

## **DISCOURSES OF BEREAVED PARENTS IN SOCIAL WORK**

DISCOURSES OF BEREAVED PARENTS IN SOCIAL WORK

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## ABSTRACT

Bereaved parents face many challenges after the death of their child and often turn to professional support services, including the field of social work for support and assistance. In the field of social work, there is not a lot of research and education regarding bereaved parents.

Through a critical discourse analysis (CDA), academic social work materials are analyzed to gain a basis for understanding how social work students are educated about bereaved parents, as this impacts social work students' future practice with bereaved parents. The CDA reveals that there are several hidden discourses of 'normal' and 'abnormal' grief, which marginalize, ostracize and pathologize bereaved parents. There are also discourses of expertise, both the bereaved parent as the expert and the social worker as the expert. The discourse that bereaved parents are experts is less common. Implications of all of these discourses for social work practice is discussed.

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## **INTRODUCTION**

For a parent, the death of a child is a loss unlike any other loss because of the type of bond between a parent and a child (Klass, 1988; Rando, 1986). This bond has a distinct connection and intimacy that is uncommon to other relationships (Rando, 1986). Rando (1986) describes how grieving the death of a child is not simply about the absence of their child but also a sense of incompleteness. Parents are experiencing the loss of their hopes and dreams for the child, as well as facing the reality that they have been robbed of their role as a parent, and they are often “left with an oppressive sense of failure, a loss of power and ability and a deep sense of being violated” (Rando, 1986, 11). Research about parents who have experienced the loss of a child indicates that this loss is a life changing experience (Cacciatore and Raffo, 2011, Giannini, 2011, Hastings, 2000, Rando, 1986, Rosenblatt, 2000).

I think it is important to disclose my personal interest in this topic. I am a bereaved parent. In 2011, my eldest child (three years old at the time) died of an unknown illness, likely meningitis. I am also an upper-middle class, Caucasian female, who was raised in Canada and am a practicing social worker. Prior to the death of my child, death and its counterpart, grief, were not a big part of my life. Although I had experienced the death of two grandparents as a teenager, I did not have a

particularly close relationship with them. I was sad that they were gone but I do not feel that these losses significantly impacted my life. I believe these losses were significant to my parents, however, I do not remember them talking about these deaths or feeling or observing their grief in any significant manner. Many years later, after the death of my child, I was unsure how to cope with the change in my life. I had experienced something that seemed unnatural, as my young child had died before me, and foreign, as death was not known to me. I had been raised to value positivity and happiness, which seemed impossible.

Through the course of completing this thesis, I have learned that there are many misconceptions of both death and grief that exist in Western Society. These misconceptions have been influenced by the:

rise of modernism, the focus on the psychological self as a site of meaning, and the subsequent fear of death and grief (Becker, 1973, Kelleher, 2007, Seale, 1998); the proliferating role of therapeutic experts in managing everyday life (Illouz, 2008); and an adherence to a progress narrative that emphasizes happiness, innovation and a forward-moving mentality while denying sadness and mourning (Miller, 2014, 32).

These influences have led to a common belief in Western Society that bereaved parents are a group of people who should likely grieve in a certain 'normal' manner and for a 'normal' amount of time or they are likely



believed to be ‘suffering’ from grief (which is abnormal), and this likely requires treatment in order to be ‘fixed’ and returned to their ‘normal’ and ‘happy’ state.<sup>1</sup> While the details of the construction of grief will be detailed later in this paper, it seems apparent to me as a bereaved parent, that so much of what Society understands about death and grief does not typically match the realities of grieving the death of one’s child.

As a practicing social worker, I believe that people seek social work support when they are struggling with some aspect of their life. During my own social work education, I did not receive any education about death or grieving in my undergraduate program. Currently, only five schools of social work in Canada offer courses about death and grieving in their undergraduate programs. As a practicing social worker and a bereaved parent, the lack of education regarding bereaved parents or even bereavement, is concerning to me because shortly after my child died, I participated in social work counselling, which I found helpful. However, this experience is not always common and bereaved parents often feel unsupported from both social and professional supports (Klass, 1988, Rando, 1986, Rosenblatt, 2000). I became interested in understanding why bereavement education is not valued in social work education, as, “grief is something [social workers] will all encounter, regardless of the

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<sup>1</sup> For the purposes and parameters of this thesis, I will be focusing only on Western Society.

agency or organization in which we are involved” (Ord, 2009, 207). It seemed to me that the answer to this question starts with an understanding of the current viewpoint of bereaved parents in social work education. Consequently, I decided to focus on exploring what social work students learn in undergraduate programs about bereaved parents.

In this thesis, I will first detail the theoretical perspectives that guided my research and analysis, as well as the writing of this paper. I have used a postmodern, critical social science framework with a social construction perspective to complete a critical discourse analysis with social work academic literature about bereaved parents. A CDA allowed me to examine the explicit and implicit discourses in the literature. I analyzed both material that is available to students and/or known to be used in courses with social work students in undergraduate social work programs. Following the discussion of my theoretical perspectives, I have, through a review of the research literature, discussed some of the influences that have led to the construction of grief in current Western Society. This is followed by a description of my research process, and how this led to my selection of material for the critical discourse analysis. After a brief summary of my chosen materials, the latter half of this thesis is a discussion of discourses present in these social work materials. The discourses include: normal grief, abnormal grief, and social work expertise and bereaved parents expertise in the relationship between a social

worker and a bereaved parent. The implications of these discourses in social work practice are also discussed. It appears that social workers are not well educated about the realities of bereaved parents' experiences in their undergraduate program. Instead, they are often educated to view bereaved parents negatively which does not recognize or respect the experiences of bereaved parents, likely leading social workers to be unequipped to support bereaved parents through their grief.

## **THEORETICAL PERSPECTIVES**

### **CRITICAL, POSTMODERN RESEARCH AND SOCIAL CONSTRUCTIONISM**

Throughout the research process and in the writing of this paper I use critical social science, postmodern and social construction perspectives. I was drawn to a critical orientation because “the purpose of critical research is to change the world. More specifically, social research should uncover myths, reveal hidden truths, and help people to change the world for themselves” (Neuman, 1997, 74). Postmodern perspectives also share this purpose (Neuman, 1997). Alvesson identifies five central ideas associated with postmodernism:

- (a) language is viewed as a powerful force and produces the objects that are considered natural
- (b) individuals are not seen as having one essential nature but are subjective and a product of discourse
- (c) language has different meanings and is a mode to transport these meanings
- (d) focuses on multiple viewpoints and local politics
- (e) believes that knowledge is not neutral and is connected with power (2002, 47-48).

I am drawn to both critical social science and postmodern perspectives because of the focus on identifying and understanding hidden meanings and a belief that there is not one essential experience. From my personal experience as a bereaved parent, I believe there are many different forms of grief and there are hidden meanings about grief that are impeding individuals from grieving in a way that is necessary and useful for them. An understanding and openness towards the uniqueness of different grief situations is important. I also have a personal interest in how all forms of language create knowledge unknowingly and how this can impact individuals. Postmodern frameworks will aid me in recognizing how this created knowledge in the field of social work is shaping social workers understandings of bereaved parents.

Social construction frameworks, like those of postmodernism and critical social science, aid in uncovering powerful but hidden discourses. Social construction emerged out of postmodern movement (Witkin, 2002). There is more than one definition of social constructionism. According to Holstein and Gubrium (as cited in Witkin, 2002), the “leading idea always has been that the world we live in and our place in it are not simply evidently ‘there’ for participants. Rather, participants actively construct the world of everyday life and its constituent elements” (p. 17). Shotter (1993) indicates that social constructionism studies the continuous communication between individuals and believes words themselves lack

specific meaning – they only create meaning when and how they are communicated. Making the connection to critical social science, Burr (2003) believes that a social construction approach includes: taking a critical stance toward all “common knowledge”, being aware of the many ways our understandings are influenced by history and culture, understanding that knowledge is sustained by social processes, and recognizing that knowledge and social action go together. In this paper, the social constructionism perspective will aid in understanding how ‘common’ knowledge about bereavement and loss may be more about current social processes, history and culture than about the reality of the bereaved parents’ experience.

Burr describes how power is embedded in language, discourse and knowledge building: “when we define or represent something in a particular way we are producing a particular form of knowledge, which brings power with it” (2003, 68). Power is thus an effect of discourse because all discourses have an inherent meaning, which leads to marginalization for alternative meanings (Burr, 2003).

Critical social science, postmodern perspectives and social constructionism are all concerned with issues of power. They will consequently aid me to deconstruct surface meanings to obtain an understanding of the hidden messages about bereaved parents which are extremely powerful, as they are perpetuated continuously, generally

accepted by Society, shape people's experiences, and are often internalized by individuals. Through this paper, I am interested in looking specifically at how the texts used in social work education may shape social work students' knowledge and practice and, thus, shape social work student's understanding of bereaved parents. I want to determine how bereaved parents are represented in these texts and how this impacts social work students' future practice with bereaved parents. This led to the decision to complete a critical discourse analysis.

## CRITICAL DISCOURSE ANALYSIS

Critical discourse analysis (CDA) is not a single, specific theory or approach to analysis (Seale, 2007, Wodak, 2002, van Dijk, 1993). Wodak (as cited in Seale 2004) indicates that critical discourse analysis "aims to investigate critically social inequality as it is expressed, constituted, legitimized and so on by language use (or in discourse)" (p. 187). As such, it promotes open dialogues for change and innovation (Seale, 2007). It was my belief that CDA would be helpful in my goal to uncover hidden understandings of bereaved parents in social work education and the inequalities potentially created and perpetuated by such, and that it might also be useful to help promote a change in the current understanding of bereaved parents held by social workers.

Important to an understanding of CDA is recognition that the term discourse itself can also be defined in different ways. For example, Alvesson (2002) describes two definitions of discourse, with one being that discourse refers to all spoken and written text. The other is associated with Michael Foucault (and with the preceding definitions of CDA and my theoretical frameworks), which describes discourse as “a line of thinking about and the making of truth claims about certain segments of the world, thus constituting it....It combines power and knowledge” (Alvesson, 2002, 177). From this, we can determine that discourse includes not only the actual text, but also the processes of production and interpretation of the text (Fairclough, 1989). For the purposes of my thesis, I will be focussing on this latter definition.

Principles of CDA include a multi-disciplinary approach, a clear point of view (with targets being powerful elites) and a contribution to change (van Dijk, 1993). The contribution to change is also emphasized by Wodak (2007) who believes CDA cannot be completed without it being shared. The process of a CDA begins with examining the context of the text, including where the text is created, who created the text, what the intended purpose of the text is, who is supposed to access the text, and who can access the text. It also includes how it is distributed, who is distributing it and what the intended purpose of the text is as well. Secondary to this is an examination of the actual text, including the



content, local meanings of the content and the style and rhetoric of the text (van Dijk, 1993).

I chose to use CDA after I began my literature search and learned how little information existed and the lack of research being completed with bereaved parents, especially in the field of social work. The research literature that I did find was usually conducted by professionals in the field of medicine (e.g., psychologists, psychiatrists, physicians or nurses). It was their voices that were heard and, from my perspective, the research painted a very negative picture, often focusing on the detrimental mental health effects of losing a child. Although these mental health issues were described as something that was beyond a bereaved parents' control, this description seemed superficial as there was little compassion and understanding for the bereaved parents and the main focus was how a bereaved parent should respond to their mental health issue, not the loss of their child.

Reading this literature, I became interested in learning how the field of social work understood bereaved parents, as social workers are often involved with people who experience tremendous life changes, such as the loss of a child. I was also interested in why the field of social work was not researching such a pertinent topic. CDA seemed a beneficial approach, as it would allow me to look at the social work education texts used to teach students about bereaved parents, to critically analyze both

the explicit discourses about bereaved parents and the hidden messages and deeper meanings present in this social work literature. It seemed most useful to focus on social work education literature, as it would provide not only an understanding of how social workers view and are taught to view bereaved parents, but also what this means for their future practice with bereaved parents.

## **THE HISTORY OF THE SOCIAL CONSTRUCTION OF GRIEF**

Many people throughout history have studied grief. In Western culture, due to the rise of modernism, most researchers who studied grief were in the field of medicine. A psychiatrist, Sigmund Freud was one of the first to write extensively on grief in the early 1900s. Freud described the notion of working through grief, as a process that ended with the bereaved individual emotionally detaching from the deceased (Doka, 2002, Rothaupt, 2007). Shortly afterwards, another psychiatrist, Erich Lindemann, working with Freud's notion of working through grief, defined grief as a psychological problem that could be helped with clinical intervention from the medical field (Rando, 1986). Lindemann also created a more detailed model of the steps that one needed to progress through in order to grieve, including confronting the loss and severing emotional bonds with the deceased individual to create a healthy outcome to grief (Doka, 2002, Rothaupt, 2007). By the 1950s, and largely based on the work of Freud and Lindemann, it had been established that grief was a psychological problem and that there was a desirable method of grief that was necessary to complete in order to achieve good emotional health.

Robert Hertz and Emile Durkheim, both sociologists, also wrote about grief in the early 1900s, however they had very different viewpoints

than Freud and Lindemann. Hertz stated that grief was “distributed and redistributed according to social principles” (Prior, 1989, 133). Durkheim similarly described how “the intensity of grief was not the product of some inner unfolding but of social processes which tended to channel grief in some directions whilst deflecting it away from other” (Dickenson, 1993, 250). Hertz and Durkheim both wrote about grieving as a social process not related to one’s emotional health. Robert Hertz, as well as two other sociologists, Georg Simmel and W.J. Goode, also wrote in the 1950s about how individual grieving and grieving as a society member are interconnected (Doka, 2002). Thus, a new form of knowledge was created by sociologists, where grieving was being connected to and impacted by Society and social processes.

