

Running head: LIVED EXPERIENCES AND CHILD LOSS

THE LIVED EXPERIENCES OF ROMANTIC RELATIONSHIPS
FOLLOWING CHILD LOSS

by

ERIN ELIZABETH BUHR

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS

in

THE FACULTY OF GRADUATE STUDIES
GRADUATE COUNSELLING PSYCHOLOGY PROGRAM

We accept this thesis as conforming
to the required standard

.....
Derrick Klaassen, PhD, Thesis Supervisor

.....
Briana Nelson Goff, PhD, Second Reader

.....
Paige Toller, PhD, External Examiner

TRINITY WESTERN UNIVERSITY

May 13, 2014

© Erin Buhr

ABSTRACT

This study examined the impact a child's death had on bereaved parent's relationships with their significant other utilizing phenomenology. The research question was "*what was the experience of the relationship with your significant other following the loss of your child?*" Semi-structured interviews were conducted with eight participants. Themes included: The relationship changed after the child's death; Communication was important to the relationship dynamic; Grieving differences existed and impacted the relationship; Specific behaviours were identified that had the potential to facilitate or harm; Individual grief impacted the relationship; Couples' utilized additional emotional support outside the relationship; Sex decreased. The themes were discussed within the context of the larger bereavement literature which included grieving differences, continuing bonds, and trauma models for couples. Themes were also discussed with regard for how to provide informed counselling interventions for bereaved parents, such as addressing issues that may arise because of grieving differences.

Key words: Loss and grief; Bereaved parents; Relationships; Support following loss; Counselling interventions.

TABLE OF CONTENTS

ABSTRACT	ii
LIST OF TABLES	vii
ACKNOWLEDGEMENTS	viii
DEDICATION	ix
CHAPTER 1: INTRODUCTION	10
Child Loss and Effects on Parents.....	11
Loss and Romantic Relationship Dynamics.....	14
Cause of Death	14
Common Terms.....	15
Bereavement.....	15
Grief.....	15
Mourning.....	16
Intimacy	17
Limitations of the Research.....	18
Current Study	19
CHAPTER TWO: LITERATURE REVIEW	22
Theoretical Approaches to Grief.....	22
Psychodynamic	22
Attachment theory	23
Continuing bonds.....	25
Dual process model	26
Cognitive stress and coping theory.....	26
Theoretical Approaches to Trauma.....	27
Couple adaptation to traumatic stress.....	27
Relational turbulence.....	28
Vulnerability stress adaptation model.....	29
Posttraumatic Growth.....	30
Domains of change	31
Organismic valuing tendency theory.....	33
Posttraumatic growth and loss.....	34

Gendered Grieving	35
Expressiveness	36
Instrumentality	36
Research studies.	37
Criticisms of gendered grieving.	39
Male and female roles.....	42
Genetics.	44
Socialization and context.....	46
Discordant grieving.....	54
Relationships and Intimacy	56
Conclusion.....	59
CHAPTER 3: METHODOLOGY	60
Phenomenology.....	60
Modifications	63
Rationale and Fit of Method.....	65
Procedures	66
Trustworthiness and Rigour.....	66
Participants	67
Data Collection.....	73
Data Analysis Strategy	75
Summary of Actions.....	79
Ethics.....	80
CHAPTER 4: FINDINGS	82
Key Findings	82
The relationship was affected	84
Communication significantly impacted the relationship.....	93
Grieving differences were evident between couples	110
Behaviour.....	121
Individual grief affected the relationship.....	131
Utilizing additional emotional outlets	137

Sexual relationship with partner changed.....	140
CHAPTER 5: DISCUSSION.....	144
Summary of the Research Problem.....	144
Summary of Findings	145
Key Findings	147
Relational change	147
Communication and intimacy.....	151
Supports outside the relationship.....	154
Sexuality	156
Asynchronous grieving.....	157
Active and passive grieving.....	158
Additional relationship factors	159
Continuing bonds.....	160
Gendered grieving differences.....	161
Grief as consuming.....	164
Theoretical Implications.....	166
Counselling Implications.....	172
Study Limitations	178
Conclusion.....	182
REFERENCES	186
Appendix A: Recruitment Poster	203
Appendix B: Verbal Recruitment – Script with Community Centre Employees	204
Appendix C: Telephone Script.....	205
Appendix D: Screening for Suicide Ideation or Suicide Risk	207
Appendix E: Counselling Contact Information	208
Appendix F: Participant Consent Form	209
Appendix G: Demographic Questions	211
Appendix H: Research Questions	212
Appendix I: Script for Member Checks.....	214
Appendix J: Bracketing.....	215
Appendix K: Confidentiality for Transcribing Assistant.....	216

Appendix L: Confidentiality for Coding Assistant..... 217

LIST OF TABLES

Table 1. Participant Characteristics.....	69
Table 2. Children Characteristics.....	70
Table 3. Relationship Characteristics at Time of Loss.....	72
Table 4. Relationship Characteristics at Time of Interview.....	72

ACKNOWLEDGEMENTS

I'd like to thank the many people who have supported me through this endeavour and through my academic journey over the years. First, thank you to my parents, Catherine and Al Buhr. Thank you for checking in with me and for your confidence that I could overcome every obstacle, even when I doubted! Also thank you to my Nana and Papa for also always believing in me. Thank you to my friends who were always there whenever I needed encouragement along the way, particularly my best friend, Kashia and her crew. To my MA graduate-school friends Beth and Rydra. Thank you for keeping me sane! Even though you didn't do a thesis, you were with me as I pursued mine, and I hope you know how much I appreciated that!

