

'Yes!—A Chance to Tell My Side of the Story': A Case Study of a Male Partner of a Woman Undergoing Termination of Pregnancy for Foetal Abnormality

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Abstract

Interpretative phenomenological analysis (IPA) was used to analyse data from one man whose partner underwent a third-trimester termination of pregnancy for foetal abnormality. This case study examines the data from the participant and aspects of grief are examined qualitatively from a male perspective. The importance of the male role, management of his own particular needs and coping mechanisms are discussed in the context of society's expectations and current thinking on grief counselling. The impact of a new technique in obstetric management is highlighted in this case.

Keywords

foeticide, interpretative phenomenological analysis, male grief, prenatal diagnosis

Introduction

THERE HAS BEEN MUCH WRITTEN over the last two decades about the effects that losing a child has on women as interest in researching the nature and variability of bereavement has attracted serious study (Mander, 1994; Peppers & Knapp, 1982). The particular significance attached to the loss of a pregnancy before the child can be known by the family has been further studied by giving closer attention to the starting point of the bonding process and the intrinsic meaning the pregnancy has in itself (Irving, 1992; Raphael-Leff, 1991). Considerable work has now been undertaken on the effects of loss in the perinatal period by stillbirth and miscarriage (Cordle & Prettyman, 1994; Kohner & Henley, 1991).

As technological advances have been made in the prenatal diagnosis of foetal abnormality and the legislation within the UK has been changed to reflect this, the number of terminations for foetal abnormality has sharply risen. Attention has consequently been turned to the effects of parental decision to terminate pregnancies that are very much wanted, but where significant abnormality has been detected. Studies and research into this area have coincided with the development of support groups leading to a transformation of hospital practices. Many obstetric units now have teams offering bereavement help and protocols and checklists are employed (Lasker & Toedter, 1994).

There is wide acknowledgement now that the loss of a pregnancy, particularly after the first trimester, must be regarded as potentially as traumatic as the loss of a significant adult and that the usual stages of bereavement have to be gone through for a satisfactory outcome (Seller, Ross, Barby, & Cowmeadow, 1993).

In one of the earliest studies by Beck Black (1989) 121 women were interviewed at one and six months following termination of pregnancy. Results showed that there was variability in the responses to the pregnancy loss but that the women's mood levels improved significantly over time. However Beck Black also found that, for a minority, distress persists and the greatest mood disturbances were seen in the women who lost pregnancies at greater gestation. It was also reported that there is declining support from partners and others over time.

The wide range of reaction seen in women undergoing this experience has been found in the many other studies that have followed. This includes depression, ambivalence, doubt, disappointment, regret, a sense of loss (Blumberg, Golbus, Mitchell, & Hanson, 1975), guilt (Blumberg et al., 1975; Iles & Gath, 1993), sleeping and eating disorders and intrusive thoughts (Hunfield, Wladimiroff, Passchier, Uniken Venema-van Uden, Frets, & Verhage, 1993).

Within the literature now available on the psychological sequelae to women, there is still very little attention given to their male partners. Some studies have specifically made reference to this paucity and our lack of understanding from the man's perspective. Previously men have been interviewed as part of the couple but frequently have not made themselves as available as study participants as the women. Indeed some research accounts report the men walking out of the interview midway (White-van Mourik, Connor, & Ferguson-Smith, 1990).

While other researchers have acknowledged that most studies have relied on women's reports and neglected the experiences of men and of couples (Lang et al., 1996) some have specifically called for more research from a male perspective:

The biggest limitation of this study and existing literature is the lack of information from the men who lose pregnancies. Little has been heard directly from them, and they undoubtedly have their own stories to tell. In particular, the persistence of sex role stereotypes about men remaining strong, silent, and protective of women at a time of crisis suggests a special need for caution in drawing any conclusions about the men's true feelings or preferred coping styles. In addition, we need to hear men's own views about how they perceive their partners' emotional needs after pregnancy losses. (Beck Black, 1991, p. 33)

Despite a call for this work to be done in this area, a review of the current literature would suggest that large-scale research has yet to be undertaken.