Although, there were two different viewpoints circulating in the earlier half of the 1900s (one that believed grief was an individual process that needed to be completed in a certain manner and be ‘recovered’ from and the other emphasizing the role of social processes and society in grieving), generally the latter perspective was ignored in western culture (Doka, 2002, Prior, 1989) due to cultural modernism. Modernist approaches focused on efficiency and rationality (Stroebe, M., Gergen, M., Gergen, K., and Stroebe, W., 1992). “When applied to grief, this view suggests that people need to recover from their state of intense emotionality and return to normal functioning and effectiveness as quickly

and efficiently as possible” (Stroebe et al., 1992, 1206). Modernism supported that people needed to be happy and strong and ‘move on’ from any hardships. Western culture liked to support this ideal of happiness. For those who could not ‘be happy,’ one needed to seek help and/or treatment in order to return to a happy state.

In 1961, G. Engel, a psychiatrist, continued to perpetuate a modernist viewpoint by comparing grief to bacteria, a choice that worked to clearly pathologize grief and grieving (Prior, 1989). In 1969, psychologist John Bowlby, focused on human attachment and examined how loss as an experience could negatively impact personality, not simply as a disease but as a function of social factors (Rando, 1986). Despite this acknowledgement towards social factors, Bowlby did not continue this type of research. He, along with psychiatrist Colin Murray Parkes, developed a pathologized theory of grieving based on stages in 1970. For Bowlby and Parkes, the stages of grief included: numbness, searching and yearning for the bereaved, depression and reorganization. Elizabeth Kubler-Ross, a psychiatrist, also created her own stage theory of grief around the same time. It included: denial, bargaining, anger, despair and acceptance. Both of these theories described that people grieved through these stages in a certain manner (Rothaupt, 2007). Parkes also wrote about how the end of bereavement was about reattachment to new objects (Klass, 1988). These theorists created defined processes of grief

with defined outcomes and solidified the concept that grief was a process to 'work' through.

In 1982, J. William Worden, a psychiatrist – seeming to draw upon the work of many of the theorists thus mentioned – wrote a text titled, "Grief Counseling and Grief Therapy" in which he discussed the 'tasks of mourning' which were: work through the pain of grief, adjusting to loss and emotionally relocating the deceased. Worden understood the 'tasks' to be a process, however believed that they were not completed in a specific order or in a specific period of time (Rothupt, 2007). This was a different approach from previous theories that were much more structured and rigid. However, like Freud, Lindemann, Bowlby, Parkes and Kubler-Ross, Worden regarded grief as 'work', and they all put forth the understanding that there is a 'right way' to grieve, and thus, consequently, a 'wrong way' to grieve. Individuals who were not 'properly' or 'correctly' engaging in the work of grief were pathologized and subsequently, marginalized.

Beginning in the 1980s, there was a shift in professional understandings of bereaved parents. This seemed to focus initially on the ways in which bereaved individuals continued to have a bond with the person who died. In 1985, Therese Rando was one of the first researchers who countered the dominant notion of emotional detachment as a necessary process and indicated that maintaining some form of attachment with the deceased individual was beneficial (Rando, 1986,

Rothaupt, 2007). Rando was also one of the first to exclusively study and write about parental bereavement and “found that the bereavement experience that was considered abnormal or labelled as unresolved grief was actually a part of most parents’ experiences” (Rothaupt, 2007, 8). This was an important development, as for the first time, bereaved parents were being researched specifically and their particular needs were being acknowledged. Through her research, Rando recognized the uniqueness of grieving one’s child (versus other relationships) and also gave recognition to the difficulties of grieving one’s child.

In the early 1990s, Worden updated his task model. He moved away from the idea of withdrawal from the deceased and urged bereaved individuals to establish a new type of relationship with the deceased individual, as well as reinvesting in new relationships. Most recently, growth models are being given attention over stage models. In growth models, grieving is still viewed as work, however grief work involves reflecting on the deceased individuals and finding new meaning in one’s life (Rothaupt, 2007). Although these growth models represent some recognition that grief is not about returning to ‘normal’ (as the potential of maintaining new emotional attachments is allowed and there is an understanding that one can find new meanings in their life), what remains is a focus on ‘right’ and ‘wrong’ ways to grieve and thus the continued pathologizing of bereaved parents. The concept of the ‘wrong’ way to

grieve has led to medical professionals creating a disease label for those who grieve in the 'wrong' way, called Complicated Grief (CG). This concept impacts bereaved parents significantly, as they are often a group of bereaved individuals that do not follow the 'right' methods of grieving and may be easily labelled as having Complicated Grief (Hooyman & Kramer, 2006, Worden, 2009, Zhang B., El-Jawahri, A., Prigerson, H, 2006).

Over the last two decades, there has been a great deal of research and discussion about the idea of assigning a mental health diagnosis to people who are experiencing what may be considered grief complications; in essence, for those people who do not appear to resolve their grief along 'normal' processes. There are a variety of labels for this term, the most popular and accepted being CG (Breen and O'Connor, 2007, Miller, 2014). Much debate has focused on whether or not to include CG in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Issues with grief were included in earlier versions of the DSM, only as an exclusion criterion for diagnoses under the larger diagnosis of major depression. Currently, it is present in the appendix of DSM-V, which is a section that encourages researchers to explore topics further to decipher whether they can or should be included in the next version of the DSM as a mental health disorder (Miller, 2014).



It is important to recognize that in order to have the concept of complicated grief, there has to be a concept of what is ‘uncomplicated grief’, also known as ‘normal grief.’ As described above, there are competing theories and philosophies about how grieving should be understood and defined. Although, there have been some shifts about the concept of ‘normal’ and ‘abnormal’ grief, in general, a view of grief as a disease is most prominent. Breen and O’Connor describe the current grief norms as follows:

- a) grief follows a relatively distinct pattern;
- b) grief is short-term and finite;
- c) grief is a quasi-linear process characterized by stages/  
phases/tasks/processes of shock, yearning, and recovery;
- d) the grief process needs to be “worked through”;
- e) for people bereaved through illness, the work of grief begins in  
anticipation of the death;
- f) meaning in and/or positives gained from the death must be found;
- g) grief culminates in the detachment from the deceased loved one;  
and
- h) the continuation of grief is abnormal, even pathological (2007,  
201)

Bereaved individuals, including bereaved parents, are expected to abide by these grief norms. When these norms are not followed, people are

labelled as having ‘un-normal grief’ and possibly ‘complicated grief.’ They are then required to seek medical intervention, which may include medication, hospitalization, or specific therapies for complicated grief and as a result, they may be receiving support that is not necessary or is inappropriate.

With understanding this construction of grief over the last century, my concern is these dominant normative ideas are similarly present in the social work education literature. Are these the discourses that are used to teach and guide social work students when learning how to work with bereaved parents? As a bereaved parent, I question whether the current discourses reflect the reality of grieving, particularly for bereaved parents as there is very little recognition of the many complicated factors that impact grieving one’s child. “Indeed, empirical research clearly demonstrates that the dominant discourse does not adequately capture the grief experiences of many groups, such as bereaved parents” (Breen and O’Connor, 2007, 221). It is clear to me, that in Canada, psychology and medicine have generally dominated the study of grief and bereavement (Miller, 2014). This has resulted in a medicalized, individualized viewpoint of grieving (Miller, 2014, Prior, 1989). Although, Rando, may have written about bereaved parents having different needs, her research has not been acknowledged over other research based in modernist frameworks, focusing on defining what is normal and abnormal

for grieving. Consequently, bereaved parents are likely to be considered for or even diagnosed with complicated grief due to their grief reactions. If similar discourses are present in academic social work literature, then social work students may not be educated and given the skills to provide the right support to bereaved parents. Consequently, I am interested in focusing on the current discourses of bereaved parents found in academic social work literature in order to determine how social work students are being educated to understand and work with bereaved parents.

## **THE RESEARCH PROCESS**

At this point, I would like to articulate my research process. When initiating my research project, I started with a literature review. I focused on searching for academic social work education literature regarding bereaved parents.

There was more literature on bereaved parents in the field of medicine, including nursing, paediatrics and psychiatry literature and it quickly became clear that there is very little information regarding parental bereavement in the social work literature. I began my search with two of the largest relevant social work databases (Ebsco Host and Proquest) available on the McMaster Library Website. I used a variety of combinations of the following keywords: “bereaved parents,” “social work education,” “grief,” “mourning,” and “children.” The key words “death of a child,” “bereavement” and “social work” produced the most results, however, they were still quite minimal. For example, on the Ebsco Host Database, there were eight results, three of which were not actually about parental bereavement. The five remaining were peer reviewed and from North America, however, the results were dated, as there were only three results that were published in the last ten years. My search of the Proquest database resulted in nineteen articles, however, once refined to include North American peer reviewed articles from the last ten years,

there were five results. I wanted to focus on articles from the last ten years in order to obtain information on the current discourses. It is interesting to note that from these ten results (from the two databases), three were about bereaved parents of adult children and two were about stillbirth or prenatal loss.

In order complete a critical discourse analysis of current social work education literature, three peer reviewed articles from the selected ten were chosen, as they were from social work journals (identified as having the term social work in the journal title, such as *Journal of Social Work in End of Life and Palliative Care*). There was one social work article, dated 1987, that was also included because it was present in both searches, often came up in other general searches, and its title and contents demonstrated its clear relevance to my topic. This article is, *“Research on the Effect of Parental Bereavement: Implications for Social Work Intervention,”* and was written by Lynn Videka-Sherman. The other articles I selected are: Joanne Cacciatore and Zulma Raffo’s, *“An Exploration of Lesbian Maternal Bereavement,”* Joanne Cacciatore and Suzanne Bushfield’s, *“Stillbirth: The mother’s Experience and Implications for Improving Care”*, and, *“A Qualitative Study of Advice from Bereaved Parents and Siblings”* which was written by Amanda Thompson, Kimberly Miller, Maru Barrera, Betty Davies, Terrah Foster & Mary Jo Gilmer, Nancy

Hogan & Kathryn Vannatta and Cynthia Gerhardt. Details about the content of these articles will be provided later in this paper.

The articles that were excluded from my CDA were from older social work journals and a few were from a different cultural perspective, including one article each from an Aboriginal, Islamic and Jewish perspective. It is interesting to note that no other cultural influences were present or other social factors for grief, such as gender influences. However, I did not use key words in my searches that may have identified these articles due to the limited scope of my thesis project.

Other than the journal articles, a book titled, *“Living through Loss: Interventions Across the Life Span”*, by Nancy Hooyman and Betty Kramer, was also in my database search. Further investigation revealed that it is used in current undergraduate social work courses about bereavement and loss at the University of Calgary and Carleton University. Carleton University is also using the aforementioned text, *“Grief Counselling and Grief Therapy”* by J. William Worden. Both of these books were included in my CDA as social work students are actively using these books to learn about bereaved parents. This finding led to my decision to search the websites of all the Canadian schools of social work for courses and texts related to my topic. It is interesting to note that out of 26 English speaking undergraduate schools of social work across Canada, only five offer bereavement and loss courses. I could, however, only find course outlines

(and thus lists of the texts used) at Carleton University and University of Calgary, (course outlines attached as Appendix A). This lead me to believe that the other schools do not offer their courses on bereavement regularly.

The limited social work research and even more limited attention to bereaved parents (or even bereavement in general) in social work education solidified my interest in conducting a critical discourse analysis of the social work education literature to understand the current discourses regarding bereaved parents in academic social work literature. Below is a brief summary of each text chosen for the CDA.

## SUMMARY OF MATERIALS

The article “*Research on the Effect of Parental Bereavement: Implications for Social Work Intervention*,” was written by Lynn Videka-Sherman in 1987 and published in the journal, *Social Service Review*. Ms. Videka-Sherman is a part of the School of Social Work at New York University (Videka, n.d.). The article reviews research findings regarding parental bereavement, including the author’s study. Most of the article focuses on factors of parental bereavement and adaption factors which the author states are: circumstances of the loss situation, passage of time after the death, cause of death, child’s age, presence of surviving children, sex differences, social class and ethnic differences and the effectiveness

of professional and informal helpers (1987, 105-109). There is also a large section regarding how this information can impact social workers' practice.

The 2011 article, "*An Exploration of Lesbian Maternal Bereavement*," is written by Joanne Cacciatore and Zulma Raffo and published in the journal titled, *Social Work*. Ms. Cacciatore is a social work professor at Arizona State University. She is also founder of MISS Foundation, which is an organization that supports bereaved parents and she is also a bereaved parent (MISS Foundation, n.d.). Ms. Raffo was a MSW graduate student at Arizona State University, at the time this article was published (Oxford Journal, n.d.). This article indicates that the authors wished to expand on the current literature regarding bereaved parents and add to limited information regarding lesbian-bereaved parents. The authors completed a multiple case study design with six participants who identified themselves as bereaved lesbian parents. The authors indicating that lesbian mothers said that practitioners should be compassionate and honest, proactive about bereavement education, willing to challenge normative definitions of families and be cognizant of systemic oppression.

Joanne Cacciatore also co-wrote, "*Stillbirth: The mother's Experience and Implications for Improving Care*" with Suzanne Bushfield. Ms. Bushfield is also a social worker professor at Arizona State University



(Arizona State University, n.d.). This 2007 article was published in the *Journal of Social Work in End-of-Life and Palliative Care*. It indicates that the authors wanted to gain a better understanding of women who had experienced a stillbirth and how they grieved. The authors indicate that as a result of their study there is a need for psychosocial support from professional caregivers improve bereaved parents experiences.