Thank you to Jehan, for your work with the theme validation.

Thank you to my supervisors, Dr. Derrick Klaassen and Dr. Briana Goff. Derrick, especially thank you for introducing me to this topic, for the time you spent providing feedback, for your encouragement, and for your belief that it would all come together in the end – it did!

I would also like to thank my past mentors who have provided me with encouragement and influence along the way. To Dr. Charles Beck, who developed the internship program to help inspire undergraduate students in psychology, you provided me with the experience that encouraged me to enter graduate school. To Deb Delorme and Fernando Larrea, for teaching and believing in a young student. Also to my English teacher in high school, Miss Duggin. Thank you for your instruction on psychology, it inspired me to learn more, and I became fascinated by it. I never knew a high school class could have such impact, but yours really did.

Finally, a deep and heartfelt thank you to the participants. This study would not have happened without you. I'm truly grateful for your time and contribution to the project and have been truly touched and inspired.

DEDICATION

To the participants.

I hope your stories teach others the way they have taught me,

Thank you for sharing.

CHAPTER 1: INTRODUCTION

“I’m in the middle of a hurricane, in a tiny life raft.

My raft’s leaking badly; some days I’m sure I’ll go down....

I can see Tom, my husband out there.

He’s hanging on to a raft of his own,

but he’s too far away to reach.” (Rosof, 1994, p.4)

Every year, thousands of children pass away due to a variety of causes. Unintentional accidents account for the leading cause of death among children and youth between the ages of 1-24 (Statistics Canada, 2009). For children under the age of 4, the number one cause of death was cancer, the second, unintentional accidents, and the third, chromosomal abnormalities (Statistics Canada, 2009). As children age, accidents and cancer remain prevalent; however, suicide becomes more of a cause for concern. In youth between the ages of 15-24 the leading causes of death were unintentional accidents, followed by suicide, and then cancer (Statistics Canada, 2009).

Unfortunately, there has also been a turn of events within the previous decades that has put children at risk as well. The school shooting at Columbine in Littleton, Colorado, which occurred in 1999 (Encyclopedia Britannica, 2012) resulted in the loss of life for twelve youth, and spurred copy-cat shootings at other schools in Taber, Alberta, Erfurt, Germany, and Red Lake, Minnesota (Timeline, 2012). More recently there was a shooting at Sandy Hook Elementary School, killing 20 children and 7 adults, which not only shocked the local community, but millions of individuals around the world (The Associated Press, 2012).

Cumulatively, the top three causes of children’s fatalities, as well as the traumatic instances of

violence within public arenas has meant that the loss of a child is a disturbing reality some parents have to face.

Child Loss and Effects on Parents

A child's death heavily impacts parents and their families in a variety of ways. Research has shown that bereaved parents have problems with mental health (Drew, Goodenough, Maurice, Foreman, & Willis, 2005; Ulrika, Valdimarsdottir, Onelov, Henter, & Steineck, 2004), guilt (Goodenough, Drew, Higgins, & Trethewie, 2004), have physical health problems (Stroebe, Schut, & Stroebe, 2007), search for meaning and a new identity (Uren & Wastell, 2002), and also experience marital problems (Wing, Burge-Callaway, Clance, & Armistead, 2001).

Studies have been conducted to determine whether bereaved parents are more likely to have an increased risk of mental health disorders, such as depression and anxiety. One such study compared non-bereaved parents with bereaved parents who had lost a child due to a cancerous tumour on depression measures and found that depression was more predominant in parents who had lost a child compared to those who had not (Ulrika et al., 2004). A number of other studies have also reported similar findings (Barrera et al., 2007; Bonanno & Field, 2001; Drew et al., 2005; Nolen-Heksema, 2001; Znoj & Keller, 2002).

In addition to depression, bereaved parents have also been found to have elevated anxiety levels (Rando, 1987). An Australian study assessed the mental health of 56 bereaved parents whose child had passed away due to cancer (Drew et al., 2005). In this study, researchers compared two groups, one consisting of 28 parents whose child had undergone a potentially stressful treatment procedure, and a second consisting of 28 parents whose children had not undergone such a procedure. One of the questions researchers were interested in was whether the parents whose child underwent the treatment had higher levels of mental health concerns.

