

# Losing a child: the impact on parental sexual activity



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**Abstract:** Few studies have been conducted into the impact on parents' sexual activity following the death of a child. In this study, 285 bereaved parents representing 175 couples completed a questionnaire and ten couples took part in detailed face-to-face interviews. The majority of parents reported reduced frequency of sexual activity, at least initially, although most resumed sexual relations within three months. There were clear gender differences. Women were more likely than men to report reduced sexual activity and loss of sexual desire, primarily linked to feelings of guilt, sadness, depression and exhaustion. A primary reason for recommencing sexual activity was to conceive another child, which could of itself be a cause of complex and mixed feelings. The findings suggest a need for health professionals to pay more attention to these issues when offering structured follow-up to bereaved parents.

**Keywords:** bereavement, death, child, parents, sexual activity

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The pain and anguish experienced by parents who lose a child is well known to readers of *Bereavement Care*. Multinational and cross-cultural studies show that the death of a child has a major impact on most parents. It is associated with complicated and prolonged grief reactions, making them vulnerable to a range of emotional difficulties (Dyregrov, 2003; Keesee, Currier & Neimeyer, 2008).

Studies have only to a minor extent explored how a child's death affects parents' emotional intimacy and sexual life. Sexual activity is an expression of the need for intimacy and a source of pleasure to couples and it needs nourishing in a relationship. Sexual satisfaction is consistently related to higher marital satisfaction (see Christopher & Sprecher, 2000). A decline in sexual satisfaction over time is associated with an increased risk of relationship breakdown (see Christopher & Sprecher, 2000). This

suggests that sexual activity is associated with the stability of a relationship.

There has been very little systematic research into parents' sexual activity after a child's death. One exception is a small study by Hagemester and Rosenblatt (1997) of 24 bereaved couples. This found that more than half the mothers and slightly fewer fathers experienced serious sexual problems following their child's death. While women reported a reduced interest in sex, men reported less sexual contact. Most couples had abstained from sexual intercourse for a period after the death. However, although the desire for sex decreased, many couples reported a greater need for physical closeness. Sixteen of the 24 couples reported a temporary break or decline in their sexual relationship following the death. The break was attributed to physical and emotional exhaustion, depression, a sense of numbed emotions,

preoccupation with their grief, and psychological distress about sexual intimacy. In six couples one or both partners said they had cried during intercourse; three couples reported having had sexual relationships outside the marriage/partnership.

Sexual problems following the death of a child have been reported in other studies in which sexual activity was not a major focus of the research. Schwab (1992) interviewed 20 couples who had lost children and loss of sexual intimacy was one of several themes raised. While the men in this study complained that their female partner/wife became distant and unresponsive sexually, some of the women reported finding their partner's desire for sex repulsive and said that it increased their sense of loneliness. Fish (1986) reported that 60% of bereaved mothers and 40% of bereaved fathers experienced serious sexual distress following a child's death. In this study women experienced reduced interest in sex and an inability to find pleasure in sexual activity, while men complained that the sexual relationship faded.

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## Most couples had abstained from sexual intercourse for a period after the death

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Lang and Gottlieb (1993) found that mothers who highly valued sexual intimacy experienced a stronger longing for their dead child. They also found that fathers who experienced a high level of sexual intimacy two to four years after the death of an infant child reported less isolation and fear (Lang, Gottlieb & Amsel, 1996). In several of these studies men more often than women reported wanting more sex following a child's death (Lang & Gottlieb, 1993; Schwab, 1992). Johnson (1984–85) interviewed 14 bereaved couples and found that all except two of the couples had refrained from sexual intercourse for a period following the loss of a child, and that sudden losses caused most problems.

Previous studies have included small numbers of participants or only a few questions about sexual activity and they have mainly been conducted in North America. We wanted to include a larger group and a non-American sample. Our aim was to increase understanding of sexual activity and intimacy following the loss of a child by asking the following questions:

- To what extent did couples experience problems in their sexual relationship following the loss of a child, and
- Were there any gender differences in the perceptions of sexual activity in the relationships studied?