The article, “*A Qualitative Study of Advice from Bereaved Parents and Siblings*” was also published in the *Journal of Social Work and End-of-Life and Palliative Care*. It was written in 2010 by Amanda Thompson, Kimberly Miller, Maru Barrera, Betty Davies, Terrah Foster & Mary Jo Gilmer, Nancy Hogan and Kathryn Vannatta & Crynthia Gerhardt. The primary writers are psychologists and all of the writers are from the field of medicine (psychologists or nurses). Although the authors are from the medical field, the text is from a social work journal. The aim of the authors’ study was to obtain a better understanding of what bereaved parents and siblings would recommend for other bereaved families. For the purposes of this thesis, I will be focusing only on information related to bereaved parents. The authors took the qualitative information and found that it fit under four themes: the individual nature of grief, advice for before the child’s death, advice for soon after the child’s death and advice for the future (2010, 159-165). Thompson et al. make a number of recommendations for professionals, including social workers who attempt

to support bereaved parents, which all relate to appreciating that grief is an individual process, with each family member experiencing grief differently and finding different supports helpful.

Columbia University Press published the text titled, *“Living through Loss: Interventions Across the Life Span”* by Nancy Hooyman and Betty Kramer in 2006. The authors describe themselves in their text under a section of the book which they titled “Our Personal Reflections” (Hooyman and Kramer, 2006, x). They are both social work professors and have both experienced loss in their life due to death of family members. Nancy Hooyman is a bereaved parent. The authors indicate at the beginning of this text that they hope “this book will deepen your self-awareness and knowledge, increase your ability to help both yourself and others through grieving and point to other resources that can assist you in your work” (Hooyman and Kramer, 2006, 10). The textbook is for social workers to use as a guide for working with people who have experienced any type of loss. Bereaved parents are discussed in detail in four chapters of this book. The four chapters are titled “Grief and Loss in Young Adulthood,” “Interventions for Grieving Young Adults,” “Grief and Loss in Middle Adulthood” and “Interventions for Grieving Midlife Adults.” Most of the discussion is focused on grief experiences and possible treatment of grief symptoms for bereaved parents.

Springer Publishing Company published J. William Worden's text, "*Grief Counseling and Grief Therapy, 4<sup>th</sup> Edition*" in 2009. Worden writes, "what I want to do in this book is address those of you in these traditional professions who are already in a position to extend care to the bereaved...have the knowledge and skills required to do effective intervention and, in some cases, preventive mental health work" (Worden, 2009, 9). Dr. Worden is a professor of psychology at the Biola University (Rosemead School of Psychology, n.d.). His text is mostly focused around what he terms: Tasks of Mourning. Also, in his text, he has several small sections related specifically to bereaved parents. In the chapter titled, "Grieving Special Types of Losses," he discusses, Sudden Infant Death Syndrome (SIDS), miscarriages and stillbirths. Further, under the following chapter titled, "Grief and Family Systems" he has a section called Death of a Child. This section discusses both the parents and siblings who are bereaved. For the purposes of this paper, the sections on Stillbirths, SIDS and the discussion of parents who are bereaved will be included.

## **FINDINGS AND DISCUSSION**

Prior to examining the discourses present in the materials chosen for my research project, it is important to note how the texts have power and how they reproduce the discourses. Individuals are more likely to accept beliefs, knowledge, and opinions through discourse created and/or endorsed by those who are perceived as authoritative, trustworthy, or credible, such as scholars or professionals. Also, in some situations individuals are compelled to accept discourses, for example in education (Schiffrin, Tannen & Hamilton, 2001) because the role of the student is often perceived to be one who learns and accepts information that is taught. The articles and textbooks used in this thesis are given (in different manners) to students who are in this dual position. Students may be more likely to accept knowledge as ‘fact’ from an expert (i.e., university professor), and are also obligated to accept what is being taught as fact, as this is a role of a student.

The articles have power because they are published in recognized academic journals for social workers. The three journals: *Social Service Review*, *Social Work* and *Journal of Social Work in End-of-Life and Palliative Care* are all well established and recognized journals in the United States in the field of social work. *Social Service Review* has been

publishing journal articles since 1927 (University of Chicago Press, n.d.). *Social Work* is the journal published by the National Association for Social Workers which has been publishing since 1956 (Oxford Journals, Social Work, n.d.). The *Journal of Social Work in End-of-Life and Palliative Care* has been published since 1987 and used to be titled, *Loss, Grief and Care* (Taylor & Francis Online, n.d.). The articles in my thesis are likely recognized by social work students as credible sources, due to their publishers which are highly likely recognized and valued for creating knowledge. The journal *Social Work* is even associated with the National Association of Social Workers and thus, specifically recognized as knowledgeable for social workers.

Also, qualified and educated individuals have written these journal articles. All of the authors are associates of universities, most from schools of social work, and some are medical professionals. Thus, the articles could be seen as a type of ‘expert’ material written by individuals who are considered ‘experts’ in their field. A bereaved parent (Joanne Cacciatore) also writes two of the articles. As Joanne Cacciatore has experience with the subject matter, she may be viewed as an expert in two manners: one as an academic writer and one from her personal experience. These articles are also readily available through university library journal databases which are recognized as useful research tools. Students are also likely to encouraged to consult journal databases for

information. It seems clear from my own research about bereaved parents and that the journal articles chosen for this thesis would be easily accessible for students, as well as any other professional seeking to obtain information regarding bereaved parents from a library journal database. These journals are also likely accepted as knowledgeable by students and other professionals due to the recognition and value they have within the university setting.

The two textbooks also have similar qualities. Both texts are published in the United States. Hooyman and Kramer are Social Workers. Hooyman is also a bereaved parent. Their text has been published by Columbia University Press which is the fourth largest university publisher in the United States (Columbia University Press, n.d.). Worden is a Psychologist and his text is published by Springer Publishing which is an international publishing company that was founded in 1842 (Springer, n.d.). Students would likely accept Hooyman and Kramer's text as knowledgeable due to its published nature and author's education. Although, social work students may not initially recognize Worden's text to be as useful as Hooyman and Kramer's (as Worden is from the field of medicine), it is recommended by a professor for their social work course. Further, it is used in conjunction with Hooyman and Kramer's text to teach undergraduate students about "Loss and Grief" (this is the course name for both of the current courses using these books). The books have a

great deal of influence as they are required reading (meaning a student has to likely purchase it and read it to pass the course); they are also available at the university bookstore and library and thus, easily accessible; they are listed on the course syllabus, basically advertising and emphasizing the texts' knowledge and expertise; and the course professors refer to them and base at least some of their teaching on the texts. Thus, prior to students even reading the textbooks or learning anything in their class, likely they are already assuming that the book has a some form of 'expert' knowledge. Further, both books indicate that they will "help" the reader increase knowledge about grief (Hooyman and Kramer, 2006, 10) or "do effective [grief] intervention and, in some cases, preventive mental health work" (Worden, 2009, 9). This re-affirms the books' purpose and the students' assumed wishes to learn and increase skills about loss and grief.

It is also important to note how my own experiences have influenced the critical discourse analysis. As discussed, postmodernism and social constructionism acknowledge that all experiences are subjective and influenced by history and culture. Thus, my analysis is influenced by my own life experiences. I have discussed some of my own experiences already, however, being a bereaved parent and a social workers have likely had the greatest influences on my analysis. As a bereaved parent, I feel that I have been influenced by own anger of my

experience as a bereaved parent. Initially, I was not as aware but as I critiqued my own analysis, the presence of my anger was easily identified as I often found myself focusing on negative understandings and descriptions of bereaved parents. I have attempted to be aware of my anger and its influence on my analysis but it can't be denied that it likely effected the analysis. Also, being a social worker, I believe that there is a role for social workers in supporting individuals and this belief also influenced my analysis, as I have a bias that social workers can be helpful to individuals who wish to work with a social worker.

Through my critical discourse analysis of the materials and with understanding my own personal biases and experiences, I found three discourses: the discourse of 'normal' grief and the coinciding discourse of 'abnormal' grief, as well as the discourse of expertise regarding supporting bereaved parents (one being the professional social workers as the expert and the other being the bereaved parents themselves as the expert).

### THE DISCOURSE OF NORMAL GRIEF

There are several discourses related to the idea of 'normal' grief in the literature I have chosen to examine for this paper. Coinciding with normal grief, is 'abnormal' grief but the latter will be discussed in the following section. For the purposes of this section, I will focus on normal grief discourses and the impact of these



discourses on bereaved parents to grieve the 'right' way. The main discourses of normal grief stem from the ways grief is normalized through the framework of human development. In both textbooks, Hooyman & Kramer and Worden clearly associate grieving with human development and use this association to describe the discourses of 'normal' processes of grief.

As discussed earlier, these 'normal' processes of grief were first written about by Freud in 1917. Other writers of 'normal' grief included Lindemann (in 1944), Kubler-Ross (in 1969) and Bowlby & Parkes (in 1970). They all had theories that could be interpreted as a 'normal' process of grieving which was viewed and understood as a type of 'work.' It seems that that Hooyman & Kramer and Worden have built on these writers' theories by establishing their own processes of 'normal' grief and 'grief work' that needs to be complete in order to grieve 'normally.' Related to this discourse of a 'normal' grief process is the discourse of a 'resolution' to grieving. It is present in the two textbooks and also two of the selected journal articles by Videka-Sherman and Cacciatore & Bushfield.

## 'NORMAL' GREIVING AND HUMAN DEVELOPMENT

In Hooyman & Kramer's (2006) and Worden's (2009) textbooks, the authors use a framework of human development to

create an understanding of 'normal' grief. They use this perspective to understand grieving as a concept and then use it to solidify a standardized process of grieving.

In Hooyman & Kramer's textbook, the association of grieving and human development is easily observed. The book is organized into chapters "using developmental considerations" (2006, 13). Each chapter examines loss at different developmental phases of one's life. Chapters are chronologically ordered by physical age: childhood, adolescence, young adulthood, middle adulthood and old age. The authors also indicate that interventions coincide with one's development; "recommended interventions therefore need to be developmentally appropriate and are organized by each phase of life" (Hooyman & Kramer, 2006, 12). For each developmental phase there are two chapters. This first chapter is where the loss and grief are described, almost like a set of symptoms. In this chapter, one can read about what to expect from someone grieving in this developmental group. The second chapter details interventions that social workers can implement. Simply by examining the organization of the textbook, it seems clear that Hooyman & Kramer want social workers to focus more on the established standards of development, than on the unique needs of the person grieving, because if the individuals' age or developmental phase is identified, there is a

corresponding description of how they should grieve and a matching intervention to guide social work practice.

In a very similar way, Worden's text also uses a developmental framework to talk about grieving. Worden writes:

All human growth and development can be seen as influenced by various tasks. These are most obvious in child growth and development. According to Robert Havinghurst (1953), the renowned developmental psychologist, there are certain developmental tasks (physical, social, and emotional) that occur as the child grows. If the child does not complete a particular task on a lower level, then that child's adaptation will be impaired when trying to complete similar tasks on higher levels. Likewise, mourning—the adaptation to loss—may be seen as involving the four basic tasks outlined below. It is essential that the grieving person address the issue of these tasks in order to adapt to the loss (2009, 39).

Worden uses the concept of typical or normal human development to create an order to grieving that a bereaved individual must move through (this order of grieving will be discussed in the next section). Using the word "development" (Ibid) and associating his theory to the

development of a child makes it seem like it is automatic and preferred. He also describes these tasks as mandatory.

With both the Hooyman & Kramer and Worden textbooks, social work students are taught to understand grieving through a framework of human development. “Theories and research in human development commonly reveal an assumption that development proceed (and should proceed) toward a unique desirable endpoint of maturity. Almost all of the well-known ‘grand theories’ of development have specified a single development trajectory” (Rogoff, 2003, 19). Educating social work students to associate grief with human development creates a concept of grieving that is very narrow and too defined. It also solidifies a predetermined grief process (which will be discussed in the subsequent section) that is intended to result in a certain outcome (which will be discussed in the resolution section).

## DESCRIPTORS OF NORMAL GRIEVING

In Hooyman & Kramer’s Chapter 10, where the largest section regarding parental bereavement is present, the authors identify normal grief guidelines, which they have titled, “Parenting Styles of Grieving the

Death of an Adolescent or a Young Adult” (2006, 247). The authors list four styles of grieving in these circumstances:

1. Rejecting a normal living style.
2. Engaging in the culture of a normal life by keeping busy.
3. Rejecting the ‘normal’ and finding new meaning and new support from others who share the same experience.
4. Rejecting the ‘normal’ and searching alone for meanings to explain both the death and the different world it has produced (Ibid).

The authors describe these styles of grieving as “guidelines for [the reader’s] professional assessment, interventions and interactions with bereaved parents” (Ibid). By doing so, they are encouraging a very restricted understanding of how bereaved parents grieve. Further, they allow for little subjectivity and focus only on individual issues. This understanding does not consider the impact of any outside societal factors that can impact grieving and reinforces the belief that grieving should focus only on individual needs. The authors do state that bereaved parents can fall into different categories at the same time. However, according to these authors, there are only these four guidelines. The authors do not offer information about bereaved parents not fitting into the categories and by not acknowledging these exceptions they seem to be indicating it would be abnormal not to fit into these categories. Granek (2014) writes there is “a tremendous variation in people’s lived

experiences of grief that significantly challenges contemporary psychological definitions of what grief should look and feel like” (Miller, 2014, 42). Variations are based on people’s individuality, relationship with the deceased and also their wish to participate in grieving (Miller, 2014). It is clear that Hooyman and Kramer do not allow for a more realistic understanding of grieving, one that is broader and inclusive of the kinds of differences in grieving increasingly evident in the research literature (Giannini, 2011 , Miller, 2014, Rosenblatt, 2000).

Worden also is not inclusive when describing his Tasks of Mourning. He states that they are:

- to accept the reality of loss...
- to process the pain of grief...
- to adjust to the world without the deceased...
- to find an enduring connection with the deceased amidst embarking on a new life (2009, 39-50).