Results illustrated that anxiety scores were high in both groups, indicating that bereaved parents were more likely to experience anxiety, regardless of the treatment. In this study researchers also found that some bereaved parents' anxiety levels were so high, they met the criteria for complicated grief (Drew et al., 2005), which is what occurs when grief persists at an intense level for an extended period of time (Lichtenthal, Cruess, & Prigerson, 2004). The findings from this study were consistent with other literature finding anxiety to be common among bereaved parents (Christ, Bonanno, Malkinson, & Rubin, 2003; Drew et al., 2005; Kreichbergs, Valdimarsdottir, Onelov, Henter, & Steineck, 2004; Murphy, 2008; Turton et al., 2006).

Some bereaved parents also believe they have failed their child and experience increased guilt (Klass, 1997; Nahla & Lantz, 2006) because they blame themselves for the child's death (Weiss, 2008). One study conducted in this area was a qualitative analysis assessing 449 bereaved parents' interviews following their child's death from cancer. Researchers utilized grounded theory and found that parents who believed the medical staff did not handle the illness properly scored higher on guilt than other bereaved parents. Parents specifically struggled with leaving their child's health in the hands of medical personnel, suggesting that they had difficulty letting others handle the child's illness and blamed themselves for allowing the professional to take charge of the child's care, despite that being the professionals' role and area of expertise. Other studies have also found this phenomenon to be true as well (Goodenough et al., 2004).

In addition to guilt, studies have shown that a child's death can be a catalyst for parents' search for meaning in his/her life (Uren & Wastell, 2002). One study included 109 female participants, where the loss had occurred between 2 months and 17 years prior to the study. Participants were assessed on a number of measures, including the Perinatal Grief Scale (PGS), the Brief Symptom Inventory (BSI), the Impact of Event Scale-Revised (IES-R), as well as

measures that assessed meaning-making. Results indicated that bereaved parents frequently reported a process of searching for a deeper understanding of life and of themselves in general. They were specifically more likely to examine their role in life, as well as to view themselves as more knowledgeable than prior to their loss (Uren & Wastell, 2002).

In a review of studies on bereavement and physical health, researchers also found that compared to the general population, bereaved parents utilized health services more frequently and report more headaches, chest pain, and higher rates of disability (Stroebe & Stroebe, 2007). Additionally, researchers conducting studies in a medical facility reported that “[n]ot uncommonly, it has been our observation that a parent is transported to the emergency room by pediatric staff because of syncope, chest pain, or other stress-induced decompensation in health after learning of the death of their child” (Meert, Thurston, & Thomas, 2001, p. 327).

Researchers from this study found that parents were also less likely to engage in healthy behaviour by not eating well and ceasing to exercise. In addition, bereaved parents have also been found to be at an increased risk for mortality (Li, Precht, Mortensen, & Olsen, 2003).

Not only can the loss of a child have an effect on the parent physically, but research also indicates that it impacts the psycho-social realm. Bereaved parents have often reported increased conflict with his/her spouse (Oliver, 1999; Wing et al., 2001). In a review of the literature on this particular topic, Wing et al. (2001) found common themes that initiated relationship conflict. Primarily, couples reported tension with one another due to what has been referred to in the literature as gendered grieving differences, as women typically grieved openly, causing their male counterparts to become frustrated at their expression of emotion. Alternatively, men typically did not grieve, causing their female counterparts to become frustrated at their lack of

emotion. Couples going through the grieving process differently, as well, some couples reported difficulties in their sex lives (Wing et al., 2001).

Loss and Romantic Relationship Dynamics

As Wing et al.'s (2001) review suggests, studies have found that a child's death can negatively impact the couples' relationship. While this has been a well-documented phenomenon, there have been conflicting findings about whether bereaved parents are more likely than non-bereaved couples to separate. Some studies have reported the probability for divorce within this population to range between 50-90% (Kaplan, Smith, Grobstein, & Fischman, 1976; Simpson, 1979); however, estimates this high are believed to be incorrect. For instance, a recent survey conducted in 2006 by the Compassionate Friends, a supportive organization for bereaved families, found that only 16% of couples divorced following the death of their child (Directions Research, 2006). Thus far the exact rate of marriage dissolution has been unknown, but despite this uncertainty, it is clear that conflict often becomes part of the dynamic, at least temporarily, following the child's death (Bohannon, 1990-91; DeFrain, Martens, Stork, & Stork, 1990-91; Directions Research, 2006; Hooghe, Neimeyer, & Robert, 2011; Klass, 1986-1987; Nixon & Pearn, 1977; Oliver, 1999; Toller & Braithwaite, 2009).