My own clinical experience in supporting couples following termination of pregnancy for foetal anomaly has shown that men and women can react very differently. Women frequently describe a typical pattern illustrating these

differences. They describe their own extreme distress at the time of delivery but are aware they are numb to the full enormity of the loss. It would not be for several weeks or months that the full impact of their loss would be felt.

They report that their male partners would be very supportive during the decision to terminate the pregnancy and often during the process itself. Often the man would cry, or actually howl, at the time of the delivery or at the funeral, and then would show no further display of emotion again.

These differences in reaction mean that when the man is recovering and trying to look to the future the woman is still increasingly accessing the emotional depths of her grief. In addition, friends and relatives begin to withdraw their attention and support as it is expected that the incident is receding for the woman also. They have often reported to me the embarrassment that is felt by visitors when events of the termination are still discussed and photographs of the foetus are still evident. Men avoid yet more discussion about what to them should be now over and done with and the woman quickly learns that the subject is no longer acceptable.

As a result of this, women report desperate loneliness, the necessity to hold in their immense feelings, disturbing dreams and the acute pain that their husbands had apparently forgotten about the baby so quickly. Some women know, at some level, that the man had not forgotten but that they were just not needing, capable or prepared to talk about their feelings. More importantly, the men did not demonstrate in some way that they were also in pain about the loss. A common epithet expressed by women at this time when they are reflecting on the emotional nature of their partner's experience is 'Why can't they grieve like us?'

This scenario was described so often in my own clinical work that the need for a greater insight into the men's experiences became apparent. By virtue of being the same gender as the clients, there may be a strong ability to empathize with the women from one's own feminine experience of grieving but collusion here may be a danger. This could be from the perspective of feeling too greatly in tune with the woman's viewpoint; that their partners should change and grieve in the way that they find helpful themselves. This is particularly so in

an area where little is understood, as in male grief, where it could lead to an obscuring of the overall picture.

This case study is one of a series of six interviews that were conducted as part of a research project. The study was an attempt to gain insight into the experience of termination of pregnancy specifically from the perspective of the male partner. Interpretative phenomenological analysis (IPA) was used as a suitable methodology for studying a largely unknown area.

Method

Ethical permission was obtained from the appropriate Health Trust Research and Development Committee. Participants were approached following perusal of hospital notes from two large tertiary referral centres in the North of England. Cases were selected where mid- or third-trimester termination of pregnancy had been performed for foetal abnormality at least 14 months before the contact was made. The research interview took place at the participant's home.

In order to make as few assumptions as possible, interviews were completely unstructured and a very detailed verbatim transcription of the tapes was made. No detailed literature review was performed until after the analysis of all the participants was complete. One research question was asked of all participants 'What was the experience of the termination like?' to allow any material to emerge that may be significant to the man.

The tapes were transcribed and annotated according to the principles of IPA suggested by Smith (Smith, Jarman, & Osborn, 1999) from which groups of like data could be clustered together. They could be then further grouped and identified as themes, the threads of which could be seen to run through the text. An identical process was undertaken for the other participants which allowed organization into superordinate themes. This article will examine some of the material that emerges from this particular case. An experienced researcher in interpretative phenomenological analysis performed a mini audit of the material and agreed with the coding and themes that emerged (Smith, 1996).

Derek and Anne (all names have been

changed) had undergone termination of pregnancy at 34 weeks gestation, 19 months prior to the interview. This pregnancy was a multiple pregnancy with one set of female twins in the same gestational sac and another male foetus in its own sac. One of the twins suffered an early natural demise at approximately eight weeks gestation. Antenatal ultrasound scanning at 22 weeks gestation showed the surviving female twin to have grossly enlarged lateral ventricles of the brain and pronounced hydrocephaly, the prognosis for mental function being very poor. Scanning of the male foetus revealed no abnormality.

After considerable and painful deliberation the couple elected to have the affected twin terminated but to delay this until 34 weeks gestation to give a better chance of survival to the healthy twin. At this late gestation, to ensure the foetus is dead, an injection of potassium is given directly into the cardiac muscle, a procedure referred to as foeticide.