He also states bereaved individuals, “make varied adaptations to the loss of a loved one. Some make a better adaptation, and some a less good one” (Worden, 2009, 39). He also described that the tasks can occur in any order (Ibid). Although he does state that there are different ways of adapting to the loss of a loved one, he believes that the four tasks must be completed and, like Hooyman & Kramer (2006), he does not acknowledge exceptions. He also describes that

some adaptations to loss are better while others are “less good” (Worden, 2009, 39). This latter idea seems to me to be a gentle way of saying they are abnormal. He seems to be inferring that even if his tasks are followed and accomplished by the bereaved, there can be an abnormal result (this concept will be discussed more fully later in this paper).

Worden takes his task model further in his section on bereaved parents as he makes several recommendations for practitioners. One is “parents should be encouraged not to have more children until they have worked through the loss of the first child. Otherwise, they may not do the necessary grief work, or they may work out their grief issues on the replacement child” (Worden, 2009, 228). This statement reaffirms Worden’s belief that parents need to complete a certain process to be ‘better’ before they can have another child. Equally concerning is that with this recommendation he is attempting to control bereaved parents ability to have further children. This statement is likely educating social work students to believe that bereaved parents can potentially harm their future children, if they do not complete the normal process of grieving that he has established. This issue of bereaved parents being harmful will be discussed more fully in subsequent section of abnormal grief.

## RESOLUTION

Another common discourse for parental bereavement is that grief can be healed and/or resolved. This discourse is directly related to social work practitioners, as they can often be a part of bereaved parents finding resolution and being 'healed.' This is overtly discussed by Hooyman & Kramer who use the word 'heal' as well as covertly discussed when they use the words 'adapt to grief'. There are other covert discourses of resolution, which include, Worden's and Videka-Sherman's use of the word 'adapt' and Cacciatore & Bushfield discussion of re-establishing a balance in one's life after experiencing the death of a child.

Hooyman and Kramer state, "the best way to heal grief is to help others" (2006, 253). It is interesting to note that they quote the credo of the Compassionate Friends (bereaved parents) support group thus inferring that this support group agrees with this notion. In fact, the credo says nothing about healing grief and states:

our children have died at all ages and from many different causes, but our love for our children unites us....Whatever pain we bring to this gathering of The Compassionate Friends, it is pain we will share just as we share with each other our love for our children (Hooyman & Kramer, 2006, 253).



Hooyman & Kramer are making an incorrect inference and referencing a quote that does not support their statement. By using this quote, they seem to be using the power of that organization to mislead the reader to believe in the idea of 'healing' grief.

Hooyman & Kramer also dedicate a large portion of Chapter 11, titled "Interventions for Grieving Midlife Adults", to interventions for bereaved parents. They write, "many counselling theories focus on reestablishing hope in the bereaved and helping them search for meaning" (Hooyman & Kramer, 2006, 279). Although, they don't use the word 'heal' in this chapter, they are inferring that some type of recovery needs to occur by using the word 'reestablish' as something (i.e., hope) is gone and needs to return. Hooyman & Kramer seem to be inferring that social workers need to help bereaved parents find hope and search for meaning after the loss of their child and, without this, a bereaved parent is not be able to heal from grief and return to their previous self. They outline, "ten guiding principles" for grief counselling which include: increased awareness of the loss, express feelings, adopt new roles to live, find meaning, emotional relocation of the deceased, provide time to grieve, normalize grief responses, allow for individual differences, examine negative coping styles and recognize difficult problems that require special intervention (Hooyman & Kramer, 2006, 281-283). Hooyman and Kramer are

inferring that grieving people, including grieving parents, need to use these principles to achieve some type of resolution to their grief.

Again, there is another element of completing a grief process and the bereaved parent needing to work with these principles to be ‘healed’ from grief. They also state that not everyone will benefit from these principles because doing so “encourages persons to confront their loss and express their feelings” (Hooyman & Kramer, 2006, 281), which may not be “useful” (Ibid). Although, there is some acknowledgement that some individuals may not want to ‘heal’ their grief, the authors do not offer an alternative to healing grief. This leads to a lack of clarity about how to support a bereaved parent and what a bereaved parent needs from a social worker. As the choice not to ‘heal’ grief is not well described, it could be inferred that it is not a common choice and thus, abnormal. Discourses of abnormal grief will be discussed later in this paper.

Worden writes, “mourning—the adaptation to loss—may be seen as involving the four basic tasks outlined [above]. It is essential that the grieving person address the issue of these tasks in order to adapt to the loss (2009, 39). This adaptation to a death is mandatory for Worden, meaning all tasks must be completed. Worden is basically stating that if one does not go through and/or complete his tasks of mourning, then one will not ‘adapt’ to the death, which he

clearly states is a problem. Worden affirms that adapting to the loss and making some type of personal change as a result of grieving is necessary.

Similar to Worden, Videka-Sherman (1987) also uses the term 'adaptation' when describing bereaved parents and states that: "considerable variation occurs in bereaved parents adaptation" (Videka-Sherman, 1987, 105). She also gives information about how "practitioners can encourage parents to cope adaptively with grief" (Videka-Sherman, 1987, 113). Videka-Sherman seems to infer that adapting to grief is mandatory, however, she describes this adaptation with a more open viewpoint than Hooyman & Kramer and Worden. Seeming to contradict the notion of 'resolution' she writes, social workers need to remember that "an evolutionary view of human development and adaptation is more realistic than is a restorative model" (Videka-Sherman, 1987, 110) for bereaved parents. This latter statement is more understanding of the recognition of change bereaved parents experience. She also acknowledges that "restorative models of understanding parental bereavement may be limited" (Videka-Sherman, 1987, 110). Although Videka-Sherman acknowledges that there are different types of adaptation, which is an improvement from Hooyman's & Kramer's and Worden's finite views of healing and adaptation of grief,

Videka-Sherman still perpetuates the discourse of mandatory adaptation after the loss of one's child. Again, Videka-Sherman is encouraging a certain process to grieving to reach resolution, just like Worden with his Tasks of Mourning and Hooyman & Kramer with their Styles for Grieving. All of these authors continuously encourage a process to grieving (and understanding grief as work) to achieve a resolution to grief for bereaved parents.

Cacciatore & Bushfield also have this discourse of resolution to grief in their article. They state, "social support and psychosocial intervention strategies may play a promising and fundamental role in helping to ameliorate the most severe responses and reestablish a sense of equilibrium" (2007, 76). The term 'equilibrium' indicates that there is some type of balance to be achieved, however Cacciatore & Bushfield also indicate that bereaved parents need to 're-establish' it, indicating that they need to return to a similar balance that the bereaved parent had prior to experiencing the death of their child. Again, there is a discourse of bereaved parents achieving some type of resolution to grief and Cacciatore & Bushfield encourage social workers to assist the bereaved parents in achieving it.

The concept of 'normal' grief is prevalent in four of the six materials chosen for review in my paper, including Hooyman & Kramer, Worden, Videka-Sherman and Cacciatore & Bushfield. Developmental frameworks

are used to describe grief in a way that solidifies that a universal process of grief and 'normal' ways to grieve. This creates an illusion that there is a right way to grieve (although this may differ depending on one's developmental stage) and thus a correct method of social work intervention for grieving. When grief is described as a structured process, it is often interpreted as 'work' as there are recommended methods one must 'work' through in order to grieve in the 'right' manner. This concept of 'grief work' that was initially created in the early 1900s by Freud and Lindemann continues to be present in the current social work education literature. As described previously, assumptions about 'normal' grief are now being questioned. Some researchers are describing grieving for bereaved parents as a unique experience and however complex or difficult grieving is for bereaved parents it is likely normal for that parent (Miller, 2014, Rando, 1986, Rosenblatt, 2000). Unfortunately, the authors of the texts I found being used in Western social work education do not emphasize uniqueness and often make broad generalizations, consequently they risk ostracizing bereaved parents when they do not fit into these generalizations. Further, bereaved parents are then marginalized when they are identified as not able or willing to fit into 'normal' categories. Discourses of resolution, adaption and re-establishment for bereaved parents are:

[placing] an emphasis on the individual to recover from loss

in a predetermined manner. This is dangerous because it opens up the possibility for failure as not everyone can or will "recover" from loss, nor will do so in a specific way (Ord, 2009, 200).

This is another form of creating a definition for 'normal' grieving which ostracizes and marginalizes bereaved parents when they do not meet these expectations.

These understandings of bereaved parents impact social workers working with bereaved parents as it can lead to insufficient support based on incorrect assumptions and knowledge (Breen and O'Conner, 2007, Miller, 2014). Social workers practicing with this understanding would ostracize and marginalize bereaved parents further by expecting bereaved parents to grieve in a certain manner and then providing bereaved parents with support tailored to this perspective.

It would seem to me that grieving needs a different definition, one that encompasses difference and subjectivity based on the bereaved parent as a person. Gianinni describes that the reality of grieving may be more about moving away "from the traditional notion that recovery is complete, but rather movement toward a new direction or identification" (2011, 54). Other literature supports the notion that bereaved parents cannot return to their previous life and instead rebuild their life (Hastings, 2000, Miller, 2014). There is also no discussion by the authors of the texts

I analyzed that some bereaved individuals may not feel the need to recover or resolve or heal their grief. Most of the texts stay closely connected to the modernist idea that bereaved individuals must ‘recover’ from grief. Staples (2014) writes “some bereaved people don’t want a better way, or for grief and life to be easier. Some bereaved people believe they need to suffer and feel absolutely justified in their responses” (Miller, 2014, 84). Not educating social workers about the broader realities of grieving and how the normative discourses can be opposite to the real experience of a bereaved parent can be detrimental to social work students as it likely means that bereaved parents will not find the support they need from the profession of social work.

#### DISCOURSES OF ABNORMAL GRIEF

Alongside the strong discourses of ‘normal’ grief present in the social work literature I examined in my CDA, are coinciding discourses of ‘abnormal’ grief. Not surprisingly, these discourses of abnormal grief were present in the same articles where there were discourses of normal grief: Hooyman & Kramer, Worden, Videka-Sherman and Cacciatore & Bushfield. It would seem to follow from the aforementioned ‘right’ way to grieve, that if an individual’s grieving does not follow the typical pattern, then it must be a

pathological experience of grieving. Pathologizing grieving has been part of the grief literature overtly since Lindemann's defined grief as a psychological problem that likely needed clinical intervention in 1944 (Rothaupt, 2007). In the academic social work literature I reviewed for this thesis, grief was described as 'abnormal' by Hooyman & Kramer and associated with a mental health disorder by Videka-Sherman and Worden. The mental health diagnosis of Complicated Grief although only created and acknowledged in the last couple of decades is already present in the academic social work literature reviewed in this thesis, in both Worden's text and Cacciatore & Bushfield's article. There is also a discourse about bereaved parents being at 'high risk' for 'abnormal' grief which encourages social work students to learn to manage and attempt to control grieving.

#### ABNORMAL GRIEF AND GRIEF AS A MENTAL HEALTH DISEASE

The discourse of parental grieving that deviates from 'normal' trajectories as being abnormal is present in Hooyman & Kramer's text. As discussed previously, Hooyman & Kramer (2006) discuss four grieving styles in their grief and loss chapter for middle age adults. For the purposes of this section, I have chosen to look at the first 'style' called "Exclusion from Normal Living" (Hooyman & Kramer, 2006, 247). The title itself infers that grieving parents are being



‘abnormal’ by excluding themselves from ‘normal living’, by choosing not to participate in their usual living habits. The authors’ description of this category is a contradiction because although they have labelled it as a ‘style’ and thus a normal part of grief, they also describe it as a problem. The authors write, “bereaved parents may isolate themselves from their families... Their capacity to respond to others’ needs, especially those of siblings is an emotional hurdle for some” (Hooyman & Kramer, 2006, 249). Using the word ‘hurdle’ gives the reader the illusion that grieving is something that needs to be overcome. The authors seem to be stating that while it is normal for a bereaved parent to feel like they want to exclude themselves from normal living, this may not be acceptable and they may need to overcome it to respond to the needs of others. An example of this is provided by one of the authors (Hooyman) when she describes her own experience as a bereaved parent. She explains that she allowed others to help her parent her surviving child after the death of her son “for more than a month - way too long to be good for [her daughter]” (Hooyman & Kramer, 2006, 249). While she writes, “but given our own grief and limited energy, we did all we could do” (Ibid). This is clearly defined as not enough in the former statement. This appears to be the author’s own internalizing of normalizing discourses in her text regarding grieving, as she can’t allow herself to

accept that the best she could do was enough. This is a good example of how being a ‘normal’ bereaved parent is actually viewed and felt as abnormal.

Some discourses of abnormal grief are associated with a mental health issue. In 1987, Videka-Sherman clearly associated grief with mental health disorder. She writes:

a number of other studies have also documented deleterious psychosocial consequences for parents when a child dies.

Roskin found that bereaved parents indicated less emotional health than did control parents. Clyman et al. found that 80 percent of their sample of parents who had experienced the death of a newborn felt that they needed some ongoing intervention because of their perceived ‘inability to resume previous responsibilities’ (p. 103).

Near the end of her summarized research section, Videka-Sherman notes some “positive aspects” (Videka-Sherman, 1987, 104) for bereaved parents such as “becoming less materialistic and increasingly valuing interpersonal relationships...[and] the recognition of formerly unrealized potential” (Ibid). Although these are described, they are the last noted items after a long list of mental health issues, which she describes as “serious long term psychosocial consequences” (Videka-Sherman, 1987, 103). The

manner in which this information is presented to the reader pathologizes bereaved parents by suggesting that their grief (which has become abnormal), has resulted in compromised mental health and limited coping skills. New, more positive personality characteristics the bereaved parent may possess are seemingly not valued or prioritized over the mental health issues that they may appear to have.