Cause of Death

While the impact of the loss severely affects parents and their relationship, their personal reactions may depend on how their child died (Rando, 1987). For instance, parents whose child passed away suddenly from causes such as acute illness, accidents, or suicide have been more likely to experience general health problems, depression, and anxiety (Miyabayashi & Yasuda, 2007). In a study entitled *The Parent Bereavement Project*, researchers compared parents who had lost a child in an accident (58%), by suicide (24%), and by homicide (10%). Parents of

children who died from a homicide had the highest levels of mental distress, reported more instances of PTSD, were the least likely to accept their child's death, and also reported arguing more and having more disagreements with their spouse. Despite this, parents from all three groups scored higher than controls on measures of anxiety, depression, intrusive thoughts, and anger when compared to non-bereaved parents (Murphy, 2008).

In terms of chronic illness, research has typically demonstrated that parents who felt their children did not receive adequate health care frequently report high levels of guilt and self-blame (Surkan et al., 2006). Parents whose children required health care were more likely to assess whether the care was sufficient, and if they felt it was not, parents were more likely to feel guilty (Surkan et al., 2006).

Common Terms

In order to thoroughly understand the literature in this area, it is important to develop a comprehension of common definitions and terminology. To facilitate such an understanding, the terms bereavement, grief, mourning, and intimacy have been defined.

Bereavement. Firstly, *bereavement* encompasses all the aspects of death and dying (Stroebe, Hansson, Schut, & Stroebe, 2008). It can be seen as an overarching term that includes all the different elements incorporated with death, including people's reactions to the loss, their ways of expressing these reactions, and anything to do with the death and dying process. Since bereavement is so all-encompassing, it also includes *grief* and *mourning* under its definition (Stroebe et al., 2008).

Grief. The term *grief* has been difficult to define, but it is generally agreed that it is a range of reactions that occur in response to loss, or in response to the threat of loss (Weiss, 2008). When people think of grief, they typically believe this is a negative emotional reaction

after losing a loved one. While it does include this aspect, it also includes a wide range of emotions, and other aspects such as the cognitive, social-behavioural, and physiological-somatic components of loss (Stroebe et al., 2008). Common cognitive components include thoughts about the loss such as ‘why him or her?’ Social-behavioural aspects include activities people do such as calling friends for support, or visiting the gravesite. Physiological-somatic aspects include the physical symptoms that manifest in a person such as headaches or muscle pain (Stroebe et al., 2008). To further define grief, Attig (1991) distinguished between two types: ‘reactive’ and ‘active’ grief. ‘Reactive’ grieving typically occurs closely after finding out about a loss. It is the initial reaction that does not include purposeful action, but rather the raw and natural emotion. It is uncontrollable, and is typically the emotional expression a person has upon learning someone they loved has died (Attig, 1995). ‘Active’ grieving, on the other hand, is a more intentional reaction. It often occurs later on in the grieving process, when a person is attempting to make sense of the loss. It can include conversations with other people to try and understand what has happened and what the loss means to them. It could also include private thoughts or activities such as journal-writing, which allows for the processing of information on one’s own (Attig, 1995).

Mourning. The term mourning encompasses the social aspect of bereavement, and is when people show their grief around others (Stroebe et al., 2008). It is often associated with ritual or religious ceremonies, such as funerals. Grief and mourning have at times been used interchangeably, and can be difficult to distinguish from one another, but in general, mourning includes the public display of sadness, while grief is a more encompassing term that includes people’s internal reactions (Stroebe et al., 2008).

Intimacy. While the above terms apply to the grieving literature, *intimacy* refers to a dynamic between people and is relevant to this project because of its applicability to the couples' and relationship aspect of this project. While the term may appear straight-forward, there has been disagreement about the nature of intimacy, with studies operationalizing the concept differently (Lipper & Prager, 2001). One form of defining it has been as open communication, or how people relate to one another, support one another despite knowledge of personal vulnerabilities, negotiate problems, and respect and support one another (Mills & Turnbull, 2004). Another definition also contains an emphasis on sharing and supporting one another, as it has also been explained as "a multi-dimensional concept consisting of the ability to trust one another, share thoughts and feelings, and engage in a relationship involving friendship and sexuality" (Zerach, Anat, Solomon, & Heruti, 2010, p. 2740). Specific aspects of intimacy include physical intimacy, which is physical closeness or sexual contact; intellectual intimacy, a sharing of ideas and understanding; and emotional intimacy, a sharing of one's wishes and needs (Holt, Devlin, Flamez, & Eckstein, 2009). All three aspects of intimacy have shown to be correlated with relationship satisfaction in couples (Holt et al., 2009).

One model of intimacy has been called the interpersonal process model, developed by Reis and Shaver (1988). This model puts forth that intimacy encompasses two main aspects: (a) *self-disclosure*, and (b) *empathetic responding*. 'Self-disclosure' is defined as sharing information about oneself that does not involve facts, but instead involves personal needs, wants, or emotions. The term 'empathetic responding' is broken down into three separate components: *understanding*, *validation*, and *caring*. In this model, 'understanding' can be defined as conveying the other person's behaviours, thoughts, and feelings accurately. 'Validation' is more than understanding, in the person not only understands but accepts the thoughts and feelings that

the other is sharing. The term 'caring' is defined as expressing genuine concern for the other person (Reis & Shaver, 1988). This model provides one way of looking at intimacy that may help explain interpersonal processes between couples. If applied to bereaved parents, it might be possible to understand whether the relationship is helping them to have their needs met following the aftermath of an experience such as a child's death.