Results

The impact of the event

This was the most starkly recorded aspect of Derek's account and at some points very difficult for him to talk about. He expressed the fact that the procedure had been carefully explained to him and although he obviously had an adequate cognitive understanding of what would take place, it did not prepare him for the enormity of the experience. Once in the room where the foeticide was to be performed he felt bound to watch the whole procedure: 'When I saw the screen, I thought, I was sort of mesmerized. I couldn't take my eyes off it'.

Watching the foeticide itself produced a profound and enduring image that frequently returns to him and is a thread that keeps returning throughout the interview:

The one outstanding image, sort of thing, is when we were in the delivery room and Anne were laid on the trolley, and I was sat beside her, and I could see on this screen the heart-beat of the girl. And. We knew what were going to happen all along. Mr eh, Mr Williams had explained everything to us and I could see him, this needle going in and, you know, it were like an explosion on screen and then I

knew that were it then. And she were dead sort of thing. That's the one thing that I, you know, that I think of.

The witnessing of the death in this graphic, violent way had the effect of forcing him to acknowledge the reality of the action being undertaken and his part in the decision to end his own child's life:

Until the end I just remember shaking my head and thinking that's that.

It does cross my mind, the thing that brought it home to me were that it were *my* daughter and she went like that, sort of, we took her life, sort of thing. That's what really brought it home to me.

Own experience

Derek reflected on his own unique experience of the termination and when he expressed his feelings about the events this was usually described as a feeling of being low: 'No I don't think I've ever cried but just, you know, just feeling very low'. Derek gave a very convincing account of his needs coming to the fore quite violently. He experienced a serious feeling of exclusion at some of the appointments and this manifested itself by an outburst in the clinic: 'Well, just why am I here? Why am I bothering, why am I here, sort of thing.'

When asked to explain what was going on internally at that point he replied:

I can't really, just just being frustrated that nobody seemed to take, you know, pay much attention to me, sort of thing (laughs).

Yea, it were all Anne, and I were in the background sort of thing.

This seemingly 'infantile' expression of need brought about an immediate sense of regret that was then dealt with by minimizing how he had been made to feel:

I mean I regretted it immediately.

Well no I don't think so, really no, apart from both parties, both partners being spoke to equally sort of thing, maybe that's a bit trivial, it's not really major I suppose.

Because these people have got a job to do and see hundreds of couples everyday I suppose,

and who am I to tell them, say, you know, don't, tell me as well, sort of thing, no I don't think so.

Very closely related to his knowledge of his expressed and unexpressed needs is how he felt he dealt with them and reference to specific coping mechanisms that were employed to manage them effectively:

Well I don't know, you've just got to sort of get on with it haven't you? You've got one, there's one baby to look after. I mean, personally I thought, just get on with it don't dwell on it too much.

Consciously focusing on the problem at hand was a way of coping with his own distress while managing to get through the experience.

The meaning of the pregnancy

Material emerged that illustrated how he viewed the pregnancy and what it meant for him and his wife to lose the pregnancies. The two foetuses that were lost, both the early foetal death and the baby terminated at 34 weeks, were given significance throughout. This gives us a clue about how even very early foetal loss can be felt at a profound level by the father despite the popular belief that little bonding could have taken place. When speaking about the first foetus to die he says: 'Yea, that was just as upsetting. The one where there were no heart-beat. She got another radiographer to confirm it. The heart-beat was, it felt like, my heart just dropped, you know.'

Material also showed the way in which a poignant status can be bestowed upon a child that will never live but that is still firmly included as a valued member of the family:

There were two girls that were in the same sac, you know, sharing the same placenta sort of thing and she got two twin girls, and the girl that was with us right to the end, she were, she would have been severely disabled.

Oh yea, the image of the complete family if you like, sort of thing. I mean I think Anne always wanted a girl all along, you know, obviously not disappointed at all that Simon is here, you know, but I always think she wanted a girl.

Derek referred to the daughter he never experienced alive with a respect and tenderness that

indicated that she would be remembered as part of the family.

Different roles

Derek gave many references to the qualitative difference between the experience for men and women particularly with regard to the importance of the woman physically carrying the pregnancy. Frequently he made much less of his own disappointment and discomfort by making this comparison. Throughout the interview he often referred to himself as a 'bit part player':

Give birth to children, I'm a bit part player, I'm just there for her sort of thing.

