

St. Catherine University

SOPHIA

Master of Social Work Clinical Research Papers

School of Social Work

5-2013

Professionals' Perceptions of Gender Differences in Grief after a Perinatal Loss

Christine Knight
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/msw_papers



Part of the [Social Work Commons](#)

Recommended Citation

Knight, Christine. (2013). Professionals' Perceptions of Gender Differences in Grief after a Perinatal Loss. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/210

This Clinical research paper is brought to you for free and open access by the School of Social Work at SOPHIA. It has been accepted for inclusion in Master of Social Work Clinical Research Papers by an authorized administrator of SOPHIA. For more information, please contact amshaw@stkate.edu.

Professionals' Perceptions of Gender Differences in Grief after a Perinatal Loss

By

Christine Knight, B.S.W

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
In Partial Fulfillment of the Degree of
Master of Social Work

Committee Members:

Richa Dhanju, MSW, Ph.D (Chair)
Kathleen Erb Caron, MSW, LICSW
Jean Brewer, LSW

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

Abstract

This qualitative research study examined professionals' perceptions of gender differences in grief following a perinatal loss. The participants for the current research were chosen through nonprobability sampling and consist of a mixture of eight professional social workers and non-social workers who have experience offering grief support for parents who have experienced a perinatal loss. Data was collected through semi-structured interviews with a variety of professionals who provide grief support to these individuals, including social workers, chaplains, nurses, psychologists, and licensed counselors. Findings within the current research have outlined important themes that revolve around differences seen in the grief process of mothers and fathers as well as the importance of understanding the couple relationship before and after the perinatal loss. Findings also address considerations for cultural, religious, and sexual orientation that are important to recognize when working individuals who have experienced a perinatal loss. Implications for social work practice and future research are also discussed.

Acknowledgements

I would like to first and foremost recognize that amount of time and dedication that my research chair, Richa Dhanju, put forth in order to ensure my success in completing this research. I would also like to thank dearly each of my committee members, Kathy Caron and Jean Brewer, who donated a great deal of time and effort to assist me throughout this endeavor. These individuals have truly helped to make this research a success, and I will be forever grateful for their willingness to be a part of this important part of my graduate education.

Many thanks also need to be given to my wonderful family, friends, and most importantly, my AS1 cohort for being an incredible support throughout this whirlwind year. I thank each and every one of you for putting up with me over this past year, and providing unconditional support when I needed it the most. Without this fantastic support system, I would not be where I am today as they consistently acted as a reminder of why I have chosen this path and that all of the hard work is well worth it in the end.

Table of Contents

Introduction.....	1
Literature Review.....	4
Conceptual Framework.....	18
Methodology.....	21
Findings.....	28
Discussion.....	45
Conclusion.....	51
Appendix A.....	53
Appendix B.....	55
Appendix C.....	56
References.....	57

Introduction

In 2008, it was reported that 1 in every 110 pregnant women will experience the death of a child during or just before the birth in the United States (Cacciatore & Bushfield, 2008). Due to this extremely high number, it is imperative that appropriate services are available to parents who experience this type of perinatal loss in order to properly offer support. The current research study was conducted to determine how grief support professionals address gender differences when offering grief support to couples who have experienced a perinatal loss. The definition of perinatal loss is ambiguous across research. For purposes of the current study, the researcher will define perinatal loss as the loss of a baby through miscarriage, stillbirth, or neonatal death (Plagge & Antick, 2009; Robinson, Baker, & Nackerud, 1999). A number of previous research studies have included the termination of pregnancy through abortion in perinatal loss; however, the researcher believes the needs of an individual experiencing this type of loss to be separate from the grief support services currently being studied.

Miscarriage can be defined as the loss of an embryo or fetus before the twentieth week of pregnancy. Most miscarriages are said to occur during the first 14 weeks of pregnancy (medical-dictionary.freedictionary.com). A stillbirth is defined as the death of a fetus at the gestational age of twenty weeks or greater. In most stillbirth occurrences, the mother will go into labor approximately two weeks after the death of the baby. If the mother does not go into labor, the doctor will induce labor at this time (medical-dictionary.com). A neonatal death refers to the death of a live-born infant in the first twenty eight days of life. Infant death occurring in the first seven days of life is typically referred to as early neonatal death (medical-dictionary.com). All of these forms of

perinatal loss are devastating and can cause high volumes of distress for the bereaved parents (Lang et al, 2011).

It is estimated that 10 to 15 percent of all pregnancies end in miscarriage, and approximately 26,000 babies are stillborn every year in the United States (Cacciatore, 2008; Mahan & Calica, 1997). When the life of an infant is taken away, it can cause intense grief that has a profound effect on parents (Pauw, 1991). Versalle & McDowell (2005) defined grief as “the ongoing reorientation on the part of the survivor to the loss of a loved one” (p. 54). Grief experience in regard to the loss of a baby can be particularly severe, long-lasting and complicated. Symptoms of this type of grief often times fluctuate in intensity and duration (Lang, Fleiszer, Duhamel, Sword, Gilbert & Corsini-Munt, 2011). Perinatal grief may also cause extensive psychological stress and ongoing emotional turmoil (Pauw, 1991).

The mourning process that parents face after a perinatal loss may be affected by a variety of individual and environmental factors. Each parent is going to process and grieve the loss of a baby in a unique way; however, the ways in which parents express their feelings of grief may be affected by outside influences. Cultural customs, religious beliefs, and society’s norms of coping with loss all play a role in the ways in which bereaved parents work through the grief process (Alves, Mendes, Goncalves, & Neimeyer, 2012). Unfortunately, society has often viewed perinatal loss as less severe compared to the loss of older children and adults; therefore, it can be challenging for parents to express their feelings of grief. This lack of validation of the loss may contribute to a lack of communication regarding parents’ intense feelings and may cause unhealthy coping (Lang et al, 2011). Grieving is subject to a variety of cultural

expectations in North American society; especially when looking at gender stereotypes in regard to what exactly is an appropriate response to the loss (Stinson, 1992). It is important to note that these gender stereotypes may contribute to the lack of grief services offered to bereaved fathers, which historically have been little to non-existent (Rich, 2000).

The focus of this research revolves around gender differences in grief, and how mothers and fathers may require different support services to assist them through the process of grief and loss. Though past studies on perinatal loss have acknowledged how gender contributes to a parent's grief response, there is limited research that focuses on the role of the professional in addressing gender differences in grief support and intervention strategies. Past research has also failed to explore the effect of gender differences in grieving on the couple relationship. This qualitative study focuses on a variety of grief professionals' experience working with parents who have experienced a perinatal loss and the similarities and differences they view in the grief process between mothers and fathers. In addition, the research also hoped to gain knowledge of the professional's role in addressing differences in coping and the effect on the couple relationship. It is imperative that professionals offering grief support services are aware of the profound effect the death of a baby can have on bereaved parents. It is crucial that helping professionals are able to properly acknowledge and assess the needs of both parents as each individual copes with loss differently.

Review of the Literature

Prior to the 1970s, support provided to those who experienced a perinatal loss was close to non-existent. Rather than view it as a death of a family member, the loss of a baby during or shortly after pregnancy was typically treated as a “non-event” by society (Brownlee & Oikonen, 2004). Much progress has been made over the years as professionals have formulated different means of support to offer bereaved parents following a perinatal loss (Bennett et al, 2008; Brownlee & Oikonen, 2004; Mahan & Calica, 1997). With that being said, it is important that social workers servicing this population have the appropriate intervention skills necessary to properly address the unique needs of parents who are coping with the sudden loss of their baby (Bennett, Litz, Maguen, & Ehrenreich, 2008; Brownlee & Oikonen, 2004; Lang et al, 2011; Mahan & Calica, 1997; Pauw, 1991). In addition, professionals need to gain understanding on the various ways in which mothers and fathers process and express their grief as it can differ greatly for each partner.

Grief Symptoms Associated with Perinatal Loss

It has been noted in past research that the complexities of perinatal loss can bring on mixed symptoms of grief, referred to as complicated grief (Bennett et al, 2008). Complicated grief can be defined as feelings of loss that do not improve after an extended period of time. For someone experiencing complicated grief, painful emotions are so severe that an individual will have trouble accepting the loss and resuming their own life (mayoclinic.com).

Perinatal loss is considered a type of ambiguous loss; meaning the physical or psychological experiences of families that are not as concrete or identifiable as losses such as a traditionally accepted death. According to Pauline Boss, ambiguous loss is a loss that remains unclear and has the potential to freeze the grieving process and block effective coping. Boss also suggests that individuals and families must learn how to define the truth of the loss in their own terms in order cope and manage the loss of their loved one (1999). Due to the uncertainties that come with the ambiguous loss of perinatal death, it is likely that a variety of factors will encumber the grieving process for parents (Betz & Thorngren, 2006). Often times the loss of a baby comes with little warning and offers no medical explanation, especially for losses occurring at a younger gestational age, leaving parents with a feeling of lack of closure (Goldback et al, 1991; Mahan & Calica, 2012). With that said, most studies have shown that the bereavement process of perinatal loss is not terribly different from the grief process one goes through when any other loved one passes away (Brownlee & Oikonen, 2004; Hebert, 1998). The grief experienced in perinatal loss is similar to grief one faces with any unexpected death, many include feelings of shock, denial, and unpreparedness (Bennett et al, 2008; Brownlee & Oikonen, 2004; Hebert, 1998; Mahan & Calica, 1997; Pauw, 1991).