Our findings were first published in *Death Studies* (Dyregrov & Gjestad, 2011). We summarise them here.

### Method

We sent questionnaires to 1027 members of the two main Norwegian organisations for bereaved parents: The Norwegian Organisation for Families who have Lost a Child and the Norwegian SIDS Society. A total of 321 parents returned the questionnaires: a response rate of 31% of all possible respondents. However, this is an approximate estimate of the response rate, because individuals other than parents (such as grandparents, friends etc) can join these organisations and their records do not indicate loss status. The actual response rate from bereaved parents may therefore be larger. More information on the sample can be found in Dyregrov and Gjestad (2011).

As the focus of the study was on couples and gender issues, we selected individuals in couples. The final sample (n=285) comprised 169 women (59.3%) and 116 men (40.7%), representing 175 couples. In addition to the questionnaire, ten couples were selected for in-depth interview, which was conducted in their homes. Five of these interviews were with parents who had experienced SIDS (sudden infant death), four with parents who had experienced stillbirth and two with parents whose child had died in an accident. Further information on the interview method, procedures and ethical issues can be found in Dyregrov and Gjestad (2011).

The questionnaire sought information about the deceased child and the couple's relationship history. Most of the questions related to issues around intimacy and sexual activity, problems experienced with these issues, and any advice the parents had received. The questionnaire combined closed questions with multiple choice answers and open questions that asked for written views and comments. Relationship quality was measured on the basis of the parents' answers to the following items:

- I have been able to communicate with my partner about my feelings
- I am satisfied with the support from my partner, and
- I feel understood.

In addition, we used the Dyadic Adjustment Scale (Spanier, 1976) to measure impact on the quality of the relationship. These findings will be reported in a later article.

The interviews were semi-structured and followed the same themes as the questionnaire but allowed the parents to report their experiences and views in more depth and detail and to lead the sequence of the themes. The qualitative data were analysed using Kvale's (1996) phenomenological method and usual procedures for analysing qualitative material.

**Table 1: Can you describe the impact of the loss on your sex life? (n =220)**

	Women		Men	
	n = 146	%	n = 87	%
No impact	37	25.3	39	44.8
First a decline, then a normalisation	35	23.9	22	25.3
Disturbing images, thoughts and feelings interfered with sex	32	21.9	6	6.9
Increased activity – important to have another child	31	21.2	11	12.6
Seldom sex, decline in activity	26	17.8	15	17.2
Sex as closeness, comfort and tension reducer	17	11.6	2	2.3
Exhausted, no energy for sex	16	11.0	2	2.3
Sex out of duty, pressure for sex	4	2.7	7	8.0
First increase in sex, then a decline	4	2.7	3	3.4
Other things more important	3	2.1	2	2.3
Life confirmation, more important	2	1.4	2	2.3

## Findings

Stillbirth was the most common cause of the child's death (39.1%), followed by SIDS (25.5%), other illnesses (24.5%), accidents (7.3%) and unreported or other causes (3.6%). The period since the child's death ranged from two months to 28 years: a mean of 73.1 months (sd = 66.1 months).

### Impact on sexual life

The answers to an open question about the impact of the child's death on the couple's sexual life were categorised under themes, as shown in Table 1. Parents' responses could be categorised under more than one theme.

Three-quarters of the women and over half the men reported that the death had affected their sexual life. Around 25% of both genders reported an initial decline after the death, followed by a return to normal sexual intimacy. Women were more troubled than men by

disturbing images, thoughts and feelings that interfered with sexual activity. Almost 20% reported a decline in sexual activity or having sex less frequently than before the death.

Men reported less reduction in sexual activity than women. More women than men reported increased sexual activity in order to have another child, and using sex for comfort, closeness and to reduce stress. Many men, and a quarter of the women, reported that their child's death had no effect on their sexual behaviour. However, in many cases the death had happened several years ago, and these parents may have been giving less importance to the problems they experienced initially before sexual relations returned to normal.

