



infant

for neonatal and paediatric
healthcare professionals

Working with families and loss: The therapeutic use of ourselves

Babies born 100 years ago were born at home, many with complications and conditions that led to their death. These babies would have been cared for in the family, where the death of a baby was not unexpected. Today, most babies are born in hospital, and those with serious complications are cared for on a neonatal unit by nurses and doctors who are the 'experts'. These parents can feel alienated, disempowered and vulnerable, needing a great deal of help from the staff to do things for their baby. Bowlby¹ recognised the greatly increased emotional problems parents face when they are not allowed to participate in the care of a sick infant.

Today's parents to be have very different expectations and do not imagine anything could be wrong with their baby. If their baby is born prematurely or with a condition that could be life limiting, the shock and disbelief is immense. As nurses and doctors, our role is to provide not only physical care, but also the emotional care that is so vital for parents at this difficult time. It is impossible to separate medical and emotional care; both are concerned with our basic needs as human beings, and involve us as professionals in the therapeutic use of ourselves.

In hospitals today, as medical technology advances, so the emotional needs of families must also be constantly assessed. How we provide that emotional care needs to be continually reviewed and must evolve in line with what families tell us they need. As professionals, we are increasingly being asked to respond to parents' psychological needs, and it is only by being open and willing to listen to parents and families that we can adequately provide care that is responsive to individual needs².

All neonatal staff who come alongside parents require counselling skills to be able to provide the emotional care these families need. As professionals we need to recognise that whenever we are with people, whether we are speaking or not, we are communicating. Families are likely to notice how we react much more than we possibly realise. When working in a caring capacity we may experience strong emotions which can lead us to react with assumptions and judgements that will not always be helpful.

We need to look at our own feelings about death and our experiences of loss and bereavement, and where in our own lives we have experienced something emotionally difficult, such as separation, family break up, divorce, or not experiencing the parenting we needed³. Developing our self awareness will improve

our empathy and help us to step outside of our professional roles and to think, feel and listen person-to-person, rather than professional-to-patient^{4,5}.

Our own hurts and losses will impact on how we feel and behave with families we care for. It is only when we are open to exploring these issues that we can also identify when we ourselves need support in what can be very stressful work. None of us are immune from being affected by loss and grief. Asking for support shows strength, not weakness. Unfortunately, within health care today, many professionals have been trained not to display their feelings or ask for psychological support when they themselves need it.

The level of emotional care we all need when facing loss and grief is frequently undervalued. Without emotions, real understanding is impossible. Our greatest asset as professionals is our humanity. We need to be in contact with this part of ourselves and to be congruent and real in our response to parents. To support a grieving family, it is important to understand that there is no right way to grieve. Parents express how they feel when they are able to, and this is much more likely to happen when they feel safe and accepted by the professional, who recognises and acknowledges the significance of their loss and the depth of their painful feelings.

Listening is one of the most caring things we can offer families – encouraging communication and helping parents to say what is important to them is immensely helpful as they are given an opportunity to express how they feel. All healthcare professionals have a therapeutic role: the process of helping to care for others means that we engage in talking, using counselling skills, and advising as part of our everyday work⁶.

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The Child Bereavement Trust devises training and resources to meet the needs of professionals and support them in this area of work. Information and Support Line for Professionals 01494 446648.

Professional forum online www.childbereavement.org.uk

References

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