



Good grief: Staff responses to childbearing loss

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Summary The emotional implications for staff of loss in childbearing have been inadequately addressed. In this paper I focus on maternity situations, but it is necessary to draw on other areas' findings. I address crying by the care provider and its association with staff grief. The conclusion emerges that education is likely to help staff to provide quality care in these most sensitive of sensitive situations.

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Introduction

Health care providers' difficulty in handling the painful emotional content of their work continues to challenge both clinicians and educationists. This observation may engender disbelief and disappointment, especially 30 years after the finding that staff are 'flung apart' by childbearing loss, and are able to show only 'aversion and silence' (Bourne, 1979, p. 59). My observation, though, is supported by research showing the continuing existence of 'denial within the profession' (Cowan and Wainwright, 2001, p. 314) and 'a conspiracy of silence' surrounding staff's emotional responses (Redinbaugh et al., 2003, p. 188). Such pain is not only disturbing for the staff member, it also brings the potential for a lower standard of care (Cowan and Wainwright, 2001). The work of these two groups of authors indicates the trickle of research seeking to address this most sensitive of

sensitive professional issues. In this paper, I contemplate the extent to which research has been able to illuminate these professional sensitivities. It emerges that, as Bourne identified, this area has attracted woefully little research or other attention.

An exception to this lack of attention, though, is found in the work of Nallen (2007), although her main focus was on the midwife's support for grieving parents. Further, a qualitative study (Cowan and Wainwright, 2001) explored the impact of a baby's death on the midwife. While this study identified the midwife's unresolved grief, lowered self-esteem and isolation, which verge on post-traumatic stress disorder, the findings relate mainly to organisational issues. Such issues include the likelihood of litigation (Symon, 1998).

Because of the limited attention to maternity staff grief, I must, throughout this paper, apply the findings from other better-researched areas to perinatal care. To investigate this topic, I searched the literature using the databases CINAHL, Medline and Web of Science. The search

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terms were perinatal death, pregnancy, crying, hospital, grief and staff. The scarcity of relevant items required me to follow up the references within each item.

In order to explore the crucial developments in research into staff grief, it is necessary, first, to differentiate two distinct but overlapping phenomena. Crying is not infrequently a manifestation of grief, but it must be distinguished from grief itself, of which crying is but one symptom. To demonstrate this distinction, I draw on research which has addressed staff grief and make comparisons with other studies focussing specifically on staff crying. This distinction raises issues which have been shown to affect staff crying, staff grieving or both. These issues demonstrate the importance of education, comprising both undergraduate and continuing education.

I use the term 'staff' to denote a range of personnel who provide clinical care, irrespective of discipline, qualification or status.

Crying

In her Turkish-based survey to identify factors associated with crying, [Kukullu and Keser \(2006\)](#) demonstrated that crying is culturally-influenced, even culturally-determined. This cultural influence is apparent in the frequency of women crying in Turkey, which reaches an average of 3.5 occasions in 4 weeks (2006, p. 426). Along with North Americans, Turkish women report the highest frequency of crying ([Vingerhoets et al., 2000, p. 367](#)). This high frequency emerges despite Turkish women's reluctance of to cry publicly for fear of being labelled pathetic.

The gendered nature of crying is well-recognised ([Carmichael, 1991](#)), with a tendency for women to cry oftener, longer and harder than men ([Vingerhoets et al., 2000](#)). Gender differences, though, may not be as clear cut or immutable as at first appear. For example, a footballer crying would once have been unthinkable. In a western European culture, tears of emotion are permissible for men at births and deaths. Crying at Turkish funerals is strictly controlled, being permitted, even encouraged, only before the interment or afterwards ([Kukullu and Keser, 2006](#)). Turkish women also weep prior to a wedding or when a male relative leaves for military service.

Kukullu's examples show the strong association between crying and sorrow. Becht and Vingerhoets (1997 cited in [Vingerhoets et al. \(2000\)](#)) showed that, for women particularly, crying is linked with

five emotions; as well as sadness, these include, anger, frustration, fear and powerlessness. Vingerhoets, however, later interpreted the crying-related 'emotionally charged settings' (2007, p. 341) more broadly. These need not be negative events, but include happy occasions such as reunions.

The authoritative definitions of crying ([Vingerhoets et al., 2000, 2007](#)) emphasise the excretion of tears, with changes in facial expression, vocalisation and breathing. Simultaneous changes in bodily muscle tone give rise to racking sobs. An often ignored feature is the eyes reddening prior to actual crying; although this phenomenon was noted and misattributed by Darwin:

crying is a release for eyes over-engorged with blood by excessive emotion ([Darwin, 1872, p. 165](#)).

Crying and grief

Thus crying as an expression of grieving a loss through death may actually be encouraged within cultural constraints. Since the somewhat flawed research by Borgquist, grief has been reported as a major mood state giving rise to crying in adults ([Borgquist, 1906](#)). Crying in infants, however, is a crucial form of communication, which has some features in common with adult crying ([Vingerhoets et al., 2000, p. 355](#)). Thus, crying through grief has been identified as but one way of seeking helpful support. Such community-based supportive behaviour is recognised as mourning, during which all affected by the loss, either singly or as a group, contemplate the meaning and implications of the death. In western society, these group activities are recognised as usually occurring at funerals and wakes.

The act of crying in company, therefore, is a form of mourning which elicits support. This contention is supported by the underlying psychological rationale for crying being attributable to 'perceived helplessness' ([Miceli and Castelfranchi, 2003, p. 268](#)). Thus, mourning is a companionable expression of grief, to be differentiated from the solitary forms of crying which, being unsupported, lack comfort:

Weeping alone is painful. Grief is most powerfully eased when it can be shared ([Carmichael, 1991, p. 107](#)).

Crying caused by the pain of grief, though, is not straightforward. The complex emotions recognised as grief are well-reported. A usefully alliterative

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