## Men reported less reduction in sexual activity than women

**Table 2: How long after the loss did you resume usual sexual activity? (n = 261)**

	n	%
At once	31	11.9
During the first month afterwards	100	35.1
Around 2 to 3 months afterwards	92	32.3
Around 4 to 6 months afterwards	17	6.0
Around 7 to 12 months afterwards	15	5.3
Between 13 and 24 months afterwards	5	1.8
Later than 24 months	1	0.4
Not resumed contact yet	0	0.0
Cannot remember *	24	8.4

\* The category 'Cannot remember' provided no information regarding the question and was recoded to missing data to ensure a continuous scale.

**Table 3: Assessment of sexual activity following the loss (n = 284)**

	Females		Males	
	n	%	n	%
Increased since the death	6	3.6	3	2.6
Same level as before	111	65.7	79	68.7
Reduced since the death	52	30.8	33	28.7

**Table 4: Assessment of sexual pleasure following the loss (n = 282)**

	Females		Males	
	n	%	n	%
Increased since the death	10	6.0	8	7.0
Same level as before	114	67.9	93	81.6
Reduced since the death	44	26.2	13	11.4

Many women described feeling that they did not deserve anything good, that they were exhausted, and that they struggled to derive any pleasure from life. They felt no sexual desire and most felt it was all they could do just to survive and get through their daily tasks following the loss:

‘To be grieving takes so much energy that most of the time there is no room for a sex life, not even in my thoughts. It has become better, but still there can be everyday experiences, words or other things related to the grief that disturbs my sex life. The need for closeness, however, has increased.’

In one of the interviews a mother said that grief overruled pleasure, and several parents described complicated and mixed feelings – often feelings of guilt and of a guilty conscience – in relation to sex. They could not allow themselves to experience pleasure when their child was dead.

Several mothers linked their feelings of guilt about having sex to a belief that they had no ‘right’ to enjoy anything when their child was dead:

‘No, I could not feel pleasure with sex when my child was dead. In fact, I felt I should not feel pleasure over anything, as I was a horrible human being.’

However many women and some men described increased sexual activity as a consequence of the wish for another child:

‘We wanted a pregnancy as soon as possible and that led to a higher activity at certain times before being reduced or normalised again.’

But mixed and complex feelings also arose here. Women in particular wrote that they had a strong wish for another child, which made them want sex, but that sex could be frightening, because their feelings of sadness and guilt intruded on an act usually associated with pleasure and happiness. Some were also painfully aware of, and feared, that they could create a new child whom they also risked losing.

## Women in particular wrote that they had a strong wish for another child

Many parents, again mostly women, emphasised that physical closeness had become more important – just lying beside each other without necessarily having sex.

Some women pointed out that men’s association of sex with emotional closeness became problematic. They struggled with the fact that their partner’s wish or demand for sex was greater than their own, and sometimes gave in to ‘console’ him:

‘We had sex some days following the death. Our child was only a few days old when it died so this was also the first sex following the birth. I participated mostly to “console” my husband.’

Some women and men described what could be described as having sex out of duty. It became forced, driven by the need to have another child. With this as an overall goal, spontaneity and pleasure disappeared. Instead of being a source of satisfaction and closeness, sex became a task.

‘Tried quickly to get a new child. This led to “duty” and not pleasure.’

### Resuming sexual activity

The lengths of time before resuming usual sexual activity after the loss are shown in Table 2. Close to four-fifths of the couples had resumed sexual contact within the first three months. Multi-level analysis showed no gender difference.

In the interviews more than half the couples reported having sex in the first week following the death; several had sex before the burial took place. Some commented

that they could not get close enough to each other, that they could have 'crept into' each other. This urge was seen as a confirmation of the strength of their relationship, and that they would stay together, although for some this early resumption of sexual activity was followed by guilt.

### Change in frequency of sexual activity

Most parents stated that there had been little change in the frequency of sex after the loss (Table 3). Just under one-third experienced a reduction in frequency, and few reported any increase.