Yea, yea. I mean before, I just, I'm really a bit part player of it all from start to finish, I think, when I think about it. Um, you know, I've sort of done my bit, as it were, you know, that's it for me I can just sit back and wait until 9 months down the line. I can just, you know, that's it I'm done.

The differences between the enormity of the experiences for men and women being due to the physical differences between the genders were often offered as an explanation for difficulties in the months following the pregnancy ending. Derek mentioned he was the butt of bad temper long after the event:

No, I don't think I mind? No, mind, no I just think back to, what went on and I think it's all related and, you know, it's. I don't know, it's just like, you know, the experiences for both of us were different they must be different, she were the one giving birth and carrying the babies round with her. It must be different.

A major theme running through Derek's account is that of the importance of his own role throughout the whole event. When reflecting on what advice he would offer someone facing the same situation as he has experienced he says: 'Just to be supportive to your partner'. This seemed to be the one aspect that offered some relief to his own suffering; he had been able to tolerate being present throughout the whole process in order to support his wife.

Derek clearly maintained a role whereby he controlled the environment in order to reduce the emotional tension for his wife and protect her from more pain and to prevent more

powerful emotions from emerging. An example of this is in relation to the photograph of the baby:

Oh yea, I would actually, just from time to time, and just get them out and have a look but she finds it too upsetting, and well, I find it quite upsetting as well. She's put them away. I don't even know where they are to be honest, they are just put in a drawer or a cupboard upstairs somewhere. You know I don't ask her, I don't.

Another example comes from how he handled his son's first birthday that was, of course, the anniversary of the female twin's death: 'We never spoke about it really, I don't think. I don't think we did, you know, she must have thought, you know, "Oh! it would have been her first birthday as well".' He gave the impression that he had to use a great deal of energy to hold his own feelings in and prevent external factors from having an impact on the emotional temperature at any one time, rather like treading on eggshells.

Derek had a need to have his role clearly defined and, once he had expressed this need and knew what role he was playing, he found he could tolerate very difficult situations much more easily. At one of the consultations when he was being ignored, he had had an outburst of temper and asked why he was there. This had been at the stage when all the options were being considered as the situation was unfolding and before a clear decision had been made. Once it was clear what was to be done and the process was underway, while medical attention was being given to Anne, he was content as he knew what his role was. This was even to the point of waiting for a long time in a hospital corridor while an epidural was taking time to insert:

Derek: Yea, it were a long time, two and a half hours.

I: There wouldn't have been any 'why am I here?' You knew why you were here really and that helped?

Derek: Oh yea, I'm quite happy with that, yea.

Longer term effects

It was quite clear that the experience of losing a pregnancy by this means has had a lasting effect

on Derek and there was considerable evidence showing that the experience is still present in various forms.

Sometimes the actual events of the procedure are replayed in his mind. It is unpleasant and unpredictable as to when it will occur:

I: But it wasn't 'that was it' because it's still, it's still?

Derek: Yea, yea. Quite vivid as well (pause) you see it's all coming back to me now as we're sat thinking, you've got the explosion sort of thing (pause) and the first one as well, anyway.

The presence of the tangible keepsakes of the pregnancy, the photographs, wrist band and footprints is an issue that continued to operate quite strongly even at 19 months after the pregnancy. This was both in terms of how Derek felt about them and also the part they played in the relationship between him and his wife. Derek's own reference to them suggests they are important and that he will have a need to look at them in future but a kind of bartered expression of rights is played out between the two of them:

Not really, no. We've got sort of photographs and hand-prints and they are away in a cupboard. They don't come out.

Oh, I've seen them, yea. But, as I say, I don't know where they are now (laughs). They are in a place but I don't know where they are. I'll find them and I'll have a look.

Derek feels that the experience has altered him and he considers it to be both good and bad. Some changes are static and immutable and some were continuing to evolve. Derek grappled for a long time to summarize precisely how he viewed the overall experience:

Derek: Um no, no not cross, just one of those things, one of these quirks and little, and little sort of quirks, little, I can't think of the word to use little, little um.

I: Irritation?

Derek: No, not irritation. Just uh, one of the things life throws up in front of you, Um, one of the, um, not quirk is it, no.