Limitations of the Research

A current limitation in the parental bereavement literature is a lack of an understanding about how to address the conflict in relationships (Oliver, 1999). Frequently, research has suggested such conflict comes from gendered grieving differences between men and women, while other studies show it stems from asynchrony in grieving. This difficulty in understanding the specific cause of conflict makes it difficult for interventions to target the problems the couples have. It has resulted in a lack of firm knowledge regarding what has been the best method of supporting one another and addressing emotional distress when anger and difference has arisen in the relationship.

A second existing limitation in the literature has been that studies of bereaved parents often only consist of intact couples (Oliver, 1999). The divorce rate in Canada is 40% (Kelly, 2012), indicating that a large minority of experiences are excluded from current research. Despite research indicating couples consist of re-married parents, or members of the gay and lesbian community, the literature primarily has studied only heterosexual couples in their first marriage. As this is not representative of Canada's population, research should provide more efforts to include couples who come from a variety of backgrounds.

Another critique from the literature is that participants are selected from support groups. It has been argued that since support groups have been a resource to couples, there is a chance

that participants from support groups may report more positive experiences than parents not connected with a support group, or they may be different than those who do not access such groups (Oliver, 1999).

A final criticism is that much of the research in this area is dated. A large amount of the studies on parental bereavement and couples were conducted over twenty years ago (Bohannon, 1990-91; Dyregrov & Matthiesen, 1987; Feeley & Gottlieb, 1988-89; Leham, Lang, & Sorenson, 1989; Schwab, 1992). As indicated, the literature has spoken about problems in grieving due to gender differences between men and women. Gender roles in relationships in current society are substantially different than they were twenty and thirty years ago (Popenoe, 2004), thus more recent research should study whether gendered differences continue to exist.

Current Study

The current study aimed to address a number of the limitations listed above. Firstly, it aimed to provide a comprehensive understanding of the individual's experience of the relationship, which can inform about the nature of conflict, including how they were able (or unable) to resolve such conflict. By inquiring generally about the relationship, the researcher intended to create an open venue for the participants' voices to highlight essential elements of their experience, including conflict. The current study also utilized interviews as a method to generate a dialogue with the participant. It included a semi-structured format which allowed the researcher the space to inquire about the participant's comments and gain greater depth. The intention of doing so was, again, to gather more comprehensive information that provided a descriptive picture of the participant's experience, and also to increase the understanding of concrete and specific aspects within the relationship.

The current study also addressed the criticism that only married and in-tact couples have been utilized in research. As there are such a variety of relationships in modern society, the design was intentionally created to include individuals who have been divorced or re-married, and who were either biological or step-parents to the deceased child.

The criticism of dated research was also addressed by conducting the study within the present climate of today's society. The issue of out-dated gender roles has been included in the literature review as a potential factor that may have impacted past research on this topic.

In order to address the problems in relationships that can occur following the death of a child, the current study has utilized a transcendental descriptive phenomenological method to generate a better understanding of what occurs within the context of the romantic relationship. The study's research question is as follows: "*What was a bereaved parent's experience of the relationship with their significant other following the loss of a child?*" Again, the purpose of the research was to capture the participant's lived experiences of one another in the time after their child passed away.

This introduction has provided a summary of the leading causes of child death, the effect a child's death can have on bereaved parents, how the effects may differ depending on how the child died, a review of key bereavement theories, as well as the key terms of grief, mourning, bereavement, and intimacy. Problems with past studies in this area include that studies have not attempted to understand how to address conflict between parents, studies have mainly utilized intact couples only, participants are mostly selected from support groups, and not many studies in this area have been conducted recently.

The reality of a child passing away is one of the most difficult experiences a parent could face (Rando, 1987) and such stress has put parents at risk for a large number of problems,

including poor mental health, physical health, and relational outcomes (Rubin & Malkinson, 2001). The focus of this research is on the parents' relationship with one another following the loss of a child. As has been outlined, exactly how many parents divorce following the loss of a child is unknown, but marital relationships often undergo tension and conflict (Klass, 1986-1987). While researchers have recommended respecting grieving differences between parents (Toller & Braithwaite, 2009), there remains a lack of understanding as to how parents can best support one another in their grief. This research aims to address this question by exploring the experiences of bereaved parents. Overall, it is an investigation into the picture, or experience, of the relational dynamics between individuals in a dyad following the death of a child.