Worden (2009) has three chapters of his book devoted to the concepts of uncomplicated and complicated grief. In the following quotation, he clearly articulates how grieving that does not follow the typical trajectory of grief work leading to resolution or healing is abnormal and pathological. He states:

In early versions of the Diagnostic and Statistical Manual of the American Psychiatric Association, abnormal grief reactions were referred to as “complicated bereavement.” But whatever you choose to call it, whether it is abnormal grief or pathological grief, it is ‘the intensification of grief to the level where the person is overwhelmed, resorts to maladaptive behavior, or remains interminably in the state of grief without progression of the mourning process towards completion....[It] involves processes that do not move progressively toward assimilation or accommodation but, instead, lead to

stereotyped repetitions or extensive interruptions of healing  
(2009, 134).

Complicated grieving (CG) is clearly described as something one would want to avoid, as it is described negatively. At the time of the writing of this text, Complicated Grieving was not included in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM–V), which is a manual that identifies and defines mental health diseases, providing a distinction between what is normal and what is pathological (Lichtenthal, Cruess, & Prigerson, 2004). Although it is not included, it may be added in the future as there is still a strong belief among some of the potential mental health impacts of unmanaged grief (Miller, 2014, Zhang B., El-Jawahri, A., Prigerson, H, 2006). “The theme in all of these understandings of complicated grief is the trend toward inclusiveness and pathologization and labelling even the mildly impaired patient, as a disease” (Miller, 2014, 37). Worden states that, “one very difficult loss that impinges heavily on family equilibrium and can sometimes cause complicated grief reactions is the death of a child” (2009, 222). Connecting bereaved parents and CG clearly labels and pathologizes them and educates a social work student to immediately believe that bereaved parents are more likely to be diagnosed with and/or experience a mental health problem.

In their article, Cacciatore & Bushfield also label bereaved parents as people who could have CG. They write, “bereaved parents are known to suffer higher rates of complicated grief” (2007, 61) and “it is clear that stillbirth places women at risk for complicated mourning” (Cacciatore & Bushfield, 2007, 64). Cacciatore & Bushfield do not provide any definition of the terms complicated grief or complicated mourning. This, for me, resulted in some confusion as the reader is left to decipher exactly what the authors meant by these terms. They do, however, seem to associate them with negativity.

#### HIGH RISK FACTORS OF GRIEF

As a result of pathological understandings of grief, there is another related sub-discourse present in the texts about controlling and/or managing grief. This has important implications for social workers as it directs social workers to believe that there is a need (and a mandate) to understand how to assess for abnormality in grieving and attempt to ensure that bereaved parents adhere to normative discourses regarding grieving.

Videka-Sherman describes in particular how the “research reviewed in this article suggests that several groups of parents are at especially high-risk for difficulties in adjustment after a child dies.

These are parents of children who have suffered long-term illnesses (over 1.5 years), parents whose children died suddenly and parents who lose a child over 1 year old” (1987, 112). Not only does this allow social work professionals to quickly label this group of parents as having abnormal grief (and there are many consequences to this as described above), the use of the term ‘high-risk’ for a bereaved parent may also have serious implications. Risk is defined as “a situation involving exposure to danger” (Oxford Dictionary, n.d.(b)). From my reading of this text, Videka-Sherman has encouraged social workers to associate a bereaved parent with danger, labelling them potentially as having dangerous difficulties in adjusting to the loss of their child. Videka-Sherman is not clear on exactly how the bereaved parent could be dangerous but is educating the social work student to be sure to assess for this possible danger. The reader is left to infer what type of danger the bereaved parent could be facing.

Hooyman and Kramer also use the term ‘high risk’ in their text when they describe which bereaved individual are at high risk. They write: “high-risk mourners are men (especially older and isolated males) whose wives have died, mothers whose children have died and survivors of sudden or violent traumatizing losses” (2006, 272). Focusing (like Videka-Sherman) on social work assessment, they also label certain groups of bereaved parents as being at risk:

high-risk factors to consider in an assessment [for bereaved parents] include one or more of the following: limited social support, history or immediate evidence or difficulty in responding to the loss, situational stressors (e.g., financial distress, compromised health, multiple loss), ambivalent or conflicted relationship with the object of the loss, major depression or personality disorder, inability to acknowledge the loss, extreme anger or anxiety and a very high degree of dependence on the loss object (Hooyman & Kramer, 2006, 272).

They identify a number of high-risk factors that they feel lead to a need for social work intervention as proper “assessment helps determine the intensity of the intervention that will best match the need or risk” (Ibid). Again, similar to Videka-Sherman, they label the bereaved parent as a problem as they are “in need” or “at risk” (Ibid). Many of the high risk factors Hooyman and Kramer describe above are outside the control of the individual who is grieving, such as limited social support and situational stressors. But these outside factors actually lead to the individual person being more at risk or dangerous. Unfortunately, these discourse are not teaching social workers to focus on the outside social factors (like sociologists, Hertz,

Durkheim discussed in the 1950s) and in order to ease a bereaved parents' experience, instead they are taught to focus on the pathological aspects of individual grieving.

The discourses of 'abnormal' grief are present in four of the six materials chosen for review in my paper: Hooyman & Kramer, Worden, Videka-Sherman, and Cacciatore & Bushfield. These are the same materials that have strong discourses of 'normal' grief. The two discourses are likely to be always found together, as one cannot easily exist without the other. Discourses of normal grief ostracize and marginalize bereaved parents and the discourses of abnormal grief perpetuate this further and also serve to pathologize bereaved parents.

The discourses of 'abnormal' grief found in these texts associate bereaved parents with mental health "diseases" and make assessment necessary to determine whether they are at low or high risk for this "disease". It seems unjust to indicate that a bereaved parent may have a mental health disorder and be more likely to get it as a result of their specific bereavement experience. The literature seems to suggest that social workers first look for complicated bereavement and understand it as a problem for bereaved parents that must be treated or eradicated, instead of attempting to understand the experience of the death of a child for a parent. Bereaved parents seem to be easily pathologized due to their



bereavement experience, as well as are vulnerable to being assessed as at risk to a specific mental health disease. Thus if they are not overtly labelled with a mental health disease, they are still often regarded as being at risk for having it. Most research about CG is about identifying, assessing and treating it (Walter, 2006). This can be understood as part of a culture that Beck (as cited in Walter, 2006) has termed “the risk society, a society obsessed with predicting and eliminating risk, guaranteeing safety and even happiness, a society unable to accept suffering” (p. 76). The field of social work is directly implicated in this need to assess for risk and is expected to carry through the process of identifying, assessing and treating those at risk. Sometimes, social workers are not even educated about what CG is exactly (as in Cacciatore & Bushfield) but the term is used as a way to describe bereaved parents negatively. Consequently, social workers may be taught that bereaved parents must act in a certain way and if they act differently, they should be assessed for how at risk they are of not meeting the normative trajectories of bereavement articulated in discourses present in the literature. This stems from the perceived need for bereaved parents to achieve a resolution to grief (as discussed above) and, consequently, to achieve ‘happiness,’ as this is the current Western value.

All grief has become potentially pathological in 21<sup>st</sup>  
century north America. By virtue of its inclusion as a

psychological object of study, what was once considered to be a natural reaction to death has fallen under the purview of psychology, psychiatry and other mental health professionals and has therefore become monitored, understood, and experienced in a way that previous generations could not have conceptualized (Miller, 2014, 34).

It is difficult for a bereaved parent to receive the support they may need with these messages of pathologization. For a bereaved parent, it is likely that the most difficult grief symptoms they experience are due to the “tension between the bereaved person’s physical and emotional feelings and the social and cultural messages about how that person is supposed to feel” (Chambon, Irving & Epstein, 1999, 180).

Unfortunately, it seems clear from looking at the discourses present in social work academic literature that social workers are not being taught what they need to know about bereaved parents. Bereaved parents are ostracized, marginalized and pathologized because even if they are meeting some standard of grieving ‘normally,’ there is an understanding that this is as abnormal as well. What is more likely is that a bereaved parent is not meeting the standards of ‘normal’ grieving and quickly being labelled as abnormal. Instead of social work students being taught to further perpetuate the

normative discourses by understanding and labelling bereaved parents as diseased and/or assessing them for being at risk for this disease, social work students should be educated about the consequences of these 'normal' and 'abnormal' discourses.

### DISCOURSES OF EXPERTISE

Coinciding with discourses of 'normal' and 'abnormal' grief are the discourses of expertise, as the role of expert is important in identifying and managing 'normal' and 'abnormal' grief. There were two discourses present in the materials I chose to examine: social work as the experts and bereaved parent as the experts in the relationships between a social worker and a bereaved parent. Hooyman & Kramer, Worden and Videka-Sherman have strong discourses of 'normal' and 'abnormal' grief and consequently have strong discourses of social workers being an expert in the relationship with a bereaved parent. Cacciatore & Ruffo and Thompson et al. have a different discourse where the bereaved parent holds the expertise in the relationship between social workers and bereaved parents. Cacciatore & Bushfield seem to have elements of both social worker and bereaved parents having expertise.

## SOCIAL WORK EXPERTISE

Cacciatore & Bushfield (2007, p. 76) write their research findings indicated the “need for psychosocial support from professional care-givers. Social support and psychosocial intervention strategies may play a promising and fundamental role in helping ameliorate the most severe responses and reestablish a sense of equilibrium.” This positions the bereaved parent in an inferior position to the professional caregiver (social worker) who has been positioned as the expert, as they ‘fill the need.’ They also use of the word “professional,” (Ibid) referring to social workers, specifically hospital social workers and this descriptor is associated with expertise and this further solidifies the power of the social worker in the bereaved parent and social worker relationship. Furthermore, the authors initially use the term “support” (Ibid) as being what bereaved parents require from social workers. This appears to indicate that bereaved parents may need a broad level of interaction, counselling and/or therapy from social workers. However, in the following sentence, they use the term “intervention strategies” (Ibid) and describe them as being “fundamental” (Ibid). The authors seem to be indicating that more formal involvement is mandatory from a social worker, as opposed to their original comment where

they indicate support is needed. Again, emphasizing the expertise of the social workers in the relationship with a bereaved parent.

I found this discourse of the social worker as an expert, present in Videka-Sherman's article as well. One part of her article states, "the most important implication of this body of research for clinical practice is that social workers and other health care professionals must adjust their expectations about the nature and effect of parental bereavement" (1987, 109). The author is announcing the importance for social workers to adjust their personal expectations regarding bereaved parents. However, she appears to contradict this statement elsewhere when she outlines all of the negative effects of the death of a child on bereaved parents and recommends social workers actively work to "[identify] parents at risk for poor adjustment and [develop] outreach services for them" (Videka-Sherman, 1987, 109). Her description of identifying those "at risk" (Ibid) and acquire services "for" (Ibid) them seem to place the social worker in an expert position, just like Cacciatore & Bushfield. Videka-Sherman also is using the term 'risk' which has many negative consequences, as described above. The social worker is to judge, assess for risk of 'abnormal' adaptation and make recommendations, essentially interfering and providing a service that the social worker feels is best for the bereaved parent.

Worden (2009) also places the social worker in a role of the expert when working with bereaved parents. As described previously, Worden makes several recommendations for the social work practitioner when working with bereaved parents. In his textbook, a large portion of the section regarding recommendations for bereaved parents is that bereaved parents should not have another child closely after experiencing the death of a child. Worden recalls his own experience when working with bereaved parents who did not take his recommendations and tried to get pregnant after the death of their child. He writes, “fortunately, their attempts did not work. Two years later they were able to have another child and, in my opinion, were better able to see the child for what she was and not as a replacement” (Worden, 2009, 228). He uses this example from his own practice as a practitioner (although he’s not a social worker, this example applies to all types of practitioners) and appears to discount the needs and wishes of the bereaved parents. He is modelling the role of the ‘expert’ practitioner in the relationship of bereaved parents and practitioners, encouraging social work students to do the same.

A significant portion of Hooyman & Kramer’s Chapter 11, titled “Interventions for Grieving Midlife Adults”, focuses on different methods the social workers can use in working with a bereaved

individual. This includes offering a list of “recommendations for grief counsellors given current empirical evidence” (Hooyman and Kramer, 2006, 280). For the purpose of this thesis, I will list the first two (of nine):

- 1) Do not assume that grief counselling benefits all;  
adopt a critical attitude toward methods
- 2) Customize interventions to the individual mourner’s  
particular gender, personality, background, resources  
and expressed needs (Ibid).

They also offer a list of “examples of counselling intervention techniques” (ibid, 284-285) including writing, role-playing, guided imagery and drawing (there are thirteen in total) (Ibid). There is, however, very little discussion of bereaved parents’ specific needs. Hooyman and Kramer in this section identify all the ‘normal’ ways social workers can help bereaved parents work through grieving similar to Cacciatore & Bushfield, Videka-Sherman and Worden. Hooyman & Kramer indicate that it is a social worker who can establish which recommendations and techniques are the most useful. What is most interesting, is that although Hooyman and Kramer seem to place expertise with the professional social worker, they also acknowledge in their first recommendation for grief counsellors that one should be critical of completing grief counselling because it may not be useful for everyone. They further write, “because not all of these interventions have

been evaluated extensively, we encourage practitioners to test them further and document their efficacy” (Hooyman and Kramer, 2006, 283). These statements seem to question the certainty of social work expertise when working with bereaved parents. This is interesting for a number of reasons: first, the authors note that not all the interventions have been completely evaluated but they do not acknowledge whether and how these not fully tested interventions might not be useful, or might even be detrimental. It seems Hooyman and Kramer do not want to fully acknowledge that social workers may not always be in a position of power in a relationship with a bereaved parent. This leaves a social work student reading the textbook with a superficial acknowledgement that a bereaved parent may need something else other than their recommended interventions because there is no other discussion of what may be helpful. Secondly, the authors appear to put the social worker in a further position of power by suggesting that they are the ones with the skills to determine whether the suggested interventions have been helpful to the bereaved parent by doing a test to confirm the tools usefulness and/or success. There is no discussion of seeking the expertise the bereaved parent has about their experience with these interventions or their involvement with the social worker’s use of them. However, it seems that the overall discourse in this chapter is the opposite and teaches social work students to simply focus on applying certain interventions with the bereaved



individual/parent because of their need and gives no acknowledgement to impact of these untested and sometimes unwarranted interventions issues on bereaved parents.