In the interviews it became clear that parents increased their sexual activity primarily because they wanted another child and, since many succeeded, their everyday life with small children then became so busy that they had less energy for sex.

### Change in sexual pleasure

Significantly fewer mothers than fathers reported experiencing sexual pleasure and significantly more (around 30%) experienced reduced pleasure since the death ( $\chi^2 = 9.21, p < .01$ ) (Table 4).

### Causes of changes in activity and pleasure

Parents were asked to rate what caused the changes in sexual activity and pleasure. Their rankings were similar: sadness and depression were seen as the main cause of the change in sexual pleasure and activity, followed by physical exhaustion (often associated with depression) and preoccupation with grief. Mothers reported more of these causes than did the fathers.

In their responses to the open questions as well as in the interviews, mothers and fathers alike described how grief interfered with frequency and pleasure related to sex. They mentioned the variations in mood, the heavy emotional strain of grieving, feeling very tired and feeling no overall pleasure in and enthusiasm for life. More women than men wrote about ambivalent feelings, especially a guilty conscience.

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## More women than men wrote about ambivalent feelings, especially a guilty conscience

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Similarly, a prevalence of sadness/depression was associated with the subjective report of increase/decrease in sexual activity among women, but not among men. Those who were physically exhausted showed a greater reduction in sexual satisfaction. Some women also found that their own body reminded them of their loss, making pleasure in

sex even harder to find. Their body was a bearer of both pain and memories. They could feel intense pain in their body, felt physically exhausted, and had a sense that their body was against them. These feelings about the body even influenced their self-image, making them feel less attractive:

'I had no child to lay on my breast and felt a strong need to have my husband there, but I also had great difficulties accepting my body because I weighed 10 kilos more than I should and felt very bulky and awful after the birth. In the beginning I could not look at myself, it was hard to accept my body.' (Woman in interview)

### Discussions with others

Only about 11% of the parents surveyed reported that health professionals had raised with them the issue of intimacy and sexuality following the loss. There was no gender difference. Around 69% of men and women had taken part in a bereavement group, and only 16% of these said that these issues had been discussed in the group. Even fewer had discussed these issues with family and friends (7.5%).

### Gendered views of sexual activity

Parents were asked to indicate their agreement with a number of statements about sexual activity and intimacy – for example: 'Men find sex more "comforting" than women'; 'Men don't understand that it is difficult to think about sex after the death of one's child,' and 'Men's desire returns sooner than women's.' The results indicated that men wanted sex more often than women and they experienced their partner as becoming more distant and uninterested in sex following the loss. On the other hand, women more often than men experienced frustration because their partner didn't understand the need for closeness rather than sex, that it was difficult to achieve closeness because it could so easily be misunderstood as a wish for sex, and that they had a greater need for physical closeness.

Women also reported more often than men that it wasn't possible to feel anything good when everything was awful, that sex became wrong because it was related to desire, and that sex was physically more painful after their child's death. More women than men agreed that sex could become almost compulsory because both partners wanted another child so much. More women than men also ticked the items 'Men find sex more comforting than women' and 'Different sexual desires can be a source of stress for both partners'.

However it is notable that around two-thirds of respondents agreed that sex was a confirmation of life and of what is natural. More than 40% of both genders also agreed that sex could alleviate tension after a child's death and that men could lose their desire because of women's strong wish for another child.

Given the documented gender differences, parents may find themselves in a terrain that is difficult to navigate.

## Discussion

As discussed above, the actual response rate to this survey is likely to be higher than the calculated rate of 31%. However, the low response rate makes it difficult to generalise the results and our conclusions should be viewed in this light. From research on trauma and sudden death, it is known that those most negatively affected are least likely to participate in surveys (Paykel, 1983; Stroebe & Stroebe, 1989; Dyregrov, 2003). The loss of a child is such a tragic event that parents may recoil from the task of filling in questionnaires. This questionnaire focused on a sensitive topic and, if intimacy and sexual activity is significantly affected, parents may not want to be reminded of it by having to complete a questionnaire. It is likely that those who responded to the questionnaire may have been less negatively affected by the death than those who did not respond. That discussion of sex may still be taboo may also influence parents' responses to questioning about sexual activity after the death of their child, and lead to an underestimation of the extent of the problem.