CHAPTER TWO: LITERATURE REVIEW

This review of the relevant literature gives an overview of the bereavement theories and delves into greater detail about how loss affects bereaved parents' relationship. While a complex area of inquiry, the review weaves together the different theories to provide a backdrop for understanding the specific aspects in relationships that have been identified as problematic and that affect the relational dynamic. It reviews the research on grieving differences between men and women on the basis of terms called 'expressiveness' and 'instrumentality,' which will be further defined. It also discusses possible reasons for these observed differences, provides highlights about important aspects in relationships, and reviews the criticisms of the above-mentioned research. It further outlines research on asynchronous grieving, which includes an alternative for relational distress. The review then discusses posttraumatic growth, which is related to how individuals may change, and the mechanisms the change occurs through. It concludes with a discussion of intimacy and communication in couples.

Theoretical Approaches to Grief

Psychodynamic. Sigmund Freud was among the first to develop a theory of grief, and believed grief was about reinvesting psychic energy. Freud believed people invested a host of energy into relationships, and if a beloved individual passed away, the person engaged in deatathesis, which meant they relinquished their bonds with their loved one (Freud, 1917/1923). In other words, to grieve completely, the person needed to take the energy s/he had in the bereaved, and re-invest it into a bond with someone else (Freud, 1917/1923). Freud believed that it was paramount for the person to focus their energy elsewhere by taking away the energy that was invested in the deceased individual. This meant the person must 'let go,' of whomever

passed away and transfer the energy they had in that relationship to another relationship with a living person.

Another psychoanalyst who developed a grieving theory was Eric Lindemann. He began his work in grief when he treated 101 individuals following a fire at a night club in Boston, Massachusetts called Coconut Grove (Parkes, 2001). Following his work there, he noticed several patterns from that event. First he noted two different kinds of bereavement, one he termed 'normal grief,' and the other, 'chronic grief.' Lindemann found that normal grief could be treated by helping the person express their emotions surrounding the bereaved, a process today known as 'grief work.' Alternatively, he found that chronic grief was more difficult to treat. His findings of these different patterns were influential in creating a contemporary theory of grief. While some of his theory is still used today, a criticism of his work was that he did not include another entire category of people, which were those who suffered psychiatric illness as a direct result of the loss (Parkes, 2001). Despite this, Lindemann's major contribution was his observation of the two different grieving reactions, which has helped lead the way to criteria for present-day categorizations of grief, that are still being discussed and debated, even to this day.

Attachment theory. The founder of attachment theory, John Bowlby, theorized that people have an innate response when developing a relationship, or attachment, with a primary caregiver. It is the primary caregiver who young infants learn they can turn to for safety during times of stress and anxiety, and who become the attachment figure (Mikulincer & Shaver, 2008). The attachment system is activated by threat and danger, which results in the person seeking out the presence of this primary caregiver. There are four types of attachment styles identified, one where the primary caregiver was attentive to the child's needs during times of stress, which results in a 'secure' attachment. Children with a secure attachment grow up confident, with an

understanding of their self-concept and healthy relationships. The other three types of attachment styles are the result of the parent not being available for safety and comfort during the child's need, resulting in either 'preoccupied,' 'avoidant,' or 'fearful' attachments (Mikulincer & Shaver, 2008). Children with preoccupied attachments worry the primary caregiver will not be present when needed, and are over-concerned with getting the attachment figure's attention and love. They are typically clingy and always are distressed when the caregiver leaves or does not pay attention to him/her. Avoidantly attached children are dismissive, and often excessively independent. They often will not ask for help from others, and are described as cold or aloof in close relationships. Finally, children with disorganized or fearful attachment do not trust their caregiver or themselves, and often display 'approach-avoidance' behaviour.

Bowlby saw attachment patterns as relevant to the grieving process. He noticed that if an attachment figure was permanently lost, such as through death, people would go through a three-step grieving process (Stroebe et al., 2008). Firstly, the person would display behaviour he identified as 'protest,' by trying to find the important person and restore the relationship. If unsuccessful, the person would move to the next stage, called 'despair.' In this stage the person would withdraw and display behaviour consistent with symptoms seen in depression such as intense sadness, irritability, and insomnia. The third stage was when the person would detach from the caregiver, and break the bond with the person they were attached to. In his theory of grief, he like Freud, believed people needed to sever the relationship with the deceased, and instead, develop a relationship with a new person in life. Bowlby's position on this changed; however, as later on he also thought instead of completely detaching, the person maintained an internal representation of the lost figure. He theorized there was an oscillation process between dwelling in past memories with the deceased and living a new life, separate from the deceased

individual (Stroebe et al., 2008). In this new life, the person would move away from their bereaved loved one, where s/he would build a relationship with a new attachment figure. The person would participate in a 'back-and-forth' pattern, where he or she revisited memories or aspects of the life with the deceased, and then move into a life with a new person they would develop a new attachment relationship with.