“Professions are to some extent legitimated and maintained through their assumption of specialist knowledge, which is generated and disseminated by them” (Fook, 2012, 43). The field of professional social work is not different. Knowledge about bereaved parents has created a ‘right’ way to grieve and if a bereaved parent grieves ‘wrong,’ they are at risk of being labelled with a disease that allows social workers to continue to legitimize the ‘normal’ and ‘right’ way to grieve. This leads to social workers allowing themselves to be seen as the experts in the relationship between bereaved parents. Hooyman & Kramer and Videka-Sherman use the word ‘intervention’ regularly when describing implications for social work. Intervention is defined as the “interference by a state in another’s affairs” (Oxford Dictionary, n.d.(a)). Hooyman & Kramer, Worden, Videka-Sherman and Cacciatore & Bushfield all appear to be interfering with bereaved parents with their use of ‘normal’ and ‘abnormal’ discourses of grief when working with bereaved parents. These perspectives stem from the early theories of grief written by Freud and Lindemann and continue to be supported throughout the 20<sup>th</sup> century by writers such as Kubler-Ross and now, the writers discussed above. Social

workers being educated from this perspective marginalizes bereaved parents and subsequently, legitimizes their own role.

These discourses of a social worker being the expert leads not only to marginalizing bereaved parents but also to objectifying bereaved parents. Hooyman and Kramer actually use the terms “object of the loss,” and “loss object” (2006, 272) when discussing the person who has died, including the death of a child. As previously discussed, the authors do cover all types of loss, however it seems to me that using the term ‘loss object’ depersonalizes not only the person who has died, but also the loss itself and, as a consequence, those grieving this person’s death. This minimizes grieving, giving an illusion that is easy and does not account for the many aspects of grieving for bereaved parents. Within grief work, ‘experts’ diagnose ‘problems’ and prescribe ‘treatments’ to direct ‘assessment’ toward ‘what is wrong’ with someone living with loss. These discourses label individuals as objects of professional knowledge; they become an object of a normalizing discourse (Chambon, A. et al., 1999). The added consequence of objectifying bereaved parents is that it allows the profession of social work to more easily control bereaved parents, more easily ‘manage’ their responses to the loss of their child (Ord, 2009). It allows social workers to continue to perpetuate the ‘normal’ and ‘abnormal’

discourses of grieving and continue to place themselves in ‘expert’ positions.

## BEREAVED PARENTS’ EXPERTISE

While the discourse of the social worker as the expert can be found in the four materials described above, there was also a counter discourse where the bereaved parent is the expert. This discourse points to the social workers’ requirement to improve their own practice and acknowledges the bereaved parents as experts in their own experience. This discourse is present in Thompson et al.’s, Cacciatore & Bushfield’s and Cacciatore & Ruffo’s articles.

Thompson et al. (2011) indicate that they wanted to get a better understanding of what bereaved parents would advise for other bereaved parents. This word ‘advice’ is giving the power of expertise to the grieving parents, as not only are they responsible for giving the advice but the authors are acknowledging that bereaved parents have the needed knowledge. As such, the discourse evident throughout this article is different than those found in the other social work literature examined. The authors write specifically about social workers and state,

mental health providers working with bereaved families should appreciate grief is an individual process and that each family

member may experience and cope with loss in qualitatively different ways. Furthermore, emphasis should be placed on the notion that there is no 'right' way to grieve and support should focus on the individuals within a given family (Thompson et al., 2011, 169).

Thompson et al. are acknowledging difference in bereaved individuals' experiences and specifically discredit a narrow view of grieving methods which provides a more positive image of bereavement and bereaved parents. This description and these words counter discourses of 'normal' and 'abnormal' grief as well as social work expertise. Thompson et al. do not provide any intervention recommendations or encourage bereaved parents to seek social work services, unlike Hooyman & Kramer, Worden, Cacciatore & Bushfield and Videka-Sherman.

I found a similar discourse being articulated in the Cacciatore & Bushfield (2007) and Cacciatore & Ruffo (2011) articles. In two texts, bereaved parents are not acknowledged overtly as the experts, however, their expertise is acknowledged as bereaved parents are the source of knowledge in their texts. As stated above, Cacciatore & Bushfield do have discourses of expertise in the role of the social worker. However, there is also a hidden discourse of bereaved parents' expertise, which at least respects bereaved parents and their experiences more than Hooyman & Kramer, Worden and Videka-Sherman.

The title, “Stillbirth: The Mother’s Experience and Implications for Improving Care” refers to the fact that there is a need for improvement in the care provided to mothers who experience a baby being stillborn. They thus put the onus for improvement on the professionals providing care, not the bereaved parents. Throughout their article, the authors keep the focus on social workers’ practice, not on the bereaved parents. For example, they discuss how society’s perception of a stillborn child impacts the bereaved parents, including how stillbirth is seen as an “invisible death” because it occurs in a woman’s body and is not acknowledged as a significant loss (Cacciatore & Bushfield, 2007, 61). The authors describe that perceptions make grieving even more difficult for bereaved parents because it ostracizes them. The authors suggest that improvement in caring for bereaved parents of stillborn babies could “begin with subtle changes to deconstruct the way that stillbirth is perceived and allow women who have undergone stillbirth to construct their own realities about their losses” (Cacciatore & Bushfield, 2007, 72). In this recommendation, Cacciatore & Bushfield are acknowledging the expertise the bereaved mothers have in being able to create their own understanding regarding their loss and acknowledging that only the bereaved mothers can do this for themselves.

The latter half of this article is titled “Implications for Social Work” (Cacciatore & Bushfield, 2007, 73). Implication is a very different word

than intervention as the authors (under this heading) explain how the information discussed in their article impacts the field of social work and practicing social workers. In this section, Cacciatore & Bushfield are offering information that they have gathered from the bereaved parents narratives and relating them to the field of social work. These implications are not just about how to provide service to bereaved parents but also include information important to the education of the social worker. For example, the authors describe how helpful the use of “transpersonal approaches” (Cacciatore & Bushfield, 2007, 63) are and how they “recognize the spiritual dimension, while rejecting the artificial divisions of physical, psychological, social, and spiritual self and may be necessary...to communicate a respect for person’s values and beliefs” (Ibid). These approaches are ways practising social workers can approach bereaved parents when working with them. These recommendations are again, a change that the practicing social worker must make for their own practice. Cacciatore & Bushfield also state, “barriers to effective and active social work involvement have been identified, including the need for training and a personal philosophy on life and death” (Cacciatore & Bushfield , 2006, 62). Again, the discourse is about social workers educating themselves in order to meet the expertise of bereaved parents.

Like Cacciatore & Bushfield, Cacciatore and Raffo (2011) also have

discourses of bereaved parent expertise because they rely on bereaved parents for their source of knowledge. They state in the last portion of their article (also titled with the word: implication), “as the definition and structure of the nuclear family evolve, clinicians should revisit their personal biases and beliefs about homosexuality and parenting” (Cacciatore and Raffo, 2011, 176). They also encourage better training and information regarding resources for lesbian and gay parents. Cacciatore and Raffo do not have any discussion about the needs of bereaved parents because all of recommendations are about educating the social worker to improve their own practice to better fit working with lesbian bereaved parents. They end their article with, “this study may provide the basis for new discussions among social workers who will heed the urging to become better informed services providers to this underrepresented group” (Cacciatore and Raffo, 2011, 176). These recommendations emphasize the lack of understanding the field of social work may have and highlight the need for social workers to increase their own education and understanding. The discourse focuses on social workers’ inadequacies and need for improvement and expertise remains with the bereaved parent.

It is also important to note that both Cacciatore & Bushfield and Cacciatore & Ruffo discuss societal norms (including the understanding of stillbirth and the marginalization of lesbian and gay parents) and how they

impact bereaved parents. This acknowledgement provides education to social work students about broader societal influences and also emphasizes how societal norms can impact bereaved parents in many ways. Unfortunately, the majority of material examined in this thesis did not discuss the impact of these type of broader societal influences and none discussed the broader implications of societies understanding of bereaved parents.

The discourses of bereaved parents being the ‘experts’ in relationships between social workers and bereaved parents was present in Thompson et al., Cacciatore & Bushfield and Cacciatore & Ruffo articles. These discourses challenge both the ‘normal’ and ‘abnormal’ discourses and require that social workers be open to the need to educate themselves and shift their thinking about their own role. Social workers need to be able allow the bereaved parent to be the expert in their own experience. According to Staples (2014), “what bereaved people often need most is an ‘exquisite witness’ (Jeffreys, 2005), someone who will listen, over and over again if necessary and accept and respect how they feel” (Miller, 2014, 84). Although not prominent in all literature, this philosophy was present in these three articles. This discourse really counters all the other discourses of ‘normal’ and ‘abnormal’ bereavement that require the social worker to be in the expert position when working with a bereaved parent. Social work students reading this discourse will



understand and acknowledge that the bereaved parents are the experts,  
be able to respect the bereaved parents experience and educate  
themselves in order to support the bereaved parents in a meaningful  
manner.

## **LIMITATIONS AND NEXT STEPS**

It is important to note the limitations of my research. Firstly, I looked solely at academic written material. I chose to do this as I wanted to obtain information about how social workers were educated and thus, are taught to understand bereaved parents. However, this information could have been obtained with other materials, including non-academic writings, films or speaking with social workers directly. Examining non-academic material could have led me to how social workers perceive bereaved parents outside the discourses of academia. For example, there are likely brochures or handbooks for social workers regarding bereaved parents created by others, such as the bereaved parent social organizations which educate social workers (who choose to look for it). Also, if I had interviewed social workers directly, I could have obtained perspectives from practicing social workers.

Due to the constraints of my thesis, I was also only able to work with four academic journal articles and two textbooks. I was not able to conduct a more extensive search of the texts available to social work students regarding bereaved parents. For example, I could have examined other electronic databases, or included non-peer reviewed articles. It could also be useful to expand my inclusion of articles and

textbooks used about loss and grief to include materials that were published earlier, materials from non-Western perspective and journal articles that do not solely focus on bereaved parents but still include bereaved parents.

I also have a limited understanding of how the two textbooks and the journal articles I chose to critique are actually used, interpreted and possibly analyzed in the classroom settings. Future research could benefit from speaking to actual social work students about the discourses that are discussed in class, in response to the written material or the professors who teach the courses.

Also, I limited my research to a social worker's understanding of bereaved parents. This is not a complete understanding of how other professions or, more broadly, society views and understands bereaved parents. This would be an area for future research and can apply to social work education, as more general understandings of bereaved parents can then be applied to future social work research.

Critical Discourse Analysis also has some limitations. According to Tenorio (2011), Widdowson believes that CDA is a "biased, unprincipled, conventional, decontextualised cherry-picking of linguistic features" (p. 195). Although, I recognize that CDA is not a single approach that is easily defined (Wodak 2002, van Dijk, 1993), this is also what I feel is a strength, as research is very subjective and can be based on the individual

researcher. I have outlined my theoretical perspectives and also acknowledged my biases and experiences and thus, allowed to reader to understand the frameworks I am using to complete the CDA. I acknowledge there is likely more than one possible analysis of the material I chose to analyze, as there are multiple perspectives from which a CDA might be conducted. I do not feel this is a disadvantage but an acknowledgement of what researchers bring to their work.

## **CONCLUSIONS**

For the purposes of this thesis paper, I have used critical social science and postmodern frameworks with a social construction perspective to complete a CDA on two textbooks: *“Living through Loss: Interventions Across the Life Span”*, by Nancy Hooyman & Betty Kramer and *“Grief Counseling and Grief Therapy”* by J. William Worden and four articles: *“Research on the Effect of Parental Bereavement: Implications for Social Work Intervention,”* by Lynn Videka-Sherman, Joanne Cacciatore and Zulma Raffo’s *“An Exploration of Lesbian Maternal Bereavement,”* Joanne Cacciatore and Suzanne Bushfield’s *“Stillbirth: The mother’s Experience and Implications for Improving Care”*, and *“A Qualitative Study of Advice from Bereaved Parents and Siblings”* written by Amanda Thompson, Kimberly Miller, Maru Barrera, Betty Davies, Terrah Foster & Mary Jo Gilmer, Nancy Hogan & Kathryn Vannatta and Cynthia Gerhardt.

The discourses present in these materials include discourses of ‘normal’ grief, ‘abnormal’ grief, and expertise – both social work expertise and bereaved parent expertise in the relationship between the social worker and bereaved parent. The discourses of ‘normal’ and ‘abnormal’ grief seem most prominent in the two textbooks which are used to teach social work students about grief and loss in undergraduate social work

programs. The journal articles would have to be more actively searched for and are not as readily accessible to students as are the two textbooks. These 'normal' and 'abnormal' grief discourses often ostracize and marginalize bereaved parents and also pathologize them. These discourses have been prominent in Western Society since the early 1900s even though there have been opposing viewpoints. These discourses often educate social workers to believe that there is a need and a mandate to understand how to assess for abnormality in grieving and attempt to ensure that bereaved parents adhere to normal discourses regarding grieving. This can lead to social workers unintentionally marginalizing bereaved parents directly in order to continue to legitimize their role as the 'expert' social worker when working with a bereaved parent.

The hidden messages of marginalization, ostracization and pathologization of bereaved parents found in some academic social work materials also provide an understanding of why there is limited bereaved parent research in the field of social work, as these hidden messages do not value bereaved parents who are not appreciated enough to understand fully. Also, if the realities of bereaved parents were understood more, social workers may have to question their role and change their understanding of themselves, including their practices.