I: Hurdle?

Derek: Um, one of the um um, one of the um,

what are they, just life's, you know, rich tapes-try, sort of thing.

I: Right, for good and ill?

Derek: Yea, yes. This is what happens, this how you've got to deal with it and move on. Yes.

His regrets were expressed in a very deep and heartfelt way:

The only regret I have is actually looking at that screen.

Yea, we didn't go, we didn't go, but there were a funeral conducted and we've said since maybe we wish we had of gone. But I remember around that time it would have been very difficult.

No, it's just, it's just this sense of regret and what it would have been if everything had been OK.

Regret had to make that decision, taking, not giving her a chance to breathe, sort of thing.

Throughout the length of the interview it was these expressions of regret, of the harrowing and forever present experience of witnessing the death of his daughter and his decision to end her life in this way that was the most difficult area for him to talk about. At times there was a palpable feeling that this experience had been too big and traumatic for anyone to have handled alone, without specific help; yet at no time were there any recriminations over the hospital system or their handling of the aftermath. Despite his acceptance of what has happened to him the experience is not yet fully resolved: 'Well, it's just always there, you know, just constantly there'.

Discussion

There is very little literature available that has looked at reproductive loss specifically from a male perspective. One exception is the work done by Murphy (1998) where a very similar study was done looking at early miscarriage. She interviewed five men using a phenomenological approach and one aspect that emerged was the significance that the visual impact of seeing the blood associated with the demise of the pregnancy had on the man. A study looking at men's

experience of reproductive loss where they played a part in the decision to terminate the pregnancy, as in this study, could be expected to produce different insights. A phenomenological approach would therefore appear to be a useful tool in this area where very little is understood.

From this case study, material emerges that can help to build up a better picture of what may be happening inside the male's internal world at a time when most of the concern and attention is focused on the female partner. Perhaps there are a few lessons that can be learnt from Derek's willingness to tell his story; indeed at the beginning of the interview he expressed the fact that when he read my initial letter he called out loud 'Yes, a chance to tell my side of the story'.

Witnessing the death

First, the impact of watching the actual termination on screen had the most profound and lasting effect of all. Very little research has been done on the effects of this method of termination of pregnancy at such a late gestation. The research that has been done has tended to look at selective termination of multiple pregnancies often as a result of infertility treatment and often performed at a much earlier gestation. Results so far have suggested that it is a very distressing experience for the women to go through but no long-term damage has been found. The procedure is perceived as a painful but necessary event to ensure the production of healthy offspring (Bergh, Moller, Nilsson, & Wikland, 1999; Garel, Stark, Blondel, Lefebvre, Vauthier-Brouzes, & Zorn, 1997). In fact, some research has shown that the women who selectively reduced a triplet pregnancy to two fared better than those who continued and had three live births as a result (Garel et al., 1997). This finding should be considered cautiously, however, because of the high drop-out rates among participants (Garel et al., 1997).

The male will often elect to be present through the whole procedure of foeticide in order to fulfil his vital social function and hence fulfil a profound need within himself. The setting in which the procedure is performed, however, needs very careful consideration. 'The only regret I have is looking at that screen', is a powerful and deeply concerning reflection of Derek's experience. In his case there was no discussion about the possibility of arranging the

room in a way that meant he could be with his wife and yet not have to face the screen. Once in front of the screen Derek described the experience as 'mesmerizing' and he was left to absorb and process the full traumatic event unsupported. This omission is possibly understandable from two counts. First, clinical experience would suggest that this procedure, although increasingly being performed, still creates a great deal of difficulty in medical personnel and other staff involved. Personal communication from one obstetrician has reported that he has great difficulty in performing this unpalatable aspect of his work. During discussion on the subject he explained that he has an association between the task he has to undertake and the experience of Ben (Obi Wan) Kenobi in the popular film *Star Wars* (1977). Ben Kenobi says 'I felt a great disturbance in the force as though a million voices suddenly cried out in terror and were suddenly silenced. I feel that something terrible has happened' as he becomes aware of the destruction of the planet Alderaan by Grand Moff Tarkin. This has become a recurring image that occurs when the obstetrician injects the needle into the foetal heart with resulting feelings of playing God and also doing great evil. Provocation of such vibrant images and personal existential consciousness in the operator is likely to result in the specific, unexpressed needs of the father being overlooked.