Continuing bonds. While Freud and Bowlby's theories primarily stated that the bereaved parent must let go of the ties with the deceased, in his own work on bereaved parents, Klass (1997) found that many parents do not let go and yet lived healthy and productive lives. In fact, many of the parents he studied reported feeling healthy *because* they continued a relationship with their deceased child (Klass, 1997). The work by Klass and colleagues described these parents as 'continuing bonds' with their child. In the continuing bonds theory, "the end of grief is not severing the bond with the dead child, but integrating the child into the parent's life and social networks in a different way than when the child was alive" (Klass, 1997, p. 148). The two specific ways parents continued bonds with their children were to create an inner representation of the child, which involved keeping the experience of the child as s/he was alive in the parent, and then to transfer this image into a presence that could live in the parent forever. Eventually, the parents would develop an immortal image of their child, as "the parent comes to identify with the energy and love that was in the living child" (Klass, 1997, p. 160). The second way the parents kept their child alive was by integrating this inner representation of the immortal child into their social world. They did this in many ways, most frequently, by making a place for conversations about the child with family and friends. While the parent would report a struggle between "letting go and holding on" (Klass, 1997, p. 159), they often reported being afraid of forgetting their child. With time, parents reported losing that fear and

realizing they could keep their bond, or an ongoing relationship, with their child. One parent reported:

[T]he little one is not so clear in my mind anymore, but he's real. How many children do I have? Three. My daughter is married and living in New York. And the boys? Well one will always be four and a half. (Klass, 1997, p. 161)

Clearly, from this research, grief is complex and the end of the life does not mean the end of the relationship. Instead, parents still seem to maintain bonds with their children in different ways, and remain healthy because this bond remains present in their lives.

Dual process model. The dual process model was developed by Stroebe and Schut (1999), with the main premise being that an individual will oscillate, or move between, a loss-orientation and a restoration-orientation. A loss-orientation includes an occupation with or processing of anything to do with the deceased, such as having intruding thoughts of the bereaved. The restoration-orientation, on the other hand, is associated with other aspects of life which include developing relationships with new people, engaging in new activities unrelated to the bereaved, distraction from grief, and attending to the life changes due to the bereaved (Stroebe & Schut, 1999). The process of oscillating is irregular, meaning there is no predictable pattern of how many times a person will go back and forth between the two realms, or how long the person will stay there. Everyone's process is different and everyone will experience grief in a unique way.

Cognitive stress and coping theory. The fundamental basis behind cognitive stress theory is based on the idea that bereavement is part of a process where an event is appraised once, and also a second time, after which, a series of reactions to these appraisals follow (Sobel, Resick, & Rabalais, (2009). The first appraisal is called the 'initial appraisal' and is whether the

situation is considered a challenge or threat (Sobel et al., 2009). The person develops a ‘global meaning,’ which are the assumptions individuals have about the world (e.g., whether the world is a fair place; Sobel et al., 2009). Typically people have global meanings about the world, themselves, the extent they believe they have control over their life, and whether they believe they deserve good things. The other type of meaning people develop is called ‘situational meaning,’ which is the meaning they make out of events that happen in their immediate lives (Sobel et al., 2009). The model then says that people will determine the extent the global meaning matches the situational meaning. If the two domains match (congruence), a person will not experience a problem with grieving. If the domains do not match the person experiences incongruence and s/he tries to make meaning from the situation, which is known as a ‘working through’ process (Sobel et al., 2009). In ‘working through,’ the person will figure out how to change the global meaning of the event so that it matches, or fits with, the meaning of the situational event.

Theoretical Approaches to Trauma

Models that have been developed to understand trauma within the context of relationships have also been examined. While these models apply specifically to traumatic stress, they have been reviewed because they provide a framework to better understand how struggle affects the relational dynamics of the couple’s system. The first model to be reviewed includes a revised version of the Couple Adaptation to Traumatic Stress (Nelson Goff, in press).

Couple adaptation to traumatic stress. The key component of the couple adaptation to traumatic stress (CATS) model is that couple’s interpersonal relationship with one another is affected by a trauma (Nelson Goff, in press). In other words, the trauma cannot be seen as an individual event, but rather as something that disrupts the couple’s system. The model involves

three main considerations, which includes (a) predisposing factors, (b) resources, and (c) couple functioning (Nelson Goff & Smith, 2005). Firstly, predisposing factors include the characteristics of the individual, or the factors the individual brings into the relationship, such as previous trauma or mental illness (Nelson Goff & Smith, 2005). Secondly, resources can be described as sources of support that the couples access (Nelson Goff & Smith, 2005). In the context of grief and loss, examples of support could include accessing one's family, friends, or bereavement support groups as emotional outlets. Thirdly, the couple functioning consists of various factors that make up the relationship, which consists of things such as power, intimacy, conflict, and communication (Nelson Goff & Smith, 2005). The model has recently been expanded to include components of Judith Herman's trauma theory (Herman, 1997), incorporating safety and stability, traumatic process, and connection into the theory as well (Nelson Goff, in press). The idea behind the model is that all these factors play key parts in influencing how a couple is influenced by a traumatic event.