The main signs and symptoms of grief initially seen in parents are shock, denial, and especially for mothers, self-blame and guilt (Mahan & Calica, 1997; Pauw, 1991). It is common for mothers to experience survivor guilt as the loss of a baby is out of turn and perceived as an unnatural order of life and death (Cacciatore et al, 2008). Once the reality of the death is acknowledged by the bereaved parents, symptoms of grief may include depression, anxiety, and surprisingly common, post-traumatic stress disorder (PTSD)

(Bennett et al, 2008; Brownlee & Oikonen, 2004; Mahan & Calica, 1997; Pauw, 1991; Plagge & Antick, 2009). The various forms and levels of grief experienced are solely based on individual circumstances. Elements such as an individual's history of mental illness, previous experience with loss, subsequent childbirth, social class, religiosity, and cultural beliefs may attribute to the ways in which one may process the loss (Brownlee & Oikonen, 2004; Cowchock, Lasker, Toedter, Skumanich, & Koenig; Toedter, Lasker, & Janssen, 2001). More specific factors regarding the perinatal loss such as whether the pregnancy was planned, difficulties with fertility and length of gestation may contribute to the grief process of parents (Rich, 2000; Shreffler, Hill, & Cacciato, 2012). Research conducted by Lasker & Toedter (2000) illustrated three major components of the grief process; the stressors, stress mediators, and stress outcomes that are all affected by these individual factors. Pre-loss indicators, such as role of social support and exposure to stress, are shown as possible determining factors of grief outcomes (Lasker & Toedter, 2000). Therefore, healthcare professionals need to be prepared for any number of responses parents may have to the loss of their baby (Brownlee & Oikonen, 2004).

The grief process for parents who have recently experienced a perinatal loss is complex in nature. Though extensive research has been conducted to gain knowledge on perinatal loss and the effect it has on parents, findings on best practice strategies are inconsistent. While some studies yield results that patients are satisfied with the care and support received while at the hospital, other research has shown that some standard practices have actually increased the distress felt by parents following a perinatal loss (Bennett et al, 2008). The challenge when researching the needs of grieving parents after the death of their baby is that no two individuals are going to grieve in the same way. In

addition, the length of time each parent takes to move through the stages of grief cannot be determined. Nonetheless, it is imperative that future research continues to look more in depth at interventions or skills used by hospital social workers, and which strategies are most efficient and create healthy outcomes for bereaved parents facing perinatal loss.

Services Offered by Hospital Social Workers

Due to the severity and unexpected nature of perinatal loss, it is crucial that hospital social workers are equipped with crisis intervention skills (Bennett et al, 2008; Brownlee & Oikonen, 2004; Mahan & Calica, 1997; Pauw, 1991). This unexpected death may severely affect parents' ability to process information and impairs their decision making skills. The role of the hospital social worker is critical in assisting parents and families during this extremely difficult time (Lang et al, 2011; Mahan & Calica, 2012). As reviewed previously, the grief symptoms that accompany perinatal loss, like with any death, can be unpredictable. Past research has placed emphasized value on four major forms of support: giving parents the option to consider seeing/holding the baby, providing mementoes of the baby, assistance with burial/funeral arrangements, and providing resources/referrals for grief support for parents to utilize after they leave the hospital (Bennett et al, 2008; Brownlee & Oikonen, 2004; Lang et al, 2011; Mahan & Calica, 1997; Pauw, 1991).

Findings from past research have been inconsistent in regard to the benefits and potential harmful repercussions associated with parents having physical contact with the infant following the birth. The majority of research on perinatal loss notes that giving parents the option to consider seeing or holding their babies after the death is a positive form of support, and has proven to be helpful in proper mourning along with gaining a

sense of closure (Bennett et al, 2008; Brownlee & Oikonen, 2004; Lang et al, 2011; Mahan & Calica, 1997; Pauw, 1991). However, one research study has shown long-term mental health effects in women who choose to have physical contact with their deceased baby. The same research study also noted that some respondents expressed that they were unsure if they wanted to see/hold their deceased infant, but were persuaded to by support staff. This in turn has had long-lasting negative effects on their ability to cope with the loss (Hughes, Turton, Hoppe & Evans, 2002). These findings conflict with the results found by Brownlee & Oikonen (2004) which determined that depression is more prevalent in mothers when they have not had physical contact with the child. Despite these mixed outcomes, social workers in the hospital setting need to have proper training in giving parents anticipatory guidance when it comes to the decision of whether or not to see or hold the deceased child (Lang et al, 2011; Mahan & Calica, 1997).

Providing mementoes of the baby has been noted to help aid the bereaved parents through their grieving process (Bennett et al, 2008; Brownlee & Oikonen, 2004; Mahan & Calica, 1997; Pauw, 1991). Keepsakes such as photographs, a lock of hair, handprints and footprints, and a birth certificate for the baby are typically offered to the parents at the hospital so that they are able to hold on to the memory of their child (Bennett et al, 2008; Brownlee & Oikonen, 2004; Mahan & Calica, 1997).

Gender Similarities and Differences in Coping

A perinatal loss is devastating for the mother and father collectively. The majority of research conducted on perinatal loss utilized the Perinatal Grief Scale (PGS). This measuring tool for grief symptoms and support needs was created by Toedter & Lasker in 1988 in order to assist professionals in determining the individual needs of parents who

have experienced a perinatal loss. It has been noted in past research that both partners experience greater amounts of stress and depression. According to Cacciatore, DeFrain, Jones, & Jones (2008), “Both mothers and fathers experience high levels of despair, active grief, and difficulty coping” (p. 354). Past research has also shown that psychological complaints along with change in behavior have been noted for both parents up to six months following the loss of a baby (Rich, 2000). Though the couple generally experienced similarities in the feelings they have toward the devastating event, the way in which each partner processes their grief can be quite different.

Past research has shown that men and women may differ in the way they cope with the loss of a baby. Not only can mothers and fathers differ in the ways in which they grieve, but also in the timeline of their mourning, placing a strain on the couple relationship (Bennet et al, 2008). It has been ingrained in North American society that men take on the more “masculine” role and women take on the “feminine” role when grieving (Cacciatore et al, 2008; Serrano & Lima, 2006; Stinson, Lasker, Lohmann, & Toedter, 1992; Versalle & McDowell, 2005). Stinson et al (1992) notes, “Men are socialized to adhere to cultural norms” and are “subject to the ‘masculine-must-be-strong’ ethic” (p. 219). Due to this gender stereotype, it is not surprising that while women are more likely to express their grief openly, men attempt to keep their grief internal and display a more stoic attitude to the outside world (Stinson et al, 1992; Versalle & McDowell, 2005). It is important to recognize that even though fathers display grief in a more stoic manner it may not be an accurate display of paternal grief, rather absence of opportunity to seek support for their grief (Goldbach et al, 1991).

Mothers and coping. Though both partners may experience high levels of stress and depression, mothers tend to express their feelings of grief more openly. While fathers have been known to express more anger, women tend to have more feelings of depression, anxiety, shame and guilt (Cacciatore et al, 2008; Stinson et al, 1992; Versalle & McDowell, 2005; Shreffler et al, 2012). One of the main factors that past research has contributed to a mother's stronger reaction to the loss is the fact that women are the ones to actually experience the pregnancy. Due to the fact that the father does not carry the developing baby, he may not develop as intense of an initial attachment as does the mother (Goldbach et al, 1991).

As the carrier of the child, it is said that women grow a stronger bond with the baby before they are born as they grow inside of them, creating a sense of guilt for the loss of the pregnancy (Beutel, Willner, Deckardt, Rad, & Weiner, 1996; Cacciatore et al, 2008). Past literature suggests that mothers grow a deeper sense of attachment and commitment to the fetus whereas fathers tend to create a stronger bond with their child once the baby is born (Rich, 2000; Shreffler et al, 2012). The mother experiences an abrupt severance of the physical attachment she has formed with her child with the pregnancy loss, which can create a sense of responsibility for the death (Shreffler et al, 2012). Cacciatore et al (2008) contributes this physical bond with the baby to the reasoning behind mothers having a greater need to talk and seek support following this type of loss.

Bereaved mothers tend to rely heavily on their partner, friends, family, and even nursing and social service professionals following a perinatal loss, and also tend to have support readily available (Beutel et al, 1996; Stinson et al, 1996). It is often the mother

who will openly display signs of sadness, such as crying or verbalizing emotional pain with more intensity than fathers (Beutel, 1996; Stinson, 1992; Versalle & McDowell, 2005). Mothers are also more prone to talk about the loss and are often the ones that will seek professional support (Beutel, 1996; Cacciatore, 2008; Erlandsson et al, 2011). Past research has shown that the mother typically has support individuals readily available to them while in the hospital and upon returning home than do fathers, which may contribute to their ability to openly express grief (Versalle & McDowell, 2005). Overall, research has shown that women, in general, have a more intense and prolonged grief response to the loss of a baby (Beutel et al, 1996; Cacciatore et al, 2008; Rich, 2000; Stinson et al, 1992; Versalle & McDowell, 2005).

Fathers and coping. Literature on gender differences in grieving the loss of a baby has illustrated several qualities that contribute to the ways in which bereaved fathers manage the loss. Due to gender stereotypes, it is not uncommon for a father to feel the need to keep his grief internal, and to act strong and protective of his partner (Cacciatore et al, 2008; Shreffler et al, 2012; Versalle & McDowell, 2005). Men are taught at a young age to conceal their emotions, creating an internal conflict between expressing their grief openly and maintaining societal expectations (Mahan & Calica, 2012; Stinson et al, 1992; Versalle & McDowell, 2005).

Fathers often perceive their responsibility to act as a supporter of their partner more important than their own grief. It is common for men to take on the practical role of making arrangements and taking care of the logistics of the situation rather than taking the time to process the event (Cacciatore et al, 2008; Oikonen & Brownlee, 2002). Fathers are expected to feel in control of the situation, and when they are unable to

alleviate their partner's distress, they tend to feel powerless and display anger (Cacciatore et al, 2008; Stinson et al, 1992; Versalle & McDowell, 2005). According to Cacciatore et al (2008), "Fathers express a desire to be strong for their partner, ignoring their own grief" (p. 352). Unfortunately, this limits men from being able to completely process the loss and keeps them from seeking support from not only professionals, but also friends and family (Beutel et al, 1996; Cacciatore et al, 2008).

