The aftermath of losing a child

Iris Dijkstra PhD
Psychologist
Department of Psychology, Utrecht University, The Netherlands

Losing a child through death is often described as one of life's most devastating experiences, but to what extent is this belief is backed by empirical evidence? Do bereaved parents indeed suffer more ill health and marital difficulties than their non-bereaved counterparts? This article addresses these questions by first reviewing the existing literature, and then presenting some data from Utrecht University's recent study of 172 bereaved couples where we looked specifically at differences in bereavement responses within a couple.

'Because of all the pain and sorrow, I have the feeling that my husband is avoiding me. He avoids problems, can't cope with emotions. He gets angry when I am crying, because he thinks I *have* to accept the situation. I suffer health problems, the consequence of stress. We find it very difficult, this should not be happening to us. I feel desperate and powerless. Every day is a struggle to survive.'

This quote from a mother who had lost her 21-year-old son six months previously clearly illustrates the difficulties parents may encounter after the death of their child. A bereaved parent is often faced with a partner who is also in need of support. Moreover, parents may respond differently to the death of their child, and coping strategies may be incompatible and cause mutual incomprehension. Even worse, misunderstandings may occur, such as interpreting a partner's behaviour as 'uncaring' and 'cold', when in fact this partner is making a great effort not to become completely overwhelmed by the loss.

On the other hand, having to deal with the same adverse circumstances may in fact strengthen the bond between parents. Couples may become closer, for example because both partners cope with the loss in similar ways and so feel mutually supported. In addition, having a better relationship may positively affect the health of the parents. However, it is also possible for both parents to adopt the same, unhelpful coping strategies. This can result in the partners feeling very supported by one another, but also getting stuck in their grief.

REVIEWING THE EVIDENCE

Effects on the relationship

Looking at what has already been published, it appears that surprisingly little methodologically-sound research has been conducted examining the impact of losing a child. For an overview and description of some of the more important studies, see Dijkstra and Stroebe[1]. With a few notable exceptions, most studies suffer serious shortcomings so that a thoughtful evaluation of the results is impeded. This means, for instance, that there is no conclusive evidence on divorce as a likely outcome of parental bereavement. So, despite the strength of the conviction that most of us hold – that the death of a child has a devastating impact on the relationships of parents – this idea has not yet been proven.

Data on other aspects of the relationship are not conclusive either. Again, many studies suffer methodological shortcomings and, in addition, have contradictory results. Thus, whereas some studies suggest greater intimacy and marital satisfaction after the death of a child, others suggest the opposite, or find no effects at all. Possibly two processes operate following the loss of a child: on the one hand, there is an enhancement effect on the relationship (eg increased support and protection), while on the other, there is enduring stress and mutual aggravation because of the circumstances of this type of bereavement. As one author puts it, there is 'the paradox of a new bond amidst estrangement[2]'. Whether closeness (positive), conflict (negative), or neutral indifference (possibly a masking of effects) is found may depend on precisely what variables are being examined.

These apparently contradictory findings are important. They indicate that, though the marital relationship is often said to suffer from a child's death, there may be other ways of looking at this. The results from our own study[3], which is outlined below, suggest that this may be the case. We found, surprisingly, that the parents who felt less mutually supported over time, still remained equally satisfied with their relationship. Possibly partners gradually feel less *need* to be backed by their spouse, for instance because they begin to realise that, in the end, they both have to come to terms with the loss in their own way.

Alternatively, as has been suggested above, it is possible that the decline in partner support experienced is counterbalanced by an improvement in other areas of the relationship, resulting in stable levels of marital satisfaction over time. For example, parents might experience greater closeness because of their increasing awareness that only their partner knows what it is to miss their child in daily life. If parents have the feeling that their relationship is somehow still 'in balance', notwithstanding the decline in

EDITOR'S NOTE

We are glad to be able to publish this distillation of an important study by Iris Dijkstra of the effect on marital relationships of the death of a child. It comes from the Department of Psychology at the University of Utrecht where Professor Stroebe and his team of researchers have published widely their rigorous research on the effects of bereavement on health*. Dijkstra's findings have implications for the most effective way to counsel couples who lose a child. Healthy couples whose grieving is perceived by each to be discordant with their own are best seen as a couple and encouraged to communicate. This approach, however, is less effective if there are psychological or physical health problems, or other difficulties with the marital relationship. *DB*

*Stroebe W, Stroebe M. Bereavement and Health. New York and Cambridge, UK: Cambridge University Press, 1989

partner support, they probably remain equally satisfied with their relationship.

Effects on health

Again, no clear-cut picture emerges from the literature on the consequences for health of losing a child. We wondered, for instance, whether the death of a child could be so devastating as to result in the loss of life of the parents themselves. Research has shown that those bereaved of a spouse are at greater risk of death: mortality rates for the widowed are higher in general than for their married counterparts. Do bereaved parents also suffer the risk of dying prematurely, compared with other couples?