Relational turbulence. A second model is called the relational turbulence model (RTM; Knobloch, Ebata, McGlaughlin, & Ogolsky, 2013). This model posits that transition is often difficult for couples, and can be applied to loss because the death of a loved one is a time of intense emotional change and difficulty. RTM consists of three main components which include (a) depression/depressive symptoms, (b) relational uncertainty, and (c) inference from partners (Knobloch et al., 2013). The mental health component of depression was included because of the numerous studies indicating depression played a part of relational dynamics when troops returned from missions in military families. Another key aspect of the model is relational uncertainty, which consists of a number of components, such as self-uncertainty, which is when the individual questions whether they want to be involved in their relationship (Knobloch et al.,

2013). Partner uncertainty is whether the partner wants to be involved in their relationship. Relationship uncertainty is when there are general questions about whether the relationship is unstable, not clearly defined, or when individuals are not certain about their roles or the state of their relationship (Knobloch et al., 2013). Finally, the third overarching factor is called interference from partners, which is when one gets in the way of another's goals (Knobloch et al., 2013). In other words, couples are unsupportive of one another achieving whatever goals s/he has for themselves. Healthy couples "settle into meshed routines that allow them to facilitate each other's goals with ease" (Knobloch et al., 2013, p. 757). This model argues that unhealthy relationships involve a high degree of uncertainty and a lack of support. It believes that relationships are heavily based on perceptions individuals have of one another, and this factor becomes prevalent following a traumatic event, which has the potential to end the relationship given a high degree of negative perceptions.

Vulnerability stress adaptation model. A third model that provides an explanation for what couples experience following a stressful event is called the vulnerability stress adaptation model, (VAS; Karney & Bradbury, 1995). Its foundation discusses the reasons why relationships may not be able to sustain the strain of a stressful event, and why they sometimes dissolve. The VAS is based on the idea that perceptions are important because each individual is seen as evaluating their partner to determine whether they are satisfied within their relationship (Karney & Bradbury, 1995). If s/he perceives their partner positively and perceives that the relationship will be successful, s/he is likely to pursue the relationship. The opposite is true if the individual negatively evaluates their partner and relationship. Another key component of this model is that each individual comes into the relationship with a certain history (Karney & Bradbury, 1995). This history includes a variety of aspects of the individual, such as their

personality, past issues relating to abuse, and their individual hopes and goals for life (Karney & Bradbury, 1995). The individual brings these issues into the relationship, which has a direct impact on the dyad. The final component to this model is the events that the couple faces, or the environment the couples lives in (Karney & Bradbury, 1995). If the couple undergoes a trauma, this subsequently impacts their perceptions of the relationship, which may change and cause the individuals to view their partner and/or relationship more negatively. The model proposes that a trauma can negatively interact with the factors an individual brings, and may cause negative perceptions, which causes the relationship to end in dissolution.

Posttraumatic Growth

Much of the literature covers models that discuss the ill effects that can occur for a couple. Despite this trend, there has been recent movement within psychology in the areas of posttraumatic growth and resiliency that examine mental health from an alternative perspective. Researchers studying the effects tragic events have on individuals have also found there to be indications of different trajectories after a difficult circumstance, such as resilience (Bonanno, Boerner, & Wortman, 2008). Resiliency can be defined as factors that “protect an individual from the stressors they encounter, and distinguish between those who adapt to circumstances and those who yield to the demands” (Fletcher & Sarkar, 2013, p. 13). There are a variety of instances that have been found to help an individual through adversity, which include good temperament, self-esteem, foresight, and a supportive environment (Fletcher & Sarkar, 2013).

Related to resilience, a subset of positive psychology is the area of posttraumatic growth, which examines the study of development following adversity (Joseph & Linley, 2008). Resiliency and posttraumatic growth are an important area of counselling and psychology because they can expand on bereavement and life after loss. Positive psychology is similar to the

concept of resiliency and has been a change from mainstream psychology because it does not focus on “what is weak and deficient [but] rather...what is strong and healthy” (Joseph & Linley, 2008, p. 5). Positive psychology and resiliency deviate from a more distinct focus on disease and pathology, and instead increase knowledge about the growth and strengths in human development.

Domains of change. In relation to positive psychology, Calhoun and Tedeschi (2001) have found that following a difficult life event, people experience changes in at least one of three main areas of their life, which includes a change in one’s sense of self, a change in one’s relationships, and existential or spiritual growth.

Individuals experience a changed sense of self in that they usually feel more capable following a tragedy and develop a greater appreciation for life. They often learn they can overcome their problems and draw on strengths they were previously unaware they even had (Calhoun & Tedeschi, 2001). In addition to recognizing their strengths, individuals also often report enjoying life more (Calhoun & Tedeschi, 2001). They often have a realization that life is fragile, and having gone through a difficult circumstance, they begin to appreciate what they do have. In this way their sense of self is not the same as before the event.

Individuals experiencing a trauma also often report their relationships with others deepen (Calhoun & Tedeschi, 2001). Some people go through what has been described as a sort of ‘empathy training,’ where they feel increased empathy for others