectually disabled people cope with grief. It emphasises disenfranchised grief as a key concept in working with this group – one to which reference is also made in the previous articles above. Here the concept is more fully described but the additional relevant fact is that this group often has difficulties in verbally articulating their feelings. While it is acknowledged that not all may need specialist

interventions, the author does outline coping strategies that will help intellectually disabled people deal with their grief.

Ten constructive ways of doing this are suggested and free bereavement leaflets for this group are described. A relevant extract from the leaflets is also provided. (The service is based in North Staffordshire, UK.) A model of a continuum of bereavement support for this group is also outlined. This involves education, participation in helping a person understand death, facilitating support by a variety of individuals who know the bereaved person, and therapeutic intervention, should this be judged necessary. It is a sound framework for developing a framework of bereavement support and counselling for this group.

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Building resilience and cultivating happiness in children and young people**
Presented by Julie Stokes OBE from Winston's Wish and Jo Brewer (Exeter University)

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or practical activities*

Thursday 15th and Friday 16th October 2009

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For further information or to request a booking form please contact Amanda Cullens on
01582 707469 or email chums.cbs@luton-pct.nhs.uk