It is important to acknowledge the effect that gestational age has on a father's attachment to the unborn child. As discussed earlier, mothers tend to have a stronger prenatal attachment to the baby due to the fact that they physically carry the child. However, a father's attachment to the baby becomes stronger with gestational age; eventually approximating the same intensity as the mother's attachment at the time of birth (Goldbach et al, 1991). Past research has reported that a father's grief toward a perinatal loss increases in severity based on the baby's gestational age; the farther along the baby is typically intensifies a father's bereavement (Goldbach et al, 1991; Lasker & Toedter, 2000). The advancement in medical technology, such as ultrasounds, has allowed parents the opportunity to feel more connected with the unborn child, therefore impacting the level of attachment fathers are able to experience with the baby (Brownlee & Oikonen, 2004).

One research study (Oikonen & Brownlee, 2002) discusses that men and women do not differ in the amount of despair they feel following the death of their infant, however, men tend to have higher grief scores over time. From this information, it can be determined that denial is one of the major coping mechanisms for men experiencing a perinatal loss and results in delayed grief (Goldbach et al, 1991; Oikonen & Brownlee,

2002; Rich, 2000). The grieving process of fathers following a perinatal loss needs to be researched more intensely in order to strengthen the treatment and support provided by social workers to these individuals.

Struggles Faced by Collective Couple

Though mothers and fathers going through a perinatal loss express their grief in different ways, the couple as a whole also faces numerous challenges. One of the major challenges that the couple has to face is letting go of hopes, dreams, and future plans they have created for the baby. Attempting to come to terms with the fact that the life they had expected is no longer a possibility, and that they will need to adjust back into their “normal” lives is a struggle (Beutel et al, 1996; Shreffler et al, 2012; Stinson, 1996; Umphrey & Cacciatore, 2011). Not only do mothers and fathers need to move on with their outside lives, they also need to face the challenges they may have as a couple. While mothers tend to rely more heavily on the couple relationship, fathers tend to try to distract themselves with external sources, such as work (Beutel et al, 1996; Stinson et al, 2005). The societal norms that have been created in Western society may have a significant impact on the ways in which mothers and fathers express their grief to one another, putting a strain on the couple relationship (Cacciatore et al, 2008; Stinson et al, 1992; Versalle & McDowell, 2005).

A pregnancy loss can have significant effects on the parental couple’s relationship. A national study conducted by Gold, Sen, & Hayward (2010) illustrates a greater occurrence of termination of a relationship following a pregnancy loss than parents who experience a live birth. As stated previously, mothers and fathers may have

different feelings of attachment as very few memories have yet been formed with the baby like that which would be seen with an older child (Shreffler et al, 2012). The risk for conflict between mothers and fathers following a perinatal loss, as with the way the individual processes the grief, is contingent on a variety of circumstantial factors. Couples who have a history of instability in their relationship prior to the loss have a greater chance of conflict after the death of a baby (Gold et al, 2010; Shreffler et al, 2012). Research suggests other factors that contribute to parental strain, such as if the couple has other children, an appropriate outlet for support, healthy communication with one another about their grief and an understanding of each other's coping strategies (Shreffler et al, 2012). It is crucial that the couple hold a level of respect for each individual's grieving style and they may differ greatly from one another (Cacciatore et al, 2008; Rich, 2000; Serrano & Lima, 2006).

The Need for Social and Professional Support Following Perinatal Loss

The amount of environmental support available to bereaved parents is a significant factor in the grief process. Lang et al (2011) suggests that a lack of perceived support can have negative effects on parents' ability to cope with perinatal loss, and can have detrimental repercussions on an individual's health. Having adequate social and professional support has shown to create a more positive grieving experience; however, society's acceptance of perinatal loss often falls short of what is needed to validate parental grief (Lang et al, 2011; Umphrey & Cacciatore, 2011).

Society's view on perinatal loss and the effect on grieving parents. Research has shown that adequate support from an individual's social network can help with the grieving process, especially for women, following the loss of a baby (Plagge & Antick, 2009; Umphrey & Cacciatore, 2011). A common barrier that grieving parents often face is society's view on perinatal loss, and the lack of validation placed on the death (Lang et al, 2011). Society at large, and even the friends/acquaintances of the family, often view the death as insignificant or not as severe as the death of an older child or adult (Bennett et al, 2008; Cacciatore & Bushfield, 2008; Lang et al, 2011; Plagge & Antick, 2009). In a study conducted by Kavanagh (2002), it was reported that people may believe "because the baby never lived that it had no real existence or designated place in society" (p.18). As a result, parents may feel alone in their grief as the rest of the world continues on as if their child wasn't just lost, but never existed (Bennett et al, 2008). Though bereaved parents tend to look to social outlets for support, the parents may feel that they need to limit their expression of grief due to the societal expectations of an appropriate mourning period and severity of one's grief (Umphrey & Cacciatore, 2011). This may be difficult on the parents' willingness to communicate the extent of their perinatal grief with their peers.

Professional grief support needs. Past research has noted that parents may experience grief symptoms 12 months after a perinatal loss, and often times a person's grief may last many years (Bennett et al, 2008). Parents who do not have a proper outlet to process the stages of grief and loss may face complicated grief (Brownlee & Oikonen; Mahan & Calica, 1997; Pauw, 1991). As parents are only in the hospital for a short period of time following a perinatal loss, it is imperative that medical social workers

provide resources for follow up support post hospitalization (Bennett et al, 2008; Brownlee & Oikonen; Mahan & Calica, 1997; Pauw, 1991). Past studies have shown that parents who utilize support services after they leave the hospital experience a healthier adjustment to the loss and have a decreased risk of developing PTSD (Bennett et al, 2008; Mahan & Calica, 1997).

As stated previously, men and women process the loss of a baby in a variety of different ways. The need for professional support varies from couple to couple as the amount of positive support present from the couple's family, friends, and social networks can be quite different (Erlandsson, Saflund, Wredling, & Radestad, 2011). In order to provide adequate support, clinicians need to be conscious of the differing individual needs along with the couple need (Erlandsson et al, 2011). Cacciatore et al (2008) suggests that professionals have the mother and father complete the Perinatal Grief Scale individually to help the couple better understand how each is coping with the loss. The professional should be cautious not to assume that the mother and father are taking on the cultural gender roles that have been assigned to them. Because mothers are more apt to pursue professional grief support, professionals must create a safe outlet for men to express their grief free of the gender stereotypes that have been created by society (Cacciatore et al, 2008). Professionals need to be aware of how they are delivering support services as bereaved fathers must feel their needs are also included in the recovery process (Rich, 2000).

Culture and Religiosity Considerations

Along with the acknowledgement of gender differences, it is crucial that social workers also consider the ways in which cultural practices and religious beliefs impact the grief process for parents. Religious beliefs have been shown to aid a couple's ability to cope and manage grief following a perinatal loss. For some individuals, religion has acted as a guide through the grieving process; assisting parents with coping, finding meaning for the loss, and simply being consoled (Cowchock et al, 2009). It is equally as important that professionals acknowledge similarities and differences in grief and coping across cultures in regard to perinatal loss. As our society becomes more and more multicultural, professionals must communicate with parents regarding their values and beliefs regarding perinatal loss (H□bert, 1998).

In order to conduct a proper assessment of client needs, professionals need to inquire about how they view the loss, and respect the traditional beliefs and practices of the ways in which parents do (or do not) mourn the death. According to H□bert (1998), for social workers "the goal is to minimize misinterpretations and unanticipated outcomes and ensure quality and culturally congruent practices" (p. 76). Parents must feel that they are able to express their beliefs surrounding perinatal loss, and it is the job of the professional to provide assistance in valuing their wishes. Toedter & Lasker (1988) created the Perinatal Grief Scale (PGS) that is used internationally and has shown to be useful in assisting parents across cultures to assess their grief. (Toedter et al, 2001). As with any other aspect of the loss, the professional must be careful not to make assumptions regarding cultural or religious practices and how a couple will perceive the pregnancy loss (H□bert, 1998).

Conceptual Framework

The conceptual framework utilized for purposes of this research focuses on the social constructionist perspective, also known as the social learning theory. The social learning theory focuses on how people learn, through their interactions with others in their environment, to understand the world and their place in the world. Human consciousness, and the sense of self, is shaped by recurrent social interaction. People are seen as social beings that interact with each other and their physical environment based on shared meanings, or shared understandings about the world. The idea that individuals hold certain ideas and beliefs based on the environment that they grew up in is crucial in understanding the role that stereotypes play in our society.

Social Learning Theory

The research at hand is motivated to gain a better understanding of how U.S. society views death; specifically centering on the loss of a baby through miscarriage, stillbirth, or neonatal death. The reaction of one's environment to this type of loss and the grief that follows is one that raises many concerns to the researcher. The ambiguous loss of a baby may be difficult for those in our society to validate compared to those of older children or adults because the deceased has less of a definitive past and physical presence in the world (Lang et al, 2011). The social learning theory is valuable when examining perinatal loss as the construct of our society can have a significant effect on the outcome of parental grief. The level of trauma a perinatal death has on parents is typically undermined by society due to the lack of memories created with the child. This, in turn, limits the length of time which is deemed acceptable for grieving the loss of an

unborn child. The way that cultural norms have been created in our society surrounding perinatal death have a serious impact on both the level of support and length of time that support is made available to bereaved parents, in turn affecting the grief process.

Another aspect of the research that will utilize the social learning theory is to focus on the ways in which mothers and fathers grieve differently, and the ways in which social workers acknowledge this difference when offering support. With that being said, it is important to recognize that perhaps mothers and fathers are not actually experiencing different levels of grief, rather they are expressing their grief in the ways in which they have been taught by their society. It is the researcher's hope to gain a new perspective of how society has shaped the ways in which men and women are able to process and express their grief, particularly in the event of a perinatal loss. The research will also examine how social work professionals address societal norms surrounding gender roles and grief in offering perinatal grief support to individual and the couple.

Role Theory

Role theory is an aspect within the social constructionist perspective that is also pertinent in the current research. The idea of role theory suggests that individuals have been given expectations by a society based on a preconceived view of how males and females are to act, in general and in specific situations. Society has formed expectations for males and females in regard to their role in a given situation, and one is to follow their position and function based on the accepted standard.

