

Benefits of Ethnography of Communication for Mental Health Professionals: Bereaved Parents as a Speech Community

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The loss of a child is widely understood by those who study bereavement to be one of the most intense and painful kinds of loss (Cacciatore, Lecasse, & Lietz, 2014), which prompts many bereaved parents to seek help from mental health professionals. Janzen, Cadell, and Westhus (2004) interviewed bereaved parents regarding their experience with mental health treatment following the loss of their child and all agreed that “better-informed professionals will be more helpful to others whose children may die in the future” (p. 161). Despite the need for effective mental health provision following a child’s death, practitioners acknowledge the paucity of information available about optimal treatment methods (Endo, Yonemoto, & Yamada, 2015). Some have begun to recognize that bereaved parents can and should play a role in helping other bereaved parents and medical professionals (Snaman et al., 2017).

Hymes (1972) encouraged the study of speech communities that the shared “rules of conduct and interpretation of speech” (p. 54). Since Hymes introduced this notion, others have built upon this “axiom of particularity” whereby researchers could enhance understandings of distinct cultural codes (Philipsen, 1989). Carbaugh (2005, 2007) urged scholars to engage in intensive examinations of cultural discourse practices in order to unravel cultural premises and local meanings. Consistent throughout each extension of Hymes’ work is an interest in studying the practices of a speech community to promote better understanding and communication across speech communities.

Elisabeth Kübler-Ross (1969) is best known for introducing the five stages of grief (denial, anger, bargaining, depression, acceptance) which have since become popularized throughout American discourse. The argument presented herein is not intended to disparage Dr. Kübler-Ross’s work, but to highlight the ways in which her work has been misused. Kübler-Ross studied people who were dying, and the five stages of grief addressed the experiences people had regarding their own pending death. The context of her research has been forgotten in favor of general conclusions regarding five universal stages of grief. Kübler-Ross never argued that these stages were universal, yet people commonly treat them as such.

Bereaved parents have been discussed as a community defined by experience (Grinyer, 2012), as “communities of feeling” (Riches & Dawson, 1996), however the exploration into bereaved parents as a speech community sharing certain linguistic resources has been much more recent (Hastings & Milburn, forthcoming). I maintain that viewing bereaved parents as a speech community holds potential insights that could inform mental health professionals. In addition to recognizing bereaved parents as a speech community, it is also vital to recognize the diversity within that community. My current research project explores this diversity.

I have completed interviews with fifty-one bereaved parents who lost a child under stigmatizing circumstances. The stigmas are due to blame placed on the child for her or his own death (e.g., drug overdose, suicide), instances where the parent is blamed for the child’s death (e.g., drowning, accidentally leaving the child in a car), and instances involving social taboos (e.g., rape, necrophilia). The experiences of these parents differ from those of other bereaved parents because of real or perceived judgment and the receipt of less social support (Umphrey,

Sherblom & Pocknell, 2016). This paper/presentation explores ways that parents bereaved under stigmatizing circumstances struggle with communication in ways that the non-stigmatized members of their community do not. It is argued that this is valuable information for mental health care professionals to know in order to promote better treatment.

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