
When I first came to Georgetown University Medical Center to work as a genetic counselor in 1987, Judith Benkendorf introduced me to a concept that stayed with me, and has inspired so much of my own professional work—that is, John Nesbittt’s concept of “high tech/high touch” that he describes in the book Megatrends. Simply put, this means that in order for us to stay balanced emotionally, spiritually, and intellectually as human beings, we must balance our increasing reliance on technology with increasing care of our mind/body/spirit selves.

Hannah Lothrop’s book, Help, Comfort and Hope after Losing Your Baby in Pregnancy or the First Year delivers a much needed dose of “high touch” for bereaved parents, and gives their professional caregivers many specific suggestions for also weighing in on this side of the balance. Ms. Lothrop is a psychologist and has spent most of her professional life helping grieving parents heal from perinatal losses as well as training other health professionals to do the same. This book reflects her dual interests: Part 1 is addressed to bereaved parents and Part 2 to those caring for the bereaved. Woven throughout the book are illustrative quotes from parents who find themselves in many of the high-tech situations that genetic counselors are familiar with: prenatal diagnosis of affected fetuses, multiple fetuses, ultrasound diagnoses of fetal “abnormality,” premature infants that die, stillbirths. Yet through it all, Help, Comfort and Hope provides just that: meditations, queries for self-reflection and journaling, aromatherapy suggestions, breathwork for use during delivery, therapeutic touch from caregivers, and healing rituals that can help make the situation both deeply meaningful and thankfully humane. A lengthy suggested reading list at the end of the book is organized by topics, including those on men’s grief, grief of couples, “painful choices” as well as those on “healing through ritual,” “healing through creativity,” “healing through spirituality and meditation,” among others in this same vein.

Ironically, and very much to the author’s credit, this book provides not only more spiritually oriented caring strategies than others on this topic, but also provides a heftier dose of theoretical underpinnings. Part 1 gives parents a thorough understanding of their grief journey from time of diagnosis, through the hospitalization (labor, delivery), to the time of reorientation and renewal, based
Help, Comfort and Hope is eminently useful as a professional guide for genetic counselors who wish to know more about this subject and respond more fully. It will be an especially welcome and refreshing addition for genetic counselors who are oriented toward the feminine modes of healing or to mind/body/spirit approaches in general. Women or couples who have lost a child and who wish to experience the loss in a spiritually meaningful way will find much to help them on their healing journey.

Like many other texts that address both a lay and professional audience, the book suffers somewhat from its ambitious scope, in both omissions of relevant material and by the confusing of agendas. One of the unique aspects of Part 1 is the listing of queries for self-reflection at every stage of bereavement. Yet some of these lists seemed overly detailed and may be experienced as intrusive for parents in an acute phase of grief, when cognition may be impaired. On the other hand, they are very useful lists for counselors to use as questions to ask during sessions or as “homework.” In using these queries with clients, I have found it necessary to “dose” the number of questions we discuss or give as at-home reading, in order to avoid overwhelming the grieving parent with material. It may be that these lists are most useful for introverted persons or instrumental grievers.

Although parents who continue pregnancies with a lethal condition will find much of use to them, the section that specifically addresses their situation could be lengthened and made more specific, with the additional topic of developing a birth plan, for instance. Genetic counselors may also quibble with the dramatic way that Turner’s Syndrome is described in the section on prenatal diagnosis (although to be fair, this is the author’s emotional remembrance of what she was told), and there seems to be a slight bias toward terminating affected pregnancies. The book is therefore not recommended as the sole decision-making guide in these instances.

Part 2 contains relatively superficial treatments of therapeutic interventions and their theoretical or research basis. For instance, the section on Worden’s Tasks of Mourning could be strengthened by the addition of an assessment tool which operationalizes the five tasks in behavioral terms relevant to perinatal loss. Other additions to Part 2 that would strengthen this section are a discussion of Leon’s Meanings of Pregnancy Loss, and Martin and Doka’s work on grieving patterns.

Despite these relatively minor criticisms, Help, Comfort and Hope after Losing Your Baby in Pregnancy or the First Year resoundingly meets the objectives set