Cultural stereotypes about gender are embedded in North American society and are taught to individuals at a young age, some may even argue at birth. In the event of a

family death, males are to act in a stoic manner; taking on the role of the protector for their loved ones. They are to stay strong and maintain a certain sense of stability as they are responsible for the well-being of their family. Women, on the other hand, hold the ability to openly express their grief, and are to turn to their partner for support. It is accepted in our society's depiction of the female role for women to cry, look to others for comfort, and express feelings of devastation. Specifically looking at perinatal loss, society is more recognizing of the mother's grief as she was the one carrying the child. The predetermined roles may be detrimental both to the grief process and to the couple relationship as individuals may not express themselves honestly but are instead reacting the way that they believe they are supposed to in event of a child's death. It is possible that mothers and fathers may not even be aware that they are grieving a certain way based on their social environment's construction of gender stereotypes as it is deeply embedded in their upbringing.

Value of the Strengths Perspective

The heart of social work is embedded in the concept of strengths-based practice. In order to properly provide support to bereaved parents, it is imperative that professionals are able to recognize personal attributes that may be utilized to guide an individual through a healthy grief process. The social worker must be competent in providing support to the individual and the couple, and help to validate their coping mechanisms regardless of gender norms construed by society. Social workers assisting this population must provide interventions that focus on individual and couple strengths as these qualities will prove very useful in recovery.

Methodology

Research Design

The research was designed to explore a variety of professional social work and non-social worker's views on the impact that perinatal loss has on parents. The research for the study was qualitative and exploratory in nature. The purpose of this study was to gain a better understanding as to how professionals assist parents in the event of a perinatal loss. An emphasis was placed on how gender differences in coping are addressed during grief support. Through the qualitative design, the researcher was able to gain perspective on how grief support professionals view the similarities and differences in the grief process between mothers and fathers, and how these factors affect not only bereaved parents, but intervention strategies used when offering support.

Though research has been conducted on perinatal loss and the impact on bereaved parents, little research focuses specifically on gender differences in grief and the impact following the loss of a baby. Furthermore, the majority of past research focuses on bereaved mothers, and little emphasis is placed on the need for proper professional grief support for fathers. The research hoped to gain insight on the role of grief support service workers in the recovery process and how gender similarities and differences are addressed in practice.

Sample

The participants for the current research were chosen through nonprobability sampling and consist of a mixture of professional social workers and non-social workers who have experience offering grief support for parents who have experienced a perinatal loss. The researcher conducted extensive face-to-face interviews with individuals who offer grief support services. The participants included both social workers and other non-

social work professionals. The criteria for participants who were chosen to participate include holding a current role in the service field of grief and loss and/or a background in providing support to bereaved parents. The researcher recruited participants through snowball sampling. The researcher began by connecting with grief support professionals and from there inquired about any other qualified individuals who may meet the criteria for the current research study. Committee members for the current research were also asked to pass along contact information to any individuals who may have been appropriate and interested in participating.

The sample includes facilitators of grief support groups who themselves have experienced a perinatal loss in the past. The researcher ensured that the participants were aware of the risks and benefits of participation in the study. As these individuals do facilitate support groups at least once a month, they have experienced discussing the topic of perinatal loss. The researcher in no way asked the facilitator to explore their own personal experience with this type of loss and only asked the participant to share their experience providing support to this population. The researcher anticipated zero to three of the participants to themselves have had experienced a perinatal loss. The sample size of the research consisted of eight participants.

Protection of Human Subjects

Prior to any data collection, an application to the Institutional Review Board (IRB) of St. Catherine University, St. Paul, MN was completed. The members of the research committee were required to review the research proposal and collaborate as a whole to approve the research to move forward to IRB review. No data collection occurred prior to the approval of the IRB.

Recruitment process. Prior to contacting potential participants for this study, the researcher consulted with the research chair to ensure the individual was appropriate for involvement. The researcher also verified that participation in this research was in keeping with agency policies of the individual's employer and does not require agency approval for involvement in the study. The researcher obtained contact information from committee members along with organizational websites which can be viewed and is considered public information. The researcher did not pursue potential participants via personal contact information unless given to by another professional with the permission of said potential participant. A recruitment script was used by the researcher when contacting potential informants to ensure full understanding of the research and informed consent (see Appendix C).

When professionals were deemed appropriate for participation in the study, the researcher then discussed the interview process with participants; including the setting to which the interview was to take place and a general overview of the types of questions that would be asked. The setting of the interview catered to the schedule and location that the participant expressed to be ideal during the recruitment process. The research was conducted with participants who practice in a variety of settings. These settings included: hospitals, agency facilities, non-profit organizations, churches, and community centers. The interviews lasted anywhere from 30 to 70 minutes.

Measures to assure confidentiality. It is of the utmost importance to ensure confidentiality with all interview documentation. All participants involved in the study have had their names and agency affiliations removed from all field notes, the transcripts, the presentation of findings, and the final report to protect the confidentiality of the

respondent throughout the study in its entirety. No agency or facility names are included in the findings and have also been removed from all data collected. All interview recordings will be destroyed no later than June 1st, 2013. The protective factors listed above were explained in detail to the participant prior to the interview.

Protocol for ensuring informed consent. A consent form was distributed to individuals prior to their involvement in the study to ensure the protection of rights of all participants. The consent form used is derived from a generic template from St. Catherine University. The document was revised to fit the specific details of this study (see Appendix A). The consent form provided an explanation of confidentiality that was maintained throughout the research study and in the presentation of findings, which complies with the St. Catherine University IRB. Prior to conducting the interview, the respondent was given the consent form to review regarding the nature of the study and the conditions to which the information obtained was utilized and was then signed by both the researcher and the participant prior to the start of the interview. In the event that the participant were to not wish to continue with the interview after reading the consent form, the researcher assured the participant that their involvement at that point in the process would not be utilized for purposes of the current study.

Data Collection Instrument and Process

The research consisted of eight semi-structured interviews. The researcher chose this interview style given the ambiguous nature of the research. The researcher included a variety of open, closed, and discovery questions in order to obtain information desired. The interview questionnaire consisted of fourteen questions related to the research topic

of perinatal loss with an emphasis on gender differences in coping. The researcher also included questions pertaining to gender differences in regard to culture, religion, and sexual orientation (see Appendix B). The content of the interviews was documented using two different forms of audio recording with the participants' permission. This protocol was used to ensure the interview material was recorded appropriately and in its entirety. These recordings have been kept in two places. One recording is kept on the researcher's personal computer which is password protected and only utilized by the researcher at all times. The second recording is on the researcher's personal mobile device that is also password protected and in the researcher's possession at all times. The researcher also maintained field notes throughout the research process to document the environmental aspects of the interview processes. No names or other revealing information about the participant was documented in the field notes. These field notes remained confidential and were destroyed upon completion of the research.

The hope of the researcher was to gain a well-rounded insight from the respondent based on their past and current grief support experience with the population being researched. The researcher also hoped to obtain the respondents' perception of the professional's role in offering support to bereaved mothers and fathers. A semi-structured interview style was used in order for the participant to provide additional information and insight that may not be specifically related to the pre-designed interview questions. The researcher asked participants questions in a consistent order; however, the participants had the ability to divert from the topic at hand. Additionally, the researcher was given the ability to adjust questions to fit the specific nature of each interview. Participants had the right to not answer specific questions or to walk away from the interview at any point in

time. This was explained to the informant in the informed consent process prior to the interview.

As grief support professionals work in a wide range of service systems, the researcher anticipated visits to a variety of agency locations in order to obtain the rich data desired for the proposed study, which indeed did occur. All of the interviews were conducted in a setting that maintained confidentiality and was convenient for the participant. The duration of the interviews ranged from 30-70 minutes in length. The researcher was sure to confirm that this amount of time was allocated for the interview and the location was appropriate in terms of privacy for the interview.

Data Analysis Plan

The audio-taped interviews were transcribed by the researcher and the data from the transcriptions were used in this study. As stated previously, the audio recordings of the interviews will be destroyed in an appropriate time frame following the presentation of findings. All recordings will be destroyed no later than June 1st, 2013. The researcher used content analysis to interpret the meanings of the transcribed interviews.

An inductive approach was used to analyze the data. Due to the knowledge obtained of the variables that are present among this population, the researcher began with large, broader themes that have been created in review of previous literature. Once the research material went through the coding process, the data was applied to the more specific themes that were developed. This ensured that the themes created are a true depiction of the data and the content was not skewed to fit the ideal outcome of the study.

The researcher conducted an initial coding of the transcribed interviews to begin the analysis. An estimated fifteen to twenty codes were created from this initial coding.

The researcher then completed a second and third coding process in order to obtain both manifest and latent content. Through this analysis, the researcher had the ability to develop authentic themes from the coding of the raw data collected in the interview process. Themes were created and altered numerous times throughout the data analysis to ensure the findings were a true depiction of the data collected from the participants. The researcher was loyal to the information obtained from the interviews and dismissed preconceived notions of what the findings of the current research would reveal.

Findings

The purpose of this study was to gain a better understanding of how grief support professionals address gender differences in grief after a couple experiences a perinatal loss. The predominant focus was geared toward the grief process of mothers and fathers, and how the couple relationship is able to cope following the loss of a baby. The research was also conducted in order to gain insight on how cultural and spiritual factors, along with considerations toward the couple's sexual orientation, may contribute to the grief process of bereaved parents.

Sample

Though fifteen professionals were invited to participate, eight professionals were able to contribute to the research study. This sample was made up of seven females and one male. A variety of professionals were involved in the study, including two social workers, two chaplains, two nurses, one grief counselor, and one psychologist who specializes in perinatal services. The professionals work in a variety of settings, including churches, hospitals, hospice services, and counseling centers. The professionals that participated in the study have varied experience offering parents support for perinatal loss directly following the loss as well as long-term grief support. Individuals in the sample had a mixture of past and present work experience with the population being studied, the majority of which currently hold positions that offer grief support services to parents who have experienced a perinatal death. The eight interviews were conducted January 18th, 2013 through February 27th, 2013. All names of the participants have been changed in the findings to protect confidentiality of the professionals involved in the study.