In contrast to 'normal' and 'abnormal' discourses where social workers are viewed as the 'experts,' there are some discourses in three

journal articles, which recognize bereaved parents as experts in their own experience. It is interesting to note that this discourse is present in the three most recently published materials (two of which are very recent from 2011). This brings hope that there is change being made around social workers understanding of bereaved parents. As research regarding bereaved parents is limited, this newer understanding about bereaved parents is likely going to very slowly adapted (if at all). This new research also needs to be a part of any bereavement education in social work.

Having a course regarding bereavement, including some education about bereaved parents in undergraduate social work education does open the possibility of labelling, marginalizing and pathologizing bereaved parents because the existence of such discourses present in the materials. However, a bereavement course could also be helpful to deconstruct current discourses about bereaved parents. Social work professors should attempt to ensure that bereavement education includes education about current discourses in Western Society and their potential impact on social work practice. There should also be a focus on deconstructing these discourses and discussing how they impact bereaved individuals and bereaved parents.

If social work students are not given an opportunity to take a bereavement course as described above, the challenge for social work students is to not accept what is taught in undergraduate school as finite.

All past research is useful knowledge for social workers and can be useful for supporting bereaved parents (Miller, 2014). Current interventions suggested by the authors from all the materials, can be useful, if the bereaved parent is requesting it. However, the current information and discourses regarding bereaved parents must be used carefully and critically and not automatically. Also, “the therapeutic role is to show people that they are much freer than they feel they are” (Chambon, A. et al., 1999, 184), including educating the individuals they work with about discourses and norms that control them and their grieving.



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## **APPENDIX**



#### Winter 2014

<b>Course Number:</b> SOWK 551.02 S01	<b>Classroom:</b> Online
<b>Course Name:</b> Loss & Grief	
<b>Day &amp; Time:</b> January 8 – April 14, 2014	

<b>Instructor:</b> Amy Fulton, MSW	<b>Office Hours:</b> Upon request
<b>Telephone:</b> 250.718.9881	<b>Email:</b> <a href="mailto:aefulton@ucalgary.ca">aefulton@ucalgary.ca</a>

### COURSE OUTLINE

#### Syllabus Statement

The focus of this course is on social work theory and practice in the area of loss and grief. The course will explore the concept and experience of loss throughout the lifespan. A wide array of losses may be considered such as death, bereavement, divorce, unemployment, poverty, disability, abuse, and illness.

#### Course Description

Through assigned readings, completion of reflective exercises, and participation in online discussions students will learn about traditional and contemporary theoretical models for understanding loss and grief. The course will focus on social work theories and practices, including methods of assessment and intervention that are applicable across the lifespan and with diverse populations. Student's own experiences of loss and grief, personal considerations, compassion fatigue, and self-care strategies will also be explored and integrated into the course assignments.

On-line learning in university requires students to be self-directed adult learners. Class assignments and activities are designed to provide diverse and meaningful learning opportunities that are rooted in the context of the student's lived experience. As this course deals with potentially sensitive issues an open and mutually respectful learning environment is mandatory. Consultation from the instructor is always available upon request. Students experiencing emotional distress should seek counseling/support.

This course has no pre-requisites or co-requisites.

#### Learning Objectives

Through successful completion of this course the student will:

- Develop an emerging understanding of the range of losses and grief experienced throughout the life cycle
- Learn to identify issues of diversity in relation to understanding the experience of loss and using appropriate interventions
- Become familiar with a variety of grief interventions and critically examine their client and situation-based applicability
- Critically review theories of grief, mourning and bereavement
- Attain greater awareness of personal and professional attitudes and beliefs around loss and grief
- Consider the impact of one's own losses and develop an understanding of the importance of moving towards a personal integration of the losses

### Assignments

Assignments and quizzes are due on the day specified. Extensions will be granted only for extenuating circumstances at the discretion of the instructor. If the assignment is late without permission, the grade will be affected accordingly.

#### **Assignment: Reflective Journal (25%)** **Due Date: April 14**

The reflective journal is the major written assignment of the term. Students will submit a reflective journal that documents, describes, and explains thoughts, reflections, and critical analyses based on the learning completed throughout the term. Students should indicate the date on which each entry was written. A minimum of 3 entries of 1-2 pages in length is required. Entries should be spread across the term. Journals must be submitted as a Word document and be single-spaced using a 12-point font of the student's choice. Depth of reflection, standard of writing and integration of academic literature will be factors in grading student's work. A grading rubric for the reflective journal will be provided to students during the first week of the term. The instructor will make suggestions on journal topics to students regularly throughout the term. The journal is intended to be a tool for students to use in their personal and professional growth. It provides the student the opportunity to be more personal than they may desire to be in the online class discussions. The journal must adhere to the citation and referencing standards put forth in the *Publication Manual of the American Psychological Association* (6<sup>th</sup> ed.).

#### **Quizzes (2 quizzes X 25% each)**

**Quiz Dates\*: February 14 and April 4**

**\*The specific timeframe students will have to complete the quiz on each of these dates will be announced during the first week of class.**

Two online quizzes (25-30 multiple choice or true/false questions on each quiz). Quizzes will be based on textbook readings and online lectures. Detailed information regarding the quizzes will be provided during the first week of class.

#### **Participation (25%)**

**Completed throughout the course, at least twice per unit**

The participation grade rewards students for their ongoing active engagement in the learning process and online discussions throughout the term. Quality and frequency of Desire2Learn discussion posts are key considerations. Logging in to Desire2Learn is not the same as spending time actively participating and posing relevant questions and comments. Quality of posts will be determined based on depth and relevance of the contribution. Therefore posts may reflect critical reflections, refer the class to additional resources, or offer an example of how to apply a concept or theory to social work practice. Students that simply re-state or re-phrase information provided in the textbook or in the online lecture will not receive full marks. Timing of posts is also critical. In fairness to all students late submissions (participation in an earlier unit when the class has already moved on) will not be graded.

### Recommended Readings

A list of recommended readings is available in Desire2Learn.

#### **RESEARCH ETHICS**

"If a student is interested in undertaking an assignment that will involve collecting information from members of the public, he or she should speak with the course instructor and consult the CFREB ethics website ([www.ucalgary.ca/research/ethics/cfreb](http://www.ucalgary.ca/research/ethics/cfreb)) before beginning the assignment."

#### Relationship to Other Courses

SOWK 551.01 is an elective course designed to enhance preparedness to respond to clients who have experienced loss. It will serve as an adjunct to Practice Methods classes and will be enriched by students' field, workplace and life experiences.

#### Course Text(s)

Hooyman, N.R., & Kramer, B.J. (2006). *Living through loss: Interventions across the life span*. New York, NY: Columbia University Press.

#### Class Schedule

This course is delivered entirely online through Desire2Learn (D2L). All assignments will be submitted to the instructor by email. For assistance accessing D2L contact IT support at 403-220-5555.

The course will start off with a Welcome Week followed by 5 units. The schedule is as follows:

Welcome Week: (January 8-15)

**Unit 1:** Loss & Grief Theories and Self-Care (January 16-January 30)

**Unit 2:** Theoretical Foundations (January 31-February 13)

**Unit 3:** Grief in Childhood & Adolescence (February 14-March 5)

(Note: Reading Week is February 16-23)

**Unit 4:** Grief in Young & Middle Adulthood (March 6-March 19)

**Unit 5:** Grief in Older Adulthood (March 19 – April 3)

\*Please note: April 3 will be the last day to post discussion comments in Desire2Learn.

For a list of the required and recommended readings for each Unit please refer to Desire2Learn. For those who wish to read ahead, please note that over the course we will cover all of the content in the textbook in varying detail, therefore reading the entire text is required. Additional readings from the literature and video clips for review will also be assigned on a per Unit basis.

The class will work together through the course material through online discussions. Participation in the discussions is a key part of the learning in this course. As such, participation in the online discussions will be graded. Students are expected to post in Desire2Learn a minimum of twice per unit. Your posting must be timely and relevant to the discussion occurring. Thus, reviewing other student's posts is also an expectation. A benefit of online learning in this course is that the discussions are asynchronous, meaning that you can participate at the time most convenient for your schedule. Your posts will remain online throughout the term. Posts should be respectful and thoughtful, representing a professional and scholarly contribution to the class discussion. Students should react and respond to one another, including posing and answering questions. The reflective journal assignment provides students the opportunity to make comments that they would only want to share with the instructor and not the whole class. Please be mindful of what you are sharing and ensure your contributions are appropriate.

#### WRITING EXPECTATIONS

It is expected that all work submitted in assignments should be the student's own work, written expressly by the student for this particular course. Students are referred to the section on plagiarism in the University Calendar ([www.ucalgary.ca/pubs/calendar/current/k-2.html](http://www.ucalgary.ca/pubs/calendar/current/k-2.html)) and are reminded that plagiarism is an extremely serious academic offence.

#### Grading

The University of Calgary Undergraduate Grading System and the standard Faculty of Social Work percentage conversion will be used.

Grade	Grade Point	Description	Percentage Range
A+	4.0	Outstanding	95 - 100
A	4.0	Excellent – superior performance, showing comprehensive understanding of subject matter	95 – 100
A-	3.7		90 – 94
B+	3.3		85 – 89
B	3.0	Good – clearly above average performance with knowledge of subject matter generally complete	80 – 84
B-	2.7		75 – 79
C+	2.3		70 – 74
C	2.0	Satisfactory – basic understanding of subject matter	65 – 69
C-	1.7		60 – 64
D+	1.3		55 – 59
D	1.0	Minimal Pass – marginal performance	50 – 54
F	0.0	Fail – unsatisfactory performance or failure to meet course requirements	Below 50

A student's final grade for the course is the sum of the separate assignments. It is not necessary to pass each assignment separately in order to pass the course.

#### Course Evaluation

Student feedback will be sought at the end of the course through the standard University and Faculty of Social Work course evaluation forms

Students are welcome to discuss the process and content of the course at any time with the instructor

#### STUDENTS WITH DISABILITIES

It is the student's responsibility to request academic accommodations. If you are a student with a documented disability who may require academic accommodation and have not registered with the Student Accessibility Services, please contact their office at (403) 220-8237, address: MacEwan Student Centre room 452 or email: [access@ucalgary.ca](mailto:access@ucalgary.ca). Students who have not registered with the Student Accessibility Services are not eligible for formal academic accommodation. You are also required to discuss your needs with your instructor no later than fourteen (14) days after the start of this course.

**SAFEWALK (403) 220-5333**

Campus security will escort individuals, day or night. Call (403) 220-5333. Use any campus phone, emergency phone or the yellow phone located at most parking lot pay booths.

**IMPORTANT INFORMATION**

The University of Calgary copyright policy has changed. It is the responsibility of each individual to ensure compliance with copyright regulations. Individual questions and concerns should be directed to [copyright@ucalgary.ca](mailto:copyright@ucalgary.ca).

Any research in which students are invited to participate will be explained in class and approved by the appropriate University Research Ethics Board.

Cell phones must be turned off in class unless otherwise arranged with the instructor.

Assembly points for emergencies have been identified across campus. The primary assembly point for the Professional Faculties building is the Education Block Food Court. The alternate assembly point is Scurfield Hall Atrium.

The Social Work representative to the Students Union is to be determined ([swsacalgary@gmail.com](mailto:swsacalgary@gmail.com)). The Student Ombudsman's Office can be reached at the [U of C Student Services Website](#)

The Freedom of Information and Protection of Privacy (FOIP) Act indicates that assignments given by you to your course instructor will remain confidential unless otherwise stated before submission. The assignment cannot be returned to anyone else without your express permission. Similarly, any information about yourself that you share with your course instructor will not be given to anyone else without your permission.

You are reminded that academic misconduct, including plagiarism, has extremely serious consequences, as set out in the University Calendar.

**Carleton University**  
**School of Social Work**

**Special Topic: Grief and Loss (SOWK 4210)**  
**Thursday 6:00-9:00pm**  
**517 Dunton Tower**

**Marie-Eve Pinard BSW, MSW, RSW**  
**(613) 277-4188**  
**(613) 562-6262 x1072**  
**[mapinard@bruyere.org](mailto:mapinard@bruyere.org)**  
**Office Hours: Before class from 5:00 to 6:00pm**

**Original course outline and material prepared by Shauna Thaler-Adeland BSW MSW RSW**



## **COURSE DESCRIPTION**

In this course, students will be introduced to grief and loss issues across the lifespan and examine how social workers can work with clients through the grief process. Loss comes in many forms and this course will examine loss in a broad context, including but not limited to death, divorce, trauma, chronic illness, mental illness, loss of roles, status, income, etc.

We will explore loss through a task-based approach and a resiliency model. Students will learn how to assist clients in acknowledging and integrating loss into their lives. Students will be encouraged to look at their own personal experience with loss to develop a better understanding of the significance of loss in our lives and how this can impact our work.

Special attention will be focused on issues of age, race, gender, culture, sexual orientation and spirituality and how this can impact an individual, family, group and the social worker's own response to loss.

Please note that this may not be an appropriate course for anyone who has experienced a recent death. The topic and course material has the potential to cause psychological discomfort, if you are still dealing with your own grief issues. Students should be encouraged to consider this before registering for the course.

### **Learning Objectives and Outcomes:**

**Through this course, it is anticipated that you will be able to:**

1. analyze and compare historical and contemporary theories and models of grief and loss;
2. recognize the diversity of grief issues across the lifespan;
3. relate theory to practice to learn how to best intervene with a diverse population of bereaved clients;
4. examine the concept of compassion fatigue and develop self-care strategies for your future work with bereaved individuals, families and communities.

### **Participation and Attendance**

Attendance is compulsory. You are expected to attend all classes, do the assigned readings, identify issues for class discussion, and actively and constructively participate in discussion. An attendance sheet will be circulated at each class and it is **your** responsibility to make sure that you sign it. If your name is not on the attendance sheet you will be marked absent. You are expected to be on time and to stay for the duration of the class.