Responses to a questionnaire distributed at a single point in time several years after the loss (mean of 6.5 years) are unlikely to reflect a process that evolves over time. A longitudinal study that follows parents over a period of years following the death would better capture the process and variations.

That said, our findings reflect those in Hagemester and Rosenblatt's (1997) study. A majority of the parents in our study had experienced a break or decrease in their sexual relationship following their loss, and they ascribed their problems to the same factors: physical and emotional exhaustion, sadness and depression, being preoccupied with their loss, and feeling psychological distress about sexual intimacy. Women were more likely than men to report difficulties with resuming sexual activity, reduced sexual pleasure and a sense of guilt about gaining pleasure from sex.

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## Women were more likely than men to report difficulties with resuming sexual activity

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In the written comments on the questionnaires, more women than men reported that the loss of their child had a strong influence on their sexual life. When men wrote comments, they most often wrote that it had had no influence. Grief took many forms: mood swings, feelings of

sadness, a lack of energy and tiredness, but also anxiety – anxiety about a new pregnancy and another child who also might not live. The mixed feelings, of a guilty conscience associated with feelings of desire or pleasure, and the difficult images that interfered with sex, explain why many, especially women, had not been able to resume previous levels of pleasure or activity. Most resumed normal sexual activity over time.

As many years had elapsed since the loss for many of the respondents, the passage of time in itself may have reduced their sexual activity. It is easy to ascribe the difficulties in sexuality to the loss of the child, but it should be remembered that there is anyway among couples a decrease in the quality of marital relationships within one year of the birth of the first child and a decline in sexual activity due to sexual problems experienced postpartum (Pacey, 2004). In our survey poor relationship quality was also associated with reduced sexual activity and pleasure following the death, but it is not possible to know the causal direction. A reported change in sexual activity was predicted by physical exhaustion for both genders, while sadness/depression was only associated with a reduction in sexual activity in women. However, without a control group of parents with living children, it is difficult to know whether the problems experienced in the study group are greater than those of non-bereaved families. Our study also excluded parents who had ended their relationship following the death of their child.

Both in written comments and the interviews it was evident that some women linked their grief to their body, both through physical pain and by developing an image of their body as unattractive and ugly. These negative perceptions of their own body decreased sexual activity and pleasure. This issue has not been explored in previous studies. However, it is not uncommon for perceived and actual changes in the body following the birth of a child to have an impact on sexual activity in women (Pacey, 2004). Several women in this study stated that they did not feel 'whole', that something had happened to their identity and capacity as a woman. Women described feeling bulky and awful and had problems with self-acceptance. The identity changes may to some degree be associated with physical changes, but also seem to be on a deeper level linked to the perception that they had been unable to produce a child that survived.

Many parents engaged in sexual activity shortly after the death in order to conceive another child, and a majority had succeeded in this. Where the parents had other children, sexual pleasure and activity could also have been negatively influenced by the energy involved in caring for small children. Some parents wrote that it was difficult to know if the decrease in activity and pleasure came as a consequence of a hectic life situation or was caused by the loss.

In written comments many women described how physical closeness more than sex had become central in their relationship, but that men easily misunderstood this as a desire for sex. Men, however, looked at sex as a tension reliever and attributed a therapeutic value to it. Both genders could also regard sex as a sort of confirmation of life. However the differences in their agreements with various questionnaire statements indicated that men and women differed greatly in their views of aspects of sexuality – differences that may increase parental distress and miscommunication.