During the critical data analysis process, the researcher recognized numerous themes that arose from the information gathered from the qualitative interviews. These themes were created from the coding process that took place following the transcription of each interview conducted. A theme is developed when two or more participants have similar responses to a particular question asked in the interview. Each theme is followed by quotes from the respondents that illustrate the development of the theme. These quotations have been italicized to provide clarification of the results to the reader. The themes that have been created are categorized into five, broader categories. These categories include: fathers' grief process, mothers' grief process, couple relationship before and after the loss, cultural, religious and sexual orientation considerations, and key intervention strategies in practice.

Fathers' Grief Process

During each interview, the participants were asked to identify coping mechanisms that they see typically used by fathers who have experienced a perinatal loss. With the data collected, the researcher was able to develop three main themes that illustrate the various factors that contribute to how bereaved fathers are generally seen to cope and manage the loss of a baby. The questions that were asked that led to these themes were, "In your experience, how would you describe the coping mechanisms used by fathers?" and "How do you believe gender stereotypes affect mothers and fathers in their coping with the loss of a baby?" These themes include: (1) role as the supporter and strong protector (2) the "fix it" mentality and (3) external views about male grief.

Role as the supporter and strong protector. Five of the eight participants mentioned the father's perceived need to act as the main source of support for their partner. Three of the eight respondents recognized in their experiences working with perinatal loss that fathers have a tendency to put their own grief aside as they believe that their partner's well-being should come before their own. The following quotes demonstrate this theme.

He is trying to figure out how to care for his wife when his whole being is saying that he needs to protect her. (Casey, Labor and Delivery Nurse)

The men are focused on supporting their spouse. It's almost as if they say, "She's grieving, and I need to pay attention to her grief". (Dean, Hospital Chaplain)

He may be engaged to support mom, but not so much to find out how he is doing. (Donna, Perinatal Grief Psychologist)

Three of the eight respondents also expressed that fathers tend to take on the mentality that it is their duty to stay strong in the event of a perinatal loss. This coping mechanism is seen by practitioners who work with parents directly after the loss in the hospital setting along with professionals providing long-term grief support. The following quotes from respondents demonstrate this theme.

Sometimes they feel as though they need to be the strong one, and a lot of men have a hard time entering into that vulnerability. (Dean, Hospital Chaplain)

I would say that there is a tendency for the male to be stoic about it and more the one that has to hold it together for the situation. (Lindsay, Social Worker)

The “fix it” mentality. Four of the eight participants involved in the study identified a main coping mechanism of fathers to be that they believe it is their job to fix the event in some way. Additionally, two of the eight respondents mentioned that they see fathers taking on responsibility of the loss and the future well-being of their partner following the perinatal loss. The following quotes illustrate this finding.

It's something that you can't fix, and the partner wants to fix it. (Lindsay, Social Worker)

I think husbands feel, to some degree, responsible for how their wives are feeling and that frustration element comes in where they can't really fix it for her. (Hannah, Hospital Chaplain)

They don't know how to fix it and they feel like they are supposed to fix it...
(Stephanie, Parish Nurse)

Five of the eight respondents identified that fathers typically cope with the loss of a baby by becoming task-oriented; focusing on tangible ways in which they can deal with the perinatal loss. Three of the respondents focused on the father's need to organize aspects of the death that take place directly after the loss, such as a burial or notifying other family members. Two of the respondents discussed the father's ability to return to work soon after the loss or become distracted in household tasks as a way of dealing with grief. The following quotes illustrate this theme.

Instead of using male or female as different ways to describe the grief process, it is often termed as instrumental and intuitive. So, instrumental, meaning “doing things” would be more characteristic to the male role. (Donna, Perinatal Grief Psychologist)

Men tend to be task-oriented, or future-oriented, moving quickly onto what they can fix and what they can do. (Lindsay, Social Worker)

It is much more possible for a man to get involved in a task and it isn't as difficult for him to get lost in the task and “forget” about the grief. (Dean, Hospital Chaplain)

These testimonials speak deeply to the father's need to seek immediate solutions to the issue at hand in order to attempt to “fix” the aspects of the loss that are in their control. Socialization has led men to believe that this is their role following a loss, which, according to the literature, has the potential to cause long-term concerns in regard to managing their grief (Cacciatore et al, 2008; Goldbach et al, 1991; Stinson, 1992).

External views on male grief. Four of the eight professionals who participated in the study reflected on societal factors that may contribute to the father's grief process following a perinatal loss. These participants recognized our environment and gender norms that have been created as a contributing factor to a father's ability to reflect and express their feelings of grief. The following quotes exemplify this finding.

Men aren't invited, as a rule, to pay attention to their feelings, to express their sadness. They are, however, invited to be tough. (Dean, Hospital Chaplain)

They may feel as though they are showing a sign of weakness. (Stephanie, Parish Nurse)

Dads aren't frequently prompted to talk about how they are feeling, which leaves him behind. It also sends the message that the father's job is to take care of her. (Donna, Perinatal Grief Psychologist)

The accounts outlined above speak to the previous literature on gender norms that have been created in our society, and how mothers and father have been taught by our environment to deal with grief differently (Cacciatore et al, 2008; Shreffler et al, 2012; Versalle & McDowell, 2005).

Mothers' Grief Process

During the interview process, the participants were also asked to identify coping mechanisms that are used by mothers who have experienced a perinatal loss. With the data collected, the researcher was able to develop two main themes that illustrate the various factors that contribute to how bereaved mothers are generally seen to cope and manage the loss of a baby. The question that was asked that led to these themes was, "In your experience, how would you describe the coping mechanisms used by mothers?" These themes include: (1) physical along with emotional pain and (2) emotionally expressive and support-seeking.

Physical along with emotional pain. Four of the eight participants recognized that women not only experience emotional pain after a perinatal loss, but physical pain from miscarriage or giving birth to the baby. Additionally, one respondent acknowledged the care team's focus to be typically on the mother due to fact that her body was bearing the child. The following quotes illustrate this theme.

She is having emotional pain as well as the physical pain. Dad doesn't have that. He might vicariously experience the physical pain, but it's not the same. It's her body. (Casey, Labor and Delivery Nurse)

Mothers connect more so with that baby so much earlier because of the physical intimacy of their relationship. (Hannah, Hospital Chaplain)

The care team is much more focused on the mother due to the need for physical support. (Lindsay, Social Worker)

Additionally, three respondents verbalized that mothers have a tendency to take responsibility for the loss; often blaming themselves as the reason the baby did not survive. The following quotes embody the theme of self-blame as a coping mechanism for mothers.

I have never seen a mother early after a loss who wasn't trying to figure out what she did wrong. That seems to be so deeply part of the initial grief for mothers. (Hannah, Hospital Chaplain)

A mom will worry that it happened because she took two Tylenol, or had one beer, or that she slipped on the ice that time. (Stephanie, Parish Nurse)

They go through that whole 'What did I do wrong? What could I have done differently?' Kind of blaming themselves. (Lindsay, Social Worker)

These responses speak to the emotional pain that mother's experience due to their physical closeness with the unborn baby. As the mother is the receptacle of the fetus,

participants recognized a tendency for mothers to experience more feelings of guilt, pain, and emotional pain with the loss.

Emotionally expressive and support seeking. Four of the eight professionals identified women as being more openly expressive of their emotions. This was recognized as a primary tool used by mother's to cope with the loss of their baby. The following quotes exemplify this theme.

The women just seem so much more fully able to inhabit their emotional base.

(Hannah, Hospital Chaplain)

Mothers are typically extremely emotional, grieving deeply, and lots of tears.

(Casey, Labor and Delivery Nurse)

An intuitive individual, typically women, would benefit from crying, sharing, and physical closeness. (Donna, Perinatal Grief Psychologist)

Four of the eight professionals that participated in the study expressed that they see mothers as being more proactive in identifying and utilizing support networks in their environment. The following quotes illustrate this theme.

Women, in general, are better at seeking out emotional support. It is sort of the woman who is trying to develop that supportive community. (Dean, Hospital Chaplain)

Moms seem to be the ones who take advantage of the support system that is there more than fathers. (Lindsay, Social Worker)

Women will talk openly with their friends...women are more engaged in online support...I'll see the mom come to grief support group without the dad, but I haven't seen the dad come without the mom. (Donna, Perinatal Grief Psychologist)

Personal support as well as community support was recognized as being accessed more frequently by grieving mothers rather than fathers by these respondents. The ability to reach out for support was said to possibly have an impact on the parent's ability to process loss, creating healthy coping mechanisms and reducing the risk for complicated grief for mothers.

The Couple Relationship Before and After the Loss

During each interview, the participants were asked to discuss their views on potential conflicts that may arise in the couple relationship following a perinatal loss. The researcher discovered three themes when analyzing the professionals' responses. The questions that were asked that led to these themes were, "In your experience with perinatal loss, what are the main concerns that need to be addressed when offering support to grieving parents?" and "What are factors that may contribute to conflict in the couple relationship following perinatal loss?" These themes include (1) parents' age and natural communication styles (2) expectations following the loss and (3) communication about each parent's grief process.

Parents' age and natural communication styles. Three of the eight participants discussed the need to recognize the younger age of the average individual giving birth. Additionally, these participants also mentioned the need to assess the length of the couple

relationship when addressing initial concerns for providing grief support to parents. The following quotes from the respondents support this theme.

They may not be as familiar with one another because in these situations, often these losses are happening early in that couple's evolution together. (Dean, Hospital Chaplain)

If the couple is younger, they haven't really identified the ways in which they work well together. (Donna, Perinatal Grief Psychologist)

People who have a pregnancy loss tend to be younger because they are of child-bearing age. What I noticed was a lot of them have never experienced a close loss before....they felt like their lives were pretty much within their control. (Hannah, Hospital Chaplain)

Three of the eight participants discussed the need to build an understanding of each parent's communication style prior to the perinatal loss. This theme is supported by the following statements made by participants in the study.