**If you miss three or more classes, you will automatically lose 5% of your final grade**, except in exceptional circumstances such as the death in the family or illness. In these instances you must provide a medical or appropriate certificate explaining your absence.

**Statement about Social media**

Use of computer technologies (laptops, tablets, smart phones) in the classroom is accepted only if it is part of the class activities. In class, communication by text or telephone is unacceptable except in instances of family and work emergencies. In this case, I should be informed that you may be expecting or making a call.

The production of recordings of classroom interactions is expressly prohibited unless authorized and approved by the instructor and by all class participants. The use of such recordings is subject to guidelines for ethical professional use.

**Course Texts**

Hooyman, N. R. & Kramer, B. J. (2008). *Living through loss: Interventions across the life span*. New York: Columbia University Press.

Worden, William J. (2009). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (4th Edition). New York: Springer Publishing Co.

**\*Books are available at the Carleton University Book Store and at Haven Books**

**Participation and Assignments**

**Attendance and participation will be worth 10% of your final grade:**

5% for attendance: If you miss three or more classes, you will receive 0% of 5%.

5% for class participation: You will receive 5% if you participate actively in class discussions and activities. This grade is left to my discretion. Being late and/or leaving early means you cannot fully participate in the class discussions and activities and points may be deducted for this reason.

**In addition to attending and participating in class, you are expected to complete three assignments worth a total of 90% of your grade (30% + 60%):**

#1 and #2 : Personal Reflection Papers on Grief and Loss (15% x 2 = 30%)

#3 A final paper (60%) : Exploring Grief and Loss Through the Use of a case study

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**Assignment #1 and #2 : Personal Reflection Papers on Grief and Loss (15% x 2 = 30%)**

**Each paper should be around 600 words** (2 pages at 300 words a page with 1.5 line spacing and 1inch margins with 12 font size). The first reflection paper is due on **October 3rd**. The second is due on **November 7<sup>th</sup>**.

Please choose 2 different topics for reflection on the issue of grief and loss in your own life or the lives of those in your community. Please note that the topics listed below are only **suggested topics**. Please feel free to choose your own topic related to grief, loss and the course material.

The goal of this assignment is to demonstrate reflective thought **and the integration of course material**.

<b>Suggested Topics for Personal Reflections on Grief and Loss</b>	<b>Suggested Third Party Reflection Topics on Grief and Loss</b>
<ol style="list-style-type: none"><li>1) What was your earliest experience with death or loss? Describe how old you were? What details do you remember about the moment you learned about the loss? Describe the feelings you recall about the loss (physical, emotional, cognitive)?</li><li>2) What was the first funeral you attended and what was that experience like for you? For your family, community?</li><li>3) How does your age, gender, culture, ethnicity and/or sexual orientation affect the way a loss is addressed in your life?</li><li>4) Think back to a loss (job, status, financial), what coping strategies were useful in helping you deal with the loss?</li><li>5) Have you ever been discouraged from acknowledging a significant loss in your life? What was that experience like for you?</li></ol>	<ol style="list-style-type: none"><li>1) Describe how an early loss in childhood has impacted a client today.</li><li>2) Describe how a significant loss has impacted a friend or client.</li><li>3) Describe how people around you respond to loss and what coping strategies you've witnessed to be successful. What destructive or negative coping strategies have you witnessed?</li><li>4) How can age, gender, culture, ethnicity or sexual orientation affect the way a client can react to loss?</li><li>5) Has a friend or client ever been discouraged from acknowledging a significant loss in their lives? What was the impact of this on their current situation/functioning?</li></ol>

#### **Marking Scheme: Assignment #1 and #2**

**You will be graded according to how well you have included the following criteria:**

- 1) Clear identification of topic/theme (25%)
- 2) Linking of theoretical framework and key concepts to reflective thought (60%)
- 3) Organization and clarity (15%)
  - Clarity of ideas
  - Structure of paper (length of paragraphs, subheadings, sentences, spelling, etc.)

#### **Assignment #3: Final paper (60%)**

##### **Exploring Grief and Loss Through the Use of a Case Study**

Many movies address the topic of grief and loss and can serve as excellent case studies. For this assignment will be asked to watch one of the movies from the list below. You will then be required to do the following:

- Choose a “client”, “couple”, “family” or “group/community” with the goal of using their particular situation related to loss and grief as a case study.
- Provide a brief description of your client’s situation by defining what type of loss is being experienced and what type of grief reaction can be observed.
- Describe which theoretical framework you would use to guide your intervention in this case (e.g. tasks, lifespan, attachment theory, R theory etc.) and why you believe it is most appropriate.
- Specify and discuss what type of interventions you would use as a social worker helping you client through their grief (e.g. family centered, play therapy, type of individual counselling etc).

#### **Format**

Papers should be between 3,500 and 4,000 words (with 1.5 line spacing and 1inch margins) not including references and /or bibliography. Please use a 12-font size. Papers should have a minimum of 10 scholarly and/or academic sources (bibliography should NOT include resources based on the movie). Please number all pages, except title page. Please use a consistent referencing style (APA strongly recommended).

**Please only use one of the movies on this list as this list was selected to cover issues across the lifespan and on various topics.**

- |                          |  |
|--------------------------|--|
| ▪ My Girl (1991)         | ▪ Marley and Me (2008)                 |
| ▪ Beaches (1988)         | ▪ The Descendants (2011)               |
| ▪ Sweet Hereafter (1997) | ▪ Diving Bell and the Butterfly (2007) |
| ▪ Life as a House (2001) | ▪ Up! (2009)                           |
| ▪ 50/50 (2012)           | ▪ Rent (2005)                          |
| ▪ Philadelphia (1993)    | ▪ Ordinary People (1980)               |
| ▪ Gran Torino (2008)     | ▪ Away From Her (2007)                 |
| ▪ Footloose (2011)       |  |

#### **Marking Scheme for Final Paper:**

- 1) Organization and Clarity (10%)
  - Clarity of ideas and definitions
  - Structure of paper (length of paragraphs, subheadings, distribution of paper into different sections, spelling)
  - Clear identification of the film and character and the grief issue being addressed in the paper
- 2) Review of research findings and application of grief and loss theory and to your chosen “client” (including but not limited to lifespan, tasks, resiliency) (40%)
  - Statement of purpose/problem/thesis clearly identified
  - Rationale and relevance of the topic
  - Definition of theoretical framework and key concepts used in the paper
  - Presentation of the paper’s finding and conclusions

3) Role of the social worker and application of practice in addressing grief and loss issues with your "client" (30%)

4) Critical Reflection (15%)

Although case studies are clinical in nature, this paper should also illustrate the student's analytical ability in respect to research and theory.

5) Bibliography (5%)

#### **General Reminders:**

##### ***Personal Experience of Grief and Loss***

Please note that the kind of personal reflection that is encouraged in this class can trigger feelings in students who are struggling with grief and loss issues in their own lives. Please be aware of this fact when completing assignments, while completing the readings and when participating to the class. Because of this I would encourage you to reflect on childhood memories (nothing recent), or to write the assignment from a third party perspective/position (friend, family, client, etc.) Should this assignment trigger feelings that you need assistance with, I would encourage you to call the Mental Health Crisis Line or seek out assistance through the Health and Counselling Services on Campus.

*Mental Health Crisis Line: Ottawa 613-722-6914 (Outside Ottawa 1-866-996-099)*

*Health and Counseling Services: 613-520-6674*

<http://www2.carleton.ca/health/counselling-services/available-support/>

##### **Grading**

Standing in a course is determined by the course instructor subject to the approval of the Faculty Dean. This means that grades submitted by the instructor may be subject to revision. No grades are final until they have been approved by the Dean.

If you are concerned about a mark for the first assignment paper please contact me by providing a written statement by email indicating why you believe the grade should be changed. We will then schedule a face to face meeting.

For grade appeals of your final grade, please see [www.carleton.ca/registrar](http://www.carleton.ca/registrar).

##### **Structure of Class**

The class will begin at 6:00pm sharp and end at 9:00pm every Thursday evening this term. Typically the class will include a lecture and opportunity for discussion. A 15 minute break will be provided each evening. Guest lectures will be invited to talk to the class throughout the semester.

##### **Email**

I will make every effort to respond to emails sent Monday to Friday between regular work hours within 24 hours. For emails sent on the weekend, I cannot guarantee the 24 hour turnaround.

For questions and assistance with assignments, I would encourage you to email me and set up a time to meet during office hours prior to class.

**Students Requiring Accommodations (University Policy)**

You may need special arrangements to meet your academic obligations during the term. For an accommodation request the processes are as follows:

Pregnancy obligation: write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. For more details visit the Equity Services website: <http://www2.carleton.ca/equity/>

Religious obligation: write to me with any requests for academic accommodation during the first two weeks of class, or as soon as possible after the need for accommodation is known to exist. For more details visit the Equity Services website: <http://www2.carleton.ca/equity/>

Academic Accommodations for Students with Disabilities: The Paul Menton Centre for Students with Disabilities (PMC) provides services to students with Learning Disabilities (LD), psychiatric/mental health disabilities, Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), chronic medical conditions, and impairments in mobility, hearing, and vision. If you have a disability requiring academic accommodations in this course, please contact PMC at 613-520-6608 or [pmc@carleton.ca](mailto:pmc@carleton.ca) for a formal evaluation. If you are already registered with the PMC, contact your PMC coordinator to send me your

Letter of Accommodation at the beginning of the term, and no later than two weeks before the first in-class scheduled test or exam requiring accommodation (if applicable). After requesting accommodation from PMC, meet with me to ensure accommodation arrangements are made. Please consult the PMC website for the deadline to request accommodations for the formally-scheduled exam (if applicable) at <http://www2.carleton.ca/pmc/new-and-current-students/dates-and-deadlines/>

You can visit the Equity Services website to view the policies and to obtain more detailed information on academic accommodation at <http://www2.carleton.ca/equity/>

**Student Conduct**

Students at Carleton University have a clear set of rights and responsibilities. Students in the school of social work are expected to behave in accordance with this document.

In addition, social work is a profession, meaning that social workers are educated to exercise judgment in the face of complex and competing interests and claims (CASW, 2005). The educational programs of the School of Social Work at Carleton University have been developed to prepare students to become members of the social work profession. As such, students must conduct themselves in a professional manner both in class and in the community. This means that students must be familiar with and adhere to the CASW Code of Ethics. They must also treat everyone in the school including staff, professors, field supervisors, and each other professionally.

The rights and responsibilities document and the code of ethics outline, among other things, the foundation upon which we have developed processes to deal with conflict. If conflicts arise, it is expected that people will address their concerns or complaints directly with the people involved in a constructive and respectful

manner. If the conflict cannot be resolved at this level, only then would it be appropriate to involve the undergraduate supervisor who will either deal with the situation or refer it on to the most appropriate person in the university. At no time would it be acceptable to post details of the concerns on-line or on a social media website.

#### **Deadlines**

Papers are expected **at the beginning** of the class on the day that they are due. If they are handed in later that day, they will already be considered late. Please note that all papers must be handed in as a hard copy. Papers will not be accepted by email.

In exceptional circumstances such as illness or family emergency, it may be difficult to meet the deadline. In such cases, you must contact me before the paper is due. Extensions to the due date will only occur with appropriate documentation.

Work submitted after the final date, without prior discussion and approval of the instructor, will be deducted 5% for each day the paper is overdue (including weekends).

Papers handed in after the due date, are to be given to the people who work in the main social work office, where they will be date-stamped.

#### **A note about plagiarism**

Plagiarism is a serious offense with serious consequences. It occurs when: (1) you directly copy another's work without acknowledging it; (2) you closely paraphrase the equivalent of a short paragraph or more without acknowledging it; (3) you borrow without acknowledgment, any ideas in clear and recognizable form in such a way as to present them as your own thoughts, where if they were your ideas they would contribute to the merit of your work; (4) when you use direct quotations without quotation marks (or indenting and single-spacing) and references. The Senate of the University has enacted the regulations for instructional offences. Please see the following website for detail:

<http://calendar.carleton.ca/undergrad/regulations/academicregulationsoftheuniversity/acadregsuniv14/>

#### **Schedule of Weekly Sessions**

<b>Week</b>	<b>Date</b>	<b>Topic</b>	<b>Required Readings: Hooyman &amp; Kramer</b>	<b>Required Readings: Worden</b>
Week 1	September 5	<b>Introduction – Link to Structural Theory</b>		
Week 2	September 12	<b>Theoretical Perspectives On Grief</b>	Chapter 1 and 2	Chapter 1
Week 3	September 19	<b>Understanding the Mourning Process: Tasks of Grieving and Resiliency Model</b>	Chapter 3	Chapter 2 & 3

Week 4	September 26	<b>Facilitating Grief &amp; Complicated Grieving</b>		Chapter 4, 5 & 6
Week 5	October 3 <b>DUE: Assignment 1</b>	<b>Grief and Loss in Childhood</b>	Chapter 4 & 5	
Week 6	October 10	<b>Grief and Loss in Adolescence</b>	Chapter 5 & 6	
Week 7	October 17	<b>Grief and the Family System</b>		Chapter 8
Week 8	October 24	<b>Grief and Loss During Young Adulthood</b>	Chapter 8 & 9	
Week 9	October 31	<b>READING WEEK – NO CLASS</b>		
Week 10	November 7 <b>DUE: Assignment 2</b>	<b>Grief and Loss During Mid-Life</b>	Chapter 10 & 11	
Week 11	November 14	<b>Grief and Loss Issues for Seniors</b>	Chapter 12 & 13	
Week 12	November 21	<b>Special topic TBA</b>		
Week 13	November 28	<b>The Counselors own Grief and Self Care (incl. Compassion Fatigue)</b>	Chapter 14	Chapter 9
Week 14	December 5 <b>DUE: FINAL PAPER</b>	<b>Course Wrap-Up</b>		

(Carleton University, n.d.)