Unfortunately, very few studies have been carried out to address this question. Likewise, the evidence on other less severe, but still debilitating, health consequences is limited. On close scrutiny of the large number of studies claiming to find mental and physical health effects, we found little sound empirical support for such conclusions. Although the effect of losing a child does seems, from experience, to extend beyond grief to long-term health consequences, in our opinion the effect has not yet been proven.

OUR RESEARCH

In our study, in which 172 couples participated, both partners completed individual questionnaires at six, 13 and 20 months after the death of their child. The children had died from various causes and varied in age from stillborn to 29 years. None had started a family life of their own. We considered the health of the parents, as well as their mutual relationship.

Discordance

Specifically, we wanted to know to what extent both health and marital satisfaction would be influenced by what is called 'discordance', that is, the differences between the bereavement responses of each partner after the death of a child[4]. For instance, one parent may be inclined to look for distraction and to put in extra hours at work, whereas the other may want to talk about his or her sorrow. Or if the death is the result of a traffic accident, for example, for one parent feelings of guilt at not having accompanied the child to school may predominate, while for the other it may mainly be anger towards the driver who hit the child. Since people generally react to adverse circumstances in a highly personal way, it is not surprising that the parents bereaved of a child may differ in their grief and in the way they try to grapple with it. This is what we mean by discordance.

In order to measure such discordance, we asked parents individually to what extent they themselves experienced within-couple differences in bereavement responses. For example, parents were asked whether they thought they and their spouse coped with the loss completely differently, largely differently, largely similarly, or completely similarly. In addition we obtained an indirect measure of discordance by making our own comparison of the partners' ways of coping with the loss. By asking each partner such questions as how much they dwelled on the loss and comparing the answers, we could measure discordance obliquely.

We found that the greater the discordance, the less positive parents were about their relationship. The discordance perceived by the parents themselves was the more important factor. Thus, the more strongly parents felt that their bereavement response differed from that of their spouse, the greater their dissatisfaction with their relationship. The more differences in bereavement responses they observed, the less the parents felt supported by each other; and the greater this lack of perceived partner support, the less positive the parents were about their relationship.

Interpreting the results

Apparently, having a partner who responds differently to loss makes parents feel lonely in their grieving process. Both may feel misunderstood, or even judged by their spouse for not responding similarly. Expectations may also play an important role here, as members of a couple may assume that, having suffered the same loss, they will respond to this loss in the same way as well. Norms about what constitutes 'good grief' might aggravate the situation, as parents may try to impose their own way of responding to the loss on to their partner, and may feel unsupported if their spouse does not answer this demand.

However, misunderstanding might account for the association between discordance and marital satisfaction as well, as parents may erroneously interpret their partner's behaviour because they do not know the underlying motives for it. For example the woman who never sees her husband crying thinks he is not as upset by the loss as she is. The man, however, often cries when he is alone, wanting to save his wife from his tears and not knowing his wife would in fact prefer him to show his emotions. In such a situation, both parents may be unhappy in their relationship. The mother may be unhappy because she feels lonely in her grief and silently reproaches her partner for supposedly not grieving as much as she does, and the father because he is forcing himself to be strong, thinking his wife will not be able to handle his grief on top of her own.

IMPLICATIONS FOR PRACTICE

Encouraging communication

It is clear that our findings have important implications for practice. Whenever discordance seems to burden the relationship between the parents, both members of the couple should be encouraged to share their thoughts and feelings. By stimulating the communication between parents, misunderstandings can be unravelled and give way to mutual comprehension. It may also be useful to address the norms and unrealistic expectations about grief that adults often implicitly hold. They may believe that certain ways of responding to the loss are best, whereas of course no universally 'good' ways of grieving exist[5]. Parents may need the information that the two partners in a couple do not necessarily display equal, or equally strong or long-lasting bereavement responses, and that one way of grappling with the loss is not *per se* better than another one.

Health issues

In cases where bereaved parents have psychological or somatic health problems, the value of looking at differences in bereavement responses seems to be limited. In our study, we found hardly any relationship between discordance and the symptoms experienced. Possibly positive and negative effects of discordance upon health counterbalance each other here, suggesting no relationship between discordance and health problems, while in fact opposing associations exist. For instance, where parents feel unsupported by their partner because of the discordance, their health may suffer. However, having a partner who responds differently to the loss may also prevent parents from getting stuck in unhelpful grieving patterns. We do not yet know why we did not find a convincing relationship between discordance and health but, for now, discordance does not seem to be a very helpful factor on which to base interventions to improve health.