You don't know what their level of ability to communicate was before the loss or even when things were going better. Just because they may be married doesn't mean that they are good communicators with each other. (Hannah, Hospital Chaplain)

Traumatic events bring to the floor all the issues that were already there. (Donna, Perinatal Grief Psychologist)

Many couples aren't the type to typically share their feelings anyway. They are not as adapt or as practiced at that. (Dean, Hospital Chaplain)

An emphasis was placed on the importance of how effectively each parent was able to communicate with their partner and to assist the couple to identify how their natural communication styles may play a role in their ability to express grief following the loss of a baby.

Expectations following the loss. Five of the eight respondents recognized clashing viewpoints on life and future plans after the death to be an area of potential conflict in the couple relationship. More specifically, two of the participants reflected on plans for future children as an area for potential conflict. Moreover, two of the respondents commented on misperceptions about their partner's ability to move past the loss as a potential struggle in the relationship. The following quotes demonstrate this theme.

Decisions to try to have another baby may create conflict...concerns for the woman and her health may play a role in future plans. (Patricia, Licensed Counselor)

Conflict can arise when expectations aren't realistic. When either of them, or both of them, have this idea of what a relationship should look like. When they evolve in ways that don't fit this expectation, that's when often relationships have trouble. (Dean, Hospital Chaplain)

One partner may feel as though the other has 'moved on'. I have often heard that women feel abandoned because the husband returns to work. (Casey, Labor and Delivery Nurse)

The responses above demonstrate the need for couples to practice open communication in regard to their thoughts and feelings about the loss of their baby.

Communication about each parent's grief process. Six of the eight participants identified communication between the couple about their individual feelings surrounding the loss as a crucial determinate of conflict in the relationship. Additionally, three of the eight respondents emphasized the need for couples to routinely visit their thoughts and feelings with one another throughout the grief process. The following quotes exemplify these findings.

There is potential for conflict because they are going to handle it completely differently, even if they are two healthy people in a healthy relationship. (Lindsay, Social Worker)

They can miss each other because they don't understand the differences in how they are naturally grieving because we, as humans, don't get education on that. It seems like there is a thing with grief that the people who love us want us to be okay, and what ends up happening is that they can push the person out of their grief. (Hannah, Hospital Chaplain)

I think the expectation is that we both have the same feelings, and that you should be able to understand me and I should be able to understand you. (Donna, Perinatal Grief Psychologist)

Cultural and Religious Considerations

All eight participants were asked to discuss any cultural or religious factors that may contribute to a couple's grief process following a perinatal loss. Seven of the eight participants acknowledged the importance of religious/spiritual communities in regard to support systems if the couple has a faith-base. Three of the eight participants discussed

specific differences that they see across cultures in regard to rituals and support systems; however, four of the eight participants highlighted that the actual grief experienced was not different across cultures. The following quotes from the respondents illustrate these findings.

A lot of people find comfort in faith...in general a faith community is a strong form of support. (Casey, Labor and Delivery Nurse)

Speaking in generalities, in the Hmong, African, and Latina cultures, there is a lot of difference to the husband. We really see a patrilineal structure in that the woman is absorbed into the male's family. Sometimes the husband or an elder come in and dictate how things are going to go. (Donna, Perinatal Grief Psychologist)

With any culture or faith, identifying their understanding of the loss and their families understanding of the loss is important. (Kelsey, Social Worker)

Considerations for Working with Same Sex Couples

All eight of the participants were asked to discuss their experiences working with same-sex couples who have experienced a perinatal loss. The question that was asked by the researcher was, "What is your experience working with same sex couples who have experienced a perinatal loss?" Three of the eight respondents expressed that they had experience with same-sex couples and subsequently shared their insight on working with this population.

Donna, a perinatal grief psychologist, had the most insight on work with the GLBTQ community. She recognized the difficulties with getting pregnant, along with

familial and social support as foundational barriers to seeking/receiving support with perinatal loss. Donna stated that, "...one of the biggest issues is that it wasn't easy to get pregnant in the first place...after the loss they are facing the question of whether they want to try and get pregnant again." In relation to outside support, Donna mentioned, "Depending on the level of family acceptance of the couple, the parents may lean more on their friends and community for support...Even if women are 'out', they may not be received well or feel comfortable, so right off the bat there is that issue of not getting what the role of the non-biological mom is by the medical staff. In smaller communities, the couple might not be 'out', so the woman appears as a single, pregnant woman when really she is with a partner." Donna's insight highlights the importance for healthcare professionals to receive education and sensitivity training on working with various populations in our society.

Dean, a hospital Chaplain, also shared insight into the support networks that GLBTQ parents may lean on following a perinatal loss. Dean stated, "I think possibly in the GLBTQ community, because people know what it's like not to be supported, there's a little bit more tenacity to offer support." Dean emphasized the past and current struggles that this population faces, and the strong support and sense of community that has been created within the GLBT population.

Intervention Strategies in Practice

The participants were asked to explain any initial concerns that they believe should be addressed when offering support to grieving parents. At the end of each interview, participants were also asked to offer any advice to professional working with

the population in regard to skills and intervention strategies to implement in practice. Three themes were created from the responses offered by the eight professional participants. The question that was asked that led to this theme was, “What skills and/or intervention strategies would you suggest to be helpful in understanding the parents’ grief process?” These themes include: (1) everyone copes differently (2) start where the parents are and (3) let parents create their own sense of meaning.

Everyone copes differently. Four of the eight participants acknowledged that each individual along with each couple relationship will cope with the loss of a baby differently and the need for professionals to communicate this to parents. Additionally, five of the eight participants stressed that professionals need not to assume understanding of how parents are grieving. The following quotes from the respondents support this finding.

I just acknowledge that and remind them that we are different people. I have seen the opposite where men are very tearful because we all grieve differently. (Casey, Labor and Delivery Nurse)

I think it really depends on the individual and what kind of support is available in their life at that time. (Patricia, Licensed Counselor)

You’re becoming someone new as a result of this event. (Dean, Hospital Chaplain)

Encouragement for them to know that a lot of different feelings are natural, especially when you’re still kind of in shock of the situation. And those emotions felt are, in fact, how we heal. And so to, as much as they can, and as painful as it is, honor that

and let themselves feel how they feel, and cry when they want to cry. (Hannah, Hospital Chaplain)

Start where the parents are. Seven of the eight participants touched base on the importance of beginning where the client is in the grief process. Four of the eight participants discussed the harm of forcing parents into areas of the grief process in which they are not ready or prepared to enter. The following quotes from participants illustrate this finding.

I would always want to pay attention to what they are ready to hear. The biggest thing to me is to just figure out where they are at in the process. (Lindsay, Social Worker)

Absolutely let the parents take the lead and be careful not to force them anywhere they are not ready to go. (Hannah, Hospital Chaplain)

We don't want to force people to speak of things of which they are not comfortable (Dean, Hospital Chaplain)

I think with any loss, you assess where they're at in their grieving, so we are looking at how they are experiencing the loss. (Patricia, Licensed Counselor)

Let parents create their own sense of meaning. Three of the eight participants urged professionals to allow parents to lead the way in terms of how they wish to view the loss of their baby. Additionally, four of the eight participants stressed that it is not the job of the professional to try to “fix” anything for the parents. The following quotes from the respondents support this finding.

Grief isn't about fixing anything, it is a life experience. If you walk in with an agenda, in my experience with crisis circumstances, it's not going to happen. (Lindsay, Social Worker)

If you are a good practitioner, and you have some basic skills, any grief and loss is a way of being. It is how you are with them, not what you say or what you give them. I always say, with grief and loss, it is how you are, not what you provide. (Lindsay, Social Worker)

People have to come to their own sense of meaning, which I think if you help people grieve thoroughly and well, they come to that on their own. (Kelsey, Social Worker)

All of the themes regarding intervention strategies in practice encompass the core values of social work. Client self-determination, client as expert, working with and not for the client, and beginning where the client is are all crucial aspects of the profession. The respondents also touched on a key social work principle to avoid generalizations and stereotypes, as each individual client is unique with a different past, present, and future.

Discussion

The purpose of this study was to gain insight into how professionals address gender differences in grief when a couple experiences a perinatal loss. As various professions work with this population, it was crucial that a number of different professionals share their perceptions on working with this particular population. The grief support professionals involved in the study discussed numerous aspects of work with couples after the loss of a baby, including individual as well as collective coping mechanisms.

Interpretation of Key Findings

One of the main goals of the current study was to examine the similarities and differences in the grief process between mothers and fathers following the loss of a baby. The various grief symptoms and coping mechanisms used by men and women dealing with a perinatal loss were quite consistent across literature and in the current study. While fathers tend to take on the role of protector, supporter for their partner, and operate with a “fix it” mentality, mothers deal with physical along with emotional pain, tend to be more emotionally expressive, and are the ones to seek out support. Both past research and the current study acknowledge that healthcare professionals, grief support professionals in particular, must be aware of these potential differences in grief between mothers and fathers and the affect this may have on the way each parent reacts to the perinatal loss.

As stated previously, past research has failed to explore the effect of gender differences in grieving on the couple relationship. Findings within the current research have outlined important themes that revolve around understanding the couple relationship

before and after the perinatal loss. Aspects such as the parents' age and length of relationship, each parent's natural communication style, expectations following the loss, and communication about each partner's grief process are marked with high regard by the professionals that participated in the study. Findings from the current research highlight the importance of creating an outlet where the couple is able to openly communicate their feelings about the loss and voice where they are at in the grieving process. This was seen as one of the main indicators of healthy grief following the loss of a baby and the long-term outcome of the couple relationship.

Skills and intervention strategies used by practitioners offering grief support were also outlined in the findings of this study. Beginning where the parents are and allowing them to create their own sense of meaning were found to be professional strategies depicted in the current research that were not emphasized in previous literature on the topic. Respondents mentioned this concept several times throughout the interviews, relating to the intervention strategies discussed in terms of how to approach parents when offering support. The idea of honoring where the parents are in their grief process is an imperative piece of providing appropriate care and the concept of "do no harm" that is ingrained in the social work profession. This skill was highlighted by respondents in this study due to the nature of perinatal loss and the fragile state at which the parents are in following the loss.