Second, attention is understandably usually directed towards the needs of the women at this time, echoing the male view that because she is so physically engaged with the procedure then her needs are necessarily more urgent. In fact some women report that they do not recall very much about the actual event at all which may be due to the effective use of disassociation techniques that have been reported by clinical staff both where foeticide is being performed and during other invasive procedures, for example Chorionic Villus Biopsy.

Derek recalls the room being dark which magnified the image of the baby on the screen. This produces a heightened, dominating image that may well become compelling to observe. In this particular situation, perhaps, the men, by observing the foeticide so graphically, are at significant risk of suffering profound psychological injury. Characteristically they will not

find it easy to ask for the help they need or find the opportunity to tell their story.

Affective expression of grief

Perhaps the cognitive approach and the use of suppression that men typically employ to cope with their own subjective grief is vital to the integrity of their sense of self. Insight among staff is essential in order to prevent their own feelings about what is appropriate behaviour intruding on the needs and feelings of the fathers. Allowing a male to be inexpressive and appear undisturbed may be more difficult for hospital staff, particularly female staff, who may intuitively feel more comfortable with tangible expressions of grief. Conversely, self-knowledge, for example, that seeing men cry may be difficult should also be anticipated in order to prevent using strategies that would curtail this in a man who is naturally affective and has a need to be supported during frank expression of grief.

Recently, more writers (Doka, cited in Thompson, 1997; Thompson, 1997) have turned their attention to grief reactions in men and the differences in the expression of grief between the genders. Kenneth Doka (cited in Thompson, 1997) has introduced the concept of disenfranchised grief. This describes the type of grief that may not be socially sanctioned and therefore cannot be openly acknowledged or publicly mourned, for example the death of a gay partner or extra marital lover. The resulting lack of social support can complicate the grieving process and can become more intensified because of the expectation of stoicism in the male gender, in addition to the social expectations that men should not grieve openly. Derek may have had to cope with multiple versions of disenfranchisement as, in addition, there may be an expectation that the first triplet lost early on would not be felt by him. Men report in the literature (Murphy, 1998; Whitevan Mourik, Connor, & Ferguson-Smith, 1992) that nobody asked them how they felt or how they were coping. This gives a strong reinforcing message to the male of the prevailing societal view. There could be further evidence to support the disenfranchisement concept in the way that he was ignored in the information and decision-making sessions in the clinic whereby all reproductive business was primarily given a female

focus. The nature of loss of a child at 34 weeks gestation by knowingly agreeing to end the child's life does inevitably disenfranchise both the parents from certain sections of society as they struggle to know how much of what they are suffering to tell and to whom.

Martin and Doka (2000) have gone on to re-appraise what we consider to be normal grieving and have recently challenged the current prescribed view that grieving means expressing emotion and consciously seeking support from others. They describe two patterns of grieving, an intuitive pattern and an instrumental pattern. The intuitive pattern is essentially affective with a great amount of emotional expression and the desire for social support and is usually associated with a female. The instrumental grief pattern is one that is expressed physically or in a cognitive form and tends to be seen as a masculine form of grief. The bereaved male is frequently seen as impaired by an apparent inability both to express feelings and to seek social support. Derek would more easily fit within a masculine pattern where feelings are moderated and grief is often processed cognitively, behaviourally and in a solitary fashion.

Despite this useful recent work, insight clearly still needs to be increased in this area, particularly among staff who handle these increasingly difficult situations. Some research has been undertaken looking at gender differences in responses at the time of parental loss of a child. Barbarin and Chesler (1986) found that the masculine preference of active coping styles were associated with potentially problematic parent/staff interactions in a hospital setting. This led to them being offered less appropriate support from hospital staff. However, an alternative explanation was given in that it may be that hospital staff perceive the child's mother to be in greater need of support and consequently they direct available resources towards her rather than her partner.

Fulfilling the supportive role

Derek demonstrates he is a man who wishes to fulfil his role as a supportive husband and is sensitive to the needs of his wife and son recovering from such an ordeal. There is a preference to suppress his own feelings in order to fulfil the role that he sees is his duty. This in itself can be considered to be a need and perhaps

it should not be underestimated in terms of value for his own recovery in allowing his self-image and identity to remain intact. Pregnancy loss for women can be experienced as a gross narcissistic injury (Irving, 1992), whereby a considerable portion of the mother's self-esteem is represented in the idealized child she is carrying. Loss of the pregnancy means it cannot continue to support maternal self-esteem, resulting in a sense of inadequacy, failure and worthlessness. It may be that the resulting loss of self-esteem for the male in not being able to behave in the preferred manner would have a similar blow to vital feelings of self-worth. This may be what was behind Derek's humiliation and distress at recalling the outburst that he 'immediately regretted afterwards'. The feelings of exclusion he felt by being left out of the conversation about the future of his daughter were powerful enough to get through his normal defences. The use of control and rationalization to defend against his deeper needs were shaken badly enough to allow their expression for a short time. This compromised his view of himself as being the constantly strong partner always deferring to his wife's needs and protecting her above everything else. This event does suggest that hospital personnel should be aware of the need to include the male as an equal partner in the couple but at the same time understand the male's need to protect his identity as supporter.

Conclusion

The recent work of Doka has challenged the sustained current view on understanding the grieving process which emphasizes that only by experiencing strong affect such as distress or depression and 'working through' such feelings can a bereaved person ever expect to reach a sense of resolution about the loss (Worden, 1991). Doka would argue that there is little research to support this hypothesis.

Rando (1993) would support Doka and say that we cannot ignore the uniqueness of the grief experience: 'Many caregivers strive to have male mourners respond to loss as do their female counterparts. This is unwise, to say nothing of an almost fruitless, goal' (Rando, 1993, p. 352). This case study, in some small way, could illustrate some of the challenges to the grief work hypothesis. In some respects Derek

represents a typical form of male grief common in our society. He spoke of some deeply painful areas about a harrowing experience and how they operate in a difficult and sad way in his daily life. Some parts of the interview were hard to talk about but there was no overtly affective element to his narrative. The account he gave made it clear that his grief had hardly been expressed at all in this way at any time. Whereas there may be an instinctive desire to challenge the palpable suppression of emotional response to his loss, Doka would suggest what is required is a rethinking of the paradigms of grief. It is not appropriate to expect a man to remain stoical in the face of such a poignant loss but neither is it appropriate to assume the overriding need for psychological health at any one time is emotional expression. The aim of facilitating such a catharsis may be counter to the need for the male to execute his prime supportive role in order to maintain his vital sense of self-worth. Yet there had been no place or opportunity for Derek to process the immense effects that this experience had placed on him in terms of definition of his own self and gender.

This remaining conundrum seems to illustrate exactly the difficulty facing counsellors working in this area. To tell his story seems to have been the motivation for Derek agreeing to take part in the study. Without the opportunity to participate no other provision would have been offered to him routinely. His very nature would prevent him seeking out the opportunity for himself or even perhaps acknowledging to himself that it may be a need within him. Traditional overtures of help would not have got beyond the very typical response of the male who has lost a child. There seems to be a significant need for greater understanding and more sophisticated intervention techniques if we are to succeed in helping both the male and female members of the couple following such traumatic interventionist techniques.

This case study is the first in a series of six interviews that provides us with a glimpse of one man's experience that nevertheless can give a great amount of detail and insight into his experience. Each one of the remaining men in turn tell their stories giving their unique feelings but also revealing aspects they have in common. These findings beg several questions of how we can use our greater insight into the grieving

process of the male. First, we need to learn to diagnose the individual's preferred, healthy way of grieving. Second, we need to develop appropriate techniques to help facilitate the healthy grieving process in that particular individual. Finally, we need to gain insight into the early recognition of when a normal response becomes a cause of concern and where therapeutic intervention is required. The significance of these complexities is currently being explored in the analysis of the other men's accounts.

Appendix

Transcript notation

Material in brackets () is for the purpose of clarification added by the author. Three dots (. . .) indicates where non-relevant material has been omitted to aid coherence.

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