CONCLUSION

All in all, given the state of knowledge thus far, what can we say about parents who lose a child? Since it is commonly claimed that child loss is one of life's most devastating tragedies, we might expect a large body of research investigating how bereaved parents cope over time. It is disappointing to find that sound research in this area is limited. Although there are some indica-

tions that bereaved parents do worse than their non-bereaved counterparts, as yet we have little objective information about the aftermath of losing a child. The consequences of having a partner who responds to the loss in a different way have also hardly been studied thus far. Inferring from our own study, however, the experience of such discordance seems to add to the burden of the loss by affecting the quality of the relationship between the parents. Consequently, in order to prevent parents from first losing their child and then their partner, differences within couples should be looked at closely in both future research and clinical practice. BC

References

1. Dijkstra IC, Stroebe MS. The impact of a child's death on parents: a myth (not yet) disproved? *Journal of Family Studies* 1998: **4**; 159-185.
2. Klass D. Marriage and divorce among bereaved parents in a self-help group. *Omega* 1987; **17**: 237-249.
3. Dijkstra IC. Parents Grieving for the Death of their Child. Enschede, The Netherlands: Febodruk, 2000.
4. Dijkstra IC. van den Bout J, Schut M, Stroebe M, Stroebe W. Coping with the death of a child: a longitudinal study of discordance in couples. *Gedrag en Gezondheid* 1999; **27**: 103-108.
5. van den Bout J. Rouwsluiers: Over Verliesverwerking. Utrecht, The Netherlands: De Tijdstroom, 1996.

COURSES IN 2003

Working with bereaved couples. Course of three workshops led by Lynne Cudmore. 17, 31 Jan, 14 Feb. London. Further details from The Tavistock Marital Studies Institute. ☎ 020 7447 3725; training@tmsi.org.uk

Cri-Tec multidisciplinary schools. One-day events, UK. **Coping with sudden death**. With Bob Wright. 19 Feb, Cambridge; 26 Feb, Bristol; 5 March, Chester; 12 March, Leeds; 2 April, Birmingham; 11 April, Guildford; 15 April Edinburgh. **Working with disastrous events**. With Bob Wright, Marjorie Ashdown. 27 March, Cambridge; 23 April, Bristol. Apply to Leeds General Infirmary, Great George St, Leeds LS1 3EX, UK. ☎ 0113 392 2810

Understanding loss and grief. Study days for healthcare professionals. 9 April, 15 October. London. Details from Nadya Enver, St Joseph's Hospice. ☎ 020 8525 6000 x5070; education@stjh.org.uk

Grief and bereavement course for teachers. 11 June. Belfast, UK. Contact Conference Manager, NI Hospice Care. ☎ 028 9078 1836; education@nihospice.com

Administrative and practical requirements when a child dies. 5 March. Birmingham, UK. Contact Acorns Children's Hospice Trust. ☎ 0121 248 4818; acornscht@acornscht.demon.co.uk

The nine-cell bereavement table

A tool for training

Jenny Hunt BSocSc(SW)
Bereavement Co-ordinator
Island Hospice and Bereavement Service, Harare, Zimbabwe

As a result of the multiplicity of races, cultures, and faiths in Zimbabwe, we have found it helpful in our training programmes to move away from the traditional grief models developed in the West. Rather than presenting a model, we attempt instead to provide a platform for discussing, challenging and reflecting on grief issues and have devised a new tool that can be used to give structure to our sessions.

Alongside raising awareness of grief issues in schools, churches and community organisations, one of the greatest demands on our bereavement service is providing training in bereavement counselling for doctors, health professionals, psychologists, social workers and other counsellors. In my training role, I found myself becoming uncomfortable in sessions when an emotion or behaviour identifiable within a 'western' model of grief would be countered with 'in our culture that doesn't happen'. Interestingly, when the discussion was opened up to others of that same culture, there were, of course, differences within the group. It became increasingly clear that, whilst our population mix may be no different to other mixed-culture groups of people around the world, we needed to find better ways to approach grief and mourning in our Zimbabwean context.

We now find it beneficial to base our training on discussion, drawing out themes from the group rather than focusing on traditional models of the grief process[1]. This allows individuals in any given group or audience to be helped towards an understanding of these issues for themselves, as individuals and within their families and communities in our local context. The culturally sensitive approach of Stroebe and Schut's oscillation model[2] was inspirational here.

To focus the trainees' thoughts and experiences, we developed a cellular table to be filled in during the session (see Table on p41). The horizontal cells form a time line showing reactions to death immediately, a bit later, and a long time after the event. This, in itself, provides a good initial discussion point to check the group's understandings of how long feelings of grief can last. The vertical divisions move from individual feelings, to how these might be shown outwardly so that others may recognise the distress, to what is allowed or expected by a culture or society after a death. Dividing the trainees into groups to discuss these issues works extremely well, particularly along the time line: one group looks at what happens immediately after a death, the next, after several months and the last considers aspects over a year or more. The table is drawn on a white board

EDITOR'S NOTE

Most of the research and theories about bereavement have been developed and published in the West. While some of them apply equally well to people in other cultures we cannot take it for granted that this is so. In this paper Jenny Hunt presents an interactive method by which people from one culture can run training programmes in another. This is essentially trainee-centred and enables the trainee to draw out from the teacher those ideas which will be useful and relevant to them. It is my experience that culturally sensitive programmes also enable the teacher to learn a great deal from the trainees. *CMP*