Implications for Social Worker Practice

Previous literature, along with the current study on perinatal loss, has provided much insight on the needs of parents experiencing perinatal loss and the role of the

healthcare professional in offering support. It is important that social work research continues to expand on this theme among this population as the role of the social worker is extremely different from that of other healthcare professionals. It is the social worker's duty to be mindful that every individual is unique in how they cope with the loss of a baby. This is an extremely sensitive population to be working with, and it is essential that the social worker approaches these parents with the necessary practice skills and the appropriate level of competency.

It is crucial that social work professionals working with this population acknowledge gender differences and address this as a potential conflict in understanding each partner's viewpoint of the loss. Social workers involved in grief support also need to address the different grief processes and reactions to the loss experienced between men and women while offering couple counseling. It is imperative that the couple understand how the other is dealing with the death in order to sustain a healthy, supportive relationship through the adjustment process after a perinatal loss.

As social workers, we need to have knowledge on how various populations deal with this type of loss if we are to provide the best care possible in our practice. Skills mentioned by participants in the current study, such as self-determination, beginning where the client is, and the avoidance of assumptions, are all core values of the social work profession. The current research is not only valuable toward recognizing the potential struggles a bereaved couple faces following a perinatal loss, but also understanding the individuality of the grief process.

Implications for Future Research

The majority of past studies have focused mainly on the first few days post loss, therefore more research needs to be conducted on extended support services for both the individual parent and the couple (Rich, 2000). Though it is imperative that medical social workers are competent in offering immediate grief support, it is just as important that grief support services are offered post hospitalization to meet the needs of mothers and fathers in their coping. Gender difference can play a significant role in the perinatal grief process; therefore, service programs need to hold the ability to assess parents' needs individually and as a couple (Rich, 2000). Though the current research was designed to gain perspective from hospital and community grief support professionals, more research needs to be conducted that focuses solely on community programs that offer ongoing support for bereaved parents.

Through reviewing previous studies, it is quite apparent that there is a clear emphasis placed on research addressing the needs of mothers after a perinatal loss and a lack of acknowledgment of the needs of bereaved fathers. The majority of studies conducted on perinatal loss have focused only on the needs and grief experienced by mothers, and little research has shown the specific needs for support that fathers could benefit from after the loss of a child. Rich (2000) suggests that this may be due to the lack of services available in our society that are applicable for bereaved fathers. This is surprising as much of the literature along with the findings from this study acknowledge the difference between mothers and fathers in terms of how they manage and express their grief (Brownlee & Oikonen, 2004; Lang et al, 2011; Mahan & Calica, 1997; Oikonen & Brownlee, 2002). Along with this, literature has also noted that a perinatal

loss can have detrimental effects on a relationship if proper support and a healthy grieving process does not take place for both the mother and the father (Brownlee & Oikonen, 2004; Lang et al, 2011; Mahan & Calica, 1997; Oikonen & Brownlee, 2002). With that said, the current study brought forth indications that it is often the mother who seeks out services for support and will be the parent to attend a support group without their partner. Therefore, past research may fail to examine needs of bereaved fathers due to their lack of outreach or need for outside support.

It is not only important to consider gender differences in the grief process of parents experiencing loss, but also the various differences among these individuals. Though this study gained a small amount of insight into sexual orientation considerations when looking at perinatal grief, it is clear that more research needs to be done. Past research fails to recognize the struggles that same-sex parents coping with a perinatal loss face. Not only is this population coping with a stigmatized loss; they are also facing the stigma society has placed on the GLBTQ community. The similarities and differences among same-sex and heterosexual parents facing the loss of a baby would be a significant matter to address in future research. Health care professionals and professionals offering grief support to a wide range of populations would benefit greatly from research regarding GLBTQ parents and perinatal loss.

Strengths and Limitations

The purpose of the study was to gain a better understanding as to how grief service professionals address the unique grief process of mothers and fathers who have experienced a perinatal loss. As with any research, the methodology had both strengths

and limitations. The topic of the research is relevant to the field of social work as it is imperative that professionals are aware and address the needs of parents experiencing this type of devastating loss. Furthermore, this topic is important as men and women do not necessarily process the loss of a baby in the same way, and it may have an impact on how professionals interact with the parents separately and as a couple. This aspect of perinatal loss has typically been ignored in research and the recognition of grief support service workers' perceptions is imperative for future practice. The researcher used a variety of different questions that address numerous aspects of gender differences and perinatal loss, which created an outlet for the professionals to express their experiences working with this population. The small sample size allowed the researcher to give extensive attention to each interview conducted.

Though there were strengths to the research, there were limitations considered as well. With the limited time frame for data collection, the researcher was only able to interview eight individuals. This is a limitation to take into consideration as it was difficult to generalize the findings due to the small sample size. The researcher also experienced difficulty obtaining social workers to participate in the study due to the type of professionals that were found to typically provide grief support to the specific population being researched. It was challenging to find professional social workers who have the extensive experience working with parents who have experienced a perinatal loss. The researcher also had difficulty connecting with service workers who have incorporated gender similarities and differences into their practice methods. However, whether the participants have considered gender differences and to what extent holds value in the findings of the research.

Conclusion

Experiencing the loss of a baby is a devastating event that can leave parents in a fragile state of grief. If not managed appropriately, this form of ambiguous loss can potentially lead to complicated grief, effecting a parent's long-term functioning (Bennett et al, 2008). For this reason, it is imperative that grief support professionals have the necessary education and training to work effectively with this population. Moreover, the recognition of differences in grief between partners is crucial in order to assist the couple in identifying how each is coping with the loss of their baby.

The focus of the current research revolved around gender differences in grief, and how mothers and fathers may require different support services to assist them through the process of grief and loss. Though past studies on perinatal loss have acknowledged how gender contributes to a parent's grief response, there is limited research that focuses on the role of the professional in addressing gender differences in grief support and intervention strategies. Past research has also failed to explore the effect of gender differences in grieving on the couple relationship. The current qualitative study discussed a variety of grief professional's experiences working with parents who have experienced a perinatal loss and the similarities and differences they view in the grief process between mothers and fathers. In addition, the research also gained knowledge of the professional's role in addressing differences in coping and the effect on the couple relationship.

An unintended finding of the research that was found significant was the emphasis participants placed on understanding the couple relationship before and after the perinatal loss. Aspects such as the each partner's communication style and experience

with loss, the length of the relationship, and the parents' age were all verbalized as important to recognize when offering grief support to parents. Grief support professionals need to take these factors into consideration when offering support to bereaved parents as each couple has had a different past, present, and future that will shape the ways in which they cope and manage the loss of their child.

The research also gained a level of insight on considerations toward work with same sex couples and the struggles faced in the event of a perinatal loss, which has been overlooked in past research. Though our society has progressed in terms of accepting individuals of the GLBTQ community, unfortunately, this is a population that continues to be disenfranchised. It is important for professionals to acknowledge the additional struggles those of the GLBTQ community face in the event of a perinatal loss, such as the level of acceptance the couple's support system held in regard to the pregnancy and difficulty of conception.

It is imperative that professionals offering grief support services are aware of the profound effect the death of a baby can have on bereaved parents of various populations. It is also crucial that helping professionals are able to properly acknowledge and assess the needs of both parents as each individual copes with loss differently. Therefore, further exploration in this area would significantly benefit professionals working with couples who have experienced a perinatal loss.

APPENDIX A
CONSENT FORM
ST. CATHERINE UNIVERSITY
GRSW682 CLINICAL RESEARCH PROJECT

**How Professionals Address Gender Differences when Offering Grief Support to Couples
Who Have Experienced a Perinatal Loss**

Introduction:

I am conducting a study about perinatal loss and how grief professionals address the needs of grieving parents, specifically focusing on gender differences. I invite you to participate in this research. This study is being conducted by Christine Knight, a graduate student at St. Catherine University and the University of St. Thomas under the supervision of Dr. Richa Dhanju, Assistant professor, School of Social Work. You were selected as a possible participant because of your professional role as a grief support provider and your experience with the research population. Please read this form and ask questions before you agree to be in the study.

Background Information:

The purpose of this study is: To gain a better understanding of the role of grief support providers in regard to grief services for parents who have experienced a perinatal loss. The goal of the study is to better understand services offered to mothers and fathers, skills needs for professionals working with the population, and potential improvements that could be made to better serve this population. Similarities and differences across gender will be the predominant focus. Approximately 10 people are expected to participate in this research.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in a semi-structured interview consisting of approximately 14-15 questions regarding perinatal grief support. This interview will take place in an office setting or other private location of your convenience to protect confidentiality. The length of the interview will be approximately 60-90 minutes. With your permission, the interview will be audio recorded for purposes of this study. The data will be shared at a public presentation of clinical research projects scheduled by the School of Social Work that is to take place in May. The final research study will be accessible to the public through St. Catherine University's website. No personal information will be shared at this presentation as confidentiality is strongly enforced. This study will take approximately 3 months to complete; however, your involvement will consist of one interview session.

Risks and Benefits of being in the study:

The study has minimal risks. You may feel a level of discomfort discussing the topic of research depending on your personal experience with perinatal loss. If you do decide to participate, you may discontinue the interview at any time and the researcher will not utilize any data collected prior to your wishes to end the interview. There will be no penalties or disconnections made by this institution for you to participate in future research studies. You may refuse to answer any of the researcher's questions throughout the interview.

There are no direct benefits to this study. The potential benefits to participation are to assist in enhancing research on perinatal loss in the field of social work. Participation in this study will be beneficial as the intent is to educate grief professionals in their work with parents who have experienced a perinatal loss currently and in the future.

Confidentiality:

Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable.

The records of this study will be kept confidential. Research records will be kept in a locked file that may only be accessed by this researcher. I will also keep the electronic copy of the transcript in a password protected file on my computer. The content of the interviews will be documented using two different forms of audio recording. This protocol will be used to ensure the interview material is recorded appropriately and in its entirety. These recordings will be kept in two places. One recording will be kept on the researcher's personal computer which is password protected and only utilized by the researcher at all times. The second recording will be on the researcher's personal mobile device that is also password protected and in the researcher's possession at all times. The researcher will also maintain field notes throughout the research process to document the environmental aspects of the interview processes. These field notes will remain confidential. All interview recordings will be destroyed no later than June 1st, 2013.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University, the University of St. Thomas, or the School of Social Work in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

My name is Christine Knight. You may ask any questions you have now. If you have questions later, you may contact me at 952-270-9974. Richa Dahnju can also be reached at 651-690-6755 with any questions you may have. You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

I consent to participate in the study. I agree to be audiotaped.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX B

Qualitative Research Questions

1. Could you start by telling me about your past and current work experience?
2. What are the different services offered at your agency/organization?
3. What is your experience working with parents who have experienced a perinatal loss?
4. In your experience with perinatal loss, what are the main concerns that need to be addressed when offering support to grieving parents?
5. What are factors that may contribute to conflict in the couple relationship following perinatal loss?
6. In your experience, how would you describe the coping mechanisms used by mothers?
7. How would you describe the coping mechanisms used by fathers?
8. How do you believe gender stereotypes affect mothers and fathers in their coping with the loss of a baby?
9. In your practice, what differences do you see in terms of emotional support needs for mothers and fathers?
10. How do gender roles impact the grief and loss process for couples in regard to cultural factors?
11. How do religious factors in regard to gender roles impact the grief and loss process for couples?
12. What is your experience working with same sex couples who have experienced a perinatal loss?
13. Are there specific community organizations that cater specifically to bereaved fathers?
14. What skills and/or intervention strategies would you suggest to be helpful in understanding the parents' grief process?

APPENDIX C

RECRUITMENT SCRIPT



The logo for St. Catherine University, featuring the text "St. CATHERINE UNIVERSITY" in white on a purple background with a decorative pattern.

Date:

Dear (Participant's Name),

My name is Christine Knight, and I am currently a student in the MSW program at University St. Thomas/St. Catherine University. I am conducting a study on perinatal loss and how grief professionals address the needs of grieving parents, specifically focusing on gender differences. I invite you to participate in this research.

The purpose of this study is to gain a better understanding of the role of grief support providers in regard to grief services for parents who have experienced a perinatal loss. The goal of the study is to better understand services offered to mothers and fathers, skills needs for professionals working with the population, and potential improvements that could be made to better serve this population. Similarities and differences across gender will be the predominant focus.

You were selected as a possible participant because of your professional role as a grief support provider and your experience with the research population. Your insight is valuable and will be greatly appreciated if you choose to participate in this study. I will maintain confidentiality throughout the study; no names or other identifiers will be revealed to anyone, and I will be happy to conduct interview at a date, time and place per your convenience. The interview will take between 60-90 minutes and will be audio recorded with your permission.

The participants in the proposed study will discuss their expertise independent of their professional affiliations. However, I am aware that some agencies/organizations may have clauses prohibiting staff to discuss cases or patients with researchers without their employer's IRB approval. If your employer requires IRB approval, I will respect that requirement and given time constraints will not be able to pursue your participation further. I very much appreciate your profession and do not wish to jeopardize in any way your employer's regulations against discussion of their work outside of the agency. If you are not sure about your employer's regulations on outside research participation, I would be more than happy to investigate this further. It is much appreciated that you do not send this invitation to your entire work group.

Please call me at (952) 270-9974 or email me at knig2138@stthomas.edu to inform me of your decision about participation in this study along with any additional questions you may have.

Thank you for your time and consideration,

Christine Knight, BSW, LSW
University of St. Thomas/St. Catherine University

References

- Alves, D., Mendes, I., Goncalves, M., & Neimeyer, R. (2012). Innovative Moments in Grief Therapy: Reconstructing Meaning Following Perinatal Death. *Death Studies, 36*, 705-818.
- Bennet, S., Litz, B., Maguen, S., & Ehrenreich, J. (2008). An Exploratory Study of the Psychological Impact and Clinical Care of Perinatal Loss. *Journal of Loss and Trauma, 13*, 485-510.
- Beutel, M., Willner, H., Deckard, R., Rad, M., & Weiner, H. (1996). Similarities and Differences in Couples' Grief Reactions Following a Miscarriage: Results From a Longitudinal Study. *Journal of Psychosomatic Research, 40*, 245-253.
- Betz, G. & Thorngren, J. (2006). Ambiguous Loss and the Family Grieving Process. *The Family Journal: Counseling and Therapy for Couple and Families, 14*, 359-365.
- Boss, Pauline. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Cambridge, Massachusetts: Harvard University Press.
- Brownlee, K. & Oikonen, J. (2004). Toward a Theoretical Framework for Perinatal Bereavement. *Journal of Social Work, 34*, 517-529.
- Cacciatore, J., DeFrain, J., Jones, K., & Jones, H. (2008). Stillbirth and the Couple: A Gender-Based Exploration. *Journal of Family Social Work, 11*, 351-372.
- Cacciatore, J. & Bushfield, S. (2008). Stillbirth: A Sociopolitical Issue. *Journal of Women and Social Work, 23*(4), 378-387.

- Cowchock, F., Lasker, J., Toedter, L., Skumanich, S. & Koenig, H. (2010). Religious Beliefs Affect Grieving After Pregnancy Loss. *Journal of Religious Health, 49*, 485-497.
- Erlandsson, K., Saflund, K., Wredling, R., & Radestad, I. (2011). Support after Stillbirth and Its Effect on Parental Grief Over Time. *Journal of Social Work in End-of-Life & Palliative Care, 7*, 139-152.
- Gold, K., Sen, A. & Hayward, R. (2010). Marriage and Cohabitation Outcomes After Pregnancy Loss. *Pediatrics, 125*, 1202-1207.
- Goldbach, K., Dunn, D., Toedter, L., & Lasker, J. (1991). The Effects of Gestational Age & Gender on Grief After Pregnancy Loss. *American Journal of Orthopsychiatry, 61*, 461-478.
- Hobert, M. (1998). Perinatal Bereavement in its Cultural Context. *Death Studies, 22*, 61-78.
- Hughes, P., Hopper, E., & Evans, C. (2002). Assessment of guidelines in psychosocial care of mothers after stillbirth: a cohort study. *The Lancet, 360*, 114-118.
- Kavanagh, B. (2002). Women, men and stillbirth: How do they cope? *The Practicing Midwife, 5*, 18-20.
- Lang, A., Fleischer, A., Duhamel, F., Sword, W., Gilbert, K., & Corsini-Munt, S. (2011). Perinatal Loss and Parental Grief: The Challenge of Ambiguity and Disenfranchised Grief. *Journal of Death and Dying, 63*(2), 183-196.
- Lasker, J. & Toedter, L. (2000). Predicting Outcomes after Pregnancy Loss: Results from Studies Using the Perinatal Grief Scale. *Illness, Crisis, & Loss, 8*, 350-372.

- Mahan, C., & Calica, J. (1997). Perinatal Loss: Considerations in Social Work Practice. *Social Work in Health Care, 24*(4), 141-152.
- Mayo Foundation for Medical Education and Research (1998-2012). Complicated Grief. Retrieved from www.mayoclinic.com/health/complicated-grief/DS01023.
- Oikonen, J. & Brownlee, K. (2002). Family Therapy Following Perinatal Bereavement. *Family Therapy: Journal of the California Graduate School of Family Psychology.*
- Pauw, M. (1991). The Social Worker's Role with Fetal Demise and Stillbirth. *Health and Social Work, 16*(4), 291-297.
- Plagge, J. & Antick, J.R. (2009). Perceptions of Perinatal Loss: Miscarriage versus Stillbirth. *Women's Health & Urban Life, 8*, 113-127.
- Rich, D. (2000). The Impact of Postpregnancy Loss Services on Grief Outcome: Integrating Research and Practice in the Design of Perinatal Bereavement Programs. *Illness, Crisis & Loss, 8*, 244-264.
- Robinson, M., Baker, L., & Nackerud, L. (1999). The Relationship of Attachment Theory and Perinatal Loss. *Death Studies, 23*, 257-270.
- Serrano, F. & Lima, M. (2006). Recurrent miscarriage: Psychological and relational consequences for couples. *Psychology and psychotherapy: Theory, Research and Practice. 79*, 585-594.
- Shreffler, K., Hill, P. & Cacciato, J. (2012). Exploring the Increased Odds of Divorce Following Miscarriage or Stillbirth. *Journal of Divorce & Remarriage, 53*, 91-107.

- Stinson, K., Lasker, J., Lohmann, J., & Toedter, L. (1992). Parents' Grief Following Pregnancy Loss: A Comparison of Mothers and Fathers. *Family Relations, 41*, 218-223.
- Toedter, L., Lasker, J. & Janssen, H. (2001). International Comparison of Studies Using the Perinatal Grief Scale: A Decade of Research on Pregnancy Loss. *Death Studies, 25*, 205-228.
- The Free Dictionary by Farlex. Medical Definition of Neonatal Death. Retrieved from <http://medical-dictionary.thefreedictionary.com/neonataldeath>
- The Free Dictionary by Farlex. Medical Definition of Miscarriage. Retrieved from <http://medical-dictionary.thefreedictionary.com/miscarriage>
- The Free Dictionary by Farlex. Medical Definition of Stillbirth. Retrieved from <http://medical-dictionary.thefreedictionary.com/stillbirth>
- Umphrey, L. & Cacciatore, J. (2011). Coping with the Ultimate Deprivation: Narrative Themes in a Perinatal Bereavement Support Group. *OMEGA, 63*, 141-160.
- Versalle, A. & McDowell, E. (2005). The Attitudes of Men and Women Concerning Gender Differences in Grief. *OMEGA, 50*, 53-67.