

Grief issues:

Previous loss that is raised during booster session: Therapist explains to the woman who has grief issues related to past losses or miscarriages **that having a baby is a both a time of loss and a time of new beginnings**, and often unresolved feelings about the past may resurface. If relevant, let the woman know it is very common for woman who **have had previous miscarriages, or stillbirths to think a lot about these losses at this time**. For those who have lost a loved one, the therapist tell the woman that sometimes, if you have not dealt with previous losses in your life, you may find that you now have feelings of sadness. If in group setting can ask if others have had similar feelings. Do they have someone to talk to/share these feelings with? **Also refer woman to handout in workbook (pg 40)**

Recent neonatal loss: For those women who have had a pregnancy during ROSE or pregnancy or delivered a still birth/**neonatal death** in an **individual session** the therapist can provide more in-depth support.. Therapist should acknowledge the loss and ask if woman wants to talk about the loss.

For those who does not want to talk about the loss:

- Offer resources
- **Review symptoms of depression.** If participant has symptoms ask if participant would like a referral to treatment
- Let woman know it is not uncommon to experience depression after such a loss.
- **Ask if any of the “tools” that were learnt in ROSE might be useful now.**
Provide a review (refer to Final tips handout):
 - Remind person of relaxation exercises, self-care (making me time), saying no, asking for help.
 - Emphasize that all these skills/tools still very relevant and will help in preventing getting depressed.
 - **Discuss ways to move forward with grief (see last section)**

If a woman wants talk about the loss let woman tell her story. You can provide an overview of the stages of grief for women who want to talk about the loss. Decide how much details will be useful under each stage depending on distress level of woman. If you think the stages of grief in such detail might be too overwhelming, you can review the handout in Workbook (towards the end, pg 40).

I. Stages of Grief:

Provide the woman with an overview of the stages of grief that women can experience after a past miscarriage, the loss of a baby (The examples provided here are mostly concerning miscarriages and stillbirths but can be adapted for the loss of a loved one). As the therapist presents the stages she should ask the woman if she has experienced any of the feelings described. Also emphasize that the stages are not fixed and a person may go back and forth from one stage to the next.

Stage One: Shock and numbness: The first feelings often include such feelings as numbness, emotional outbursts, short periods of concentration, slow movements. Often one needs to have other people make decisions for you, such as letting others make decisions about funeral procedures. Emotions are most intense at the time of loss,

gradually decreasing, but with secondary peaks again at two months and 12 months. If a person cannot feel safe, grief may be put on hold – perhaps indefinitely - but physical or emotional manifestations, such as headaches, high levels of anxiety, tearfulness, may start showing up.

Stage Two: Yearning and Searching: This includes such feelings as restlessness, anger, guilt, mixed feelings, desiring the presence of loved one, etc. Many mothers who have lost their baby or had a miscarriage hear their baby crying, have arms that ache, feel fetal "kicks," and, not knowing this is normal, often are really afraid that they are "going crazy." This can easily last six to eight months, with another reoccurrence at 12 months. Lots of crying is done at this time, which is healthy, as tears shed during grief can be healing. Mothers will often blame themselves and have intense feelings of guilt, and a resulting loss of self-esteem.

Stage three: Disorientation and disorganization: After working through the powerful emotions of the previous "stages," many mothers go through a period where they feel empty and sad. This stage occurs around 4-8 months after the loss, and is especially difficult because by now, most people, including mothers, think they "should be over it by now." This is often when depression really sets in, and personal appearances may be neglected, meals not eaten, and mothers are more susceptible to illness. Reassure the mother that emotions need to be released, however, in an environment that understands and can be supportive. Expression can take many forms, such as writing, crying, yelling, singing, laughing, etc.

The therapist should make the distinction between depression and sadness.

Depression is more severe and there is little relief from the feeling of heaviness - it is present more often than not for weeks. Depression also usually involves self-hatred, worthlessness, helplessness, hopelessness, and self-pity. You know you are "clinically depressed" if you feel like giving up, lose all hope, or feel down all the time for an extended period of time. Sadness on the other hand interferes less with the quality of your life and there are times when you feel back to your old self. You can still experience joy, and laughter stay motivated and continue to be optimistic and active, despite your sadness. At this stage you may also experience some of the feelings of depressed mood (worthlessness, helplessness, hopelessness, etc.). But, you do not have to get stuck in depression. It is important that you do not need become stuck at this stage because it can interfere with the quality of your life. Practicing some of the skills we learnt in group could be helpful in this stage (e.g., scheduling some pleasurable activities).

Stage four: Reorganization: A time of "adjustment," as mothers achieve a "new normal," and are once again able to enjoy living, even though the loss will never be forgotten or the grieving ever completely "over." Mothers are more easily able to make decisions, and start to reap the "rewards" of grief - strengths they didn't know they had, and the knowledge that they have survived a crisis most people think they could "never cope with." Acceptance means that you can fit the loss into your "world view" and achieve a sense of peace regarding the loss. Sadness and acceptance are not incompatible. They are the normal processes of experiencing grief and mourning. You can accept your loss and still be sad about it. Acknowledge these feelings of sadness, do not be terrified by them. If you allow yourself to experience them they pass and you will be able to get on with your life. By acknowledging and facing your feelings, you will be better able to cope

with them. The serenity prayer provides an excellent description of acceptance “God give me the strength to change the things I can, tolerate to accept what I cannot change, and the wisdom to know the difference.”

Discuss with the woman the reaction of others at the time of the loss of the baby or miscarriage. Explain that sometimes men deal with emotions differently than women. Often they are not as "attached" to the pregnancy and child as the mother is, and seem to feel the loss less. They may also feel like they need to be "strong" for the mom to lean on, and often end up with not dealing their own grief. Reassure the mother that after a loss of a baby or miscarriage there is often a lot of tension and conflict in a relationship. If the woman has other children discuss with her that children will understand at different levels according to their age and developmental levels, but even very young children appreciate openness and honesty, especially as they grow. Children very often blame themselves for the baby's death, and all children need to be reassured that they are not the cause of the baby's death. Also, mention that holidays can be a painful time just because they remind mothers that they were already supposed to have a babe-in-arms. The anniversary date of the baby's birth and death (not always the same date), or last due date can also be very difficult and stir up a lot of emotions.

II. How to Move Forward in the Process of Grief

Discuss with the woman some ways to manage the grief. Ask her for some ideas, some things that she may have done or has been thinking of doing. Use the following as a guide:

A. Physical Needs

(i). Exercise: Even though it is usually hard for most grieving mothers to feel like they can even drag themselves through the day, getting exercise has definite physical and psychological benefits. Exercise stimulates the nervous, respiratory, and circulatory systems. As the respiratory rate goes up, more oxygen is taken in, and a more "alive" feeling results. Exercise has often been shown to bolster serotonin, which is a neurotransmitter with a major role in regulating emotions. Often, the time spent exercising is also a reflective time, allowing for some "grief work" to be accomplished at the same time.

(ii). Nutritional Needs: Grieving is a physical activity that requires that we expend a substantial amount of energy. If proper nutrients are not available, or only in small amounts, our bodies start to lose their optimal efficiency, gradually becoming depleted and leading to a state of exhaustion. If grieving mothers lose their physical strength and well being, it becomes easier to be crippled by the grief. For many of us, a first response is to seek relief from the pain, often leading us to drugs, alcohol, sugar or other not-so-healthy comfort foods. By eliminating foods from our diets that are not very healthy, (like caffeine, sugar, heavily processed foods, etc.), and adding foods that are (like whole grains, fresh fruits and vegetables, seeds, nuts, fish, etc.), we can help ourselves in the process of grief reconciliation. This is hard to do! During a pregnancy, there is a very good reason to make sure that nutrition is adequate, but after a loss, there no longer seems to be any reason at all!

(iii). Other Physical Needs: Rest. Sometimes a conscious effort to relax is needed to get rest, and for help in getting to sleep at night. It is helpful for most mothers to use soothing visualization techniques, soft music, massage, etc., as ways to keep their bodies feeling as well as possible. [Remind the woman of some of the activities or skills learnt in the group.]

B. Emotional Needs:

(i). Discuss handout.

(ii) Sharing: Most bereaved mothers feel a need to share their loss and their feelings, although some can work through their grief effectively on their own. The most supportive friends and relatives are those who understand that the loss is significant and tragic. [Ask the woman if she has close friends, relatives, priest/pastor with whom she feels she can talk]. Unfortunately, you can hear "unsettling" remarks. It is helpful to know that while most people mean well, they are unsure what to say and the offense is not really meant. [Check if this has happened to the woman]. Many mothers find comfort in support groups, especially those specifically designed for those experiencing perinatal losses, see resources, or a memorial service for perinatal loss (iii). Expressing: It is vital for grieving mothers to be able to express their feelings! Again, it is vital that they feel "safe" in doing so. Expression can be verbally, in written form, artistically or physically. Yelling, screaming, talking it out, even singing are all forms of verbal expression. Writing is often very therapeutic, whether it is an angry letter (it doesn't have to be mailed!), writing in a journal, or other forms of writing, like poetry. Drawing can also be a therapeutic outlet. Creating in other forms can also be beneficial, such as working in clay or other media. Physical expression of grief can take the form of vigorous exercising, intense housecleaning, punching pillows and more. Expression of grief is part of the healing process. Let mothers know that there are resources for obtaining ways to memorialize their miscarriage/s or stillbirth, such as miniature coffins, tiny clothes, etc. , a memorial service for perinatal loss.

Provide resources