An immediate resumption of sex was not unusual among these parents. However it could cause self-reproach in parents and potential conflict between the mother's guilty conscience and the father's wish for sex, resulting in marital tension. In the interviews couples stated that they thought that if others knew they were having sex, they would disapprove. It is therefore important to normalise this and to communicate to couples that sexual activity is an expression of the need for comfort and closeness, and an escape from the terrible reality they are facing. Although this may not need to be a major element in the information offered to parents following a child's death, mentioning it may alleviate guilt and self-reproach among those who do have sex shortly after the death.

Given the mean length of time since the death (6.5 years), it is a cause for concern that so many of these parents continued to report problems with sexual relations. This suggests that sexual activity should be the focus of interventions to help parents who have lost a child, and especially mothers.

The subject of sex continues to be taboo. Only around 10% of these parents reported that the subject was raised by health personnel and even fewer said it had been discussed with friends and family. This suggests that if a couple is struggling with their sexual relationship, they will receive little information that is of benefit, and most probably the subject will not be broached by anyone who has the expertise to help them. There is an obvious need for health personnel to receive more information about this subject in order for them to be relaxed about raising the issue and discussing any problems in this area with bereaved couples.

## Conclusion

The findings of this and other surveys indicate that sexual activity following a child's death raises few problems for many parents, but may lead to major problems for a fairly large minority, and especially among women. There are clear gender differences in the reactions and perceptions of parents, often agreed upon by the two genders. Men are ready to resume usual sexual activity much earlier than women. Women suffer much more from grief that

intrudes on the sexual act in varied ways, and they more often perceive sex as being somehow wrong. Men also easily misunderstand women's need for closeness as a wish for sex. Many experience stress and pressure about sexual activity in relation to a strong wish for another child.

The challenges posed by sexual issues demands good communication between couples and respect for each other's differences, feelings and needs. However, there is an evident lack of support, counselling and information available in this area in both individual and group follow-up of grieving parents. Availability of verbal and written information would help families through the post-loss period and might reduce conflict and improve the quality of the relationship. A more structured follow-up of parents who lose a child that addresses sexual activity might prevent problems developing among bereaved couples. ■

Christopher FS, Sprecher S (2000). Sexuality in marriage, dating, and other relationships: a decade review. *Journal of Marriage and the Family* 62 999–1017.

Dyregrov A, Gjestad R (2011). Sexuality following the loss of a child. *Death Studies* 35 289–315.

Dyregrov K (2003). *The loss of child by suicide, SIDS, and accidents: consequences, needs and provisions of help*. Doctoral dissertation. Bergen: HEMIL, Psykologisk Fakultet, Universitetet i Bergen.

Fish WC (1986). Differences of grief intensity in bereaved parents. In: TA Rando (ed). *Parental loss of a child*. Champaign IL: Research Press Company (pp415–428).

Hagemester AK, Rosenblatt PC (1997). Grief and the sexual relationship of couples who have experienced a child's death. *Death Studies* 21 231–252.

Johnson S (1984–85). Sexual intimacy and replacement children after the death of a child. *Omega* 15 109–118.

Keesee NJ, Currier JM, Neimeyer RA (2008). Predictors of grief following the death of one's child: the contribution of finding meaning. *Journal of Clinical Psychology* 134, 648–661.

Kvale S (1996). *Interviews: an introduction to qualitative research interviewing*. London: Sage Publications.

Lang A, Gottlieb L (1993). Parental grief reactions and marital intimacy following infant death. *Death Studies* 17 233–255.

Lang A, Gottlieb LN, Amsel R (1996). Predictors of husbands' and wives' grief reactions following infant death: the role of marital intimacy. *Death Studies* 20 33–57.

Pacey S (2004). Couples and the first baby: responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy* 19 223–246.

Paykel ES (1983). Methodological aspects of life events research. *Journal of Psychosomatic Research* 27 341–352.

Schwab R (1992). Effects of a child's death on the marital relationship: a preliminary study. *Death Studies* 16 141–154.

Spanier GB (1976). Measuring dyadic adjustment: new scales of assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family* 38 15–28.

Stroebe MS, Stroebe W (1989). Who participates in bereavement research? A review and empirical study. *Omega* 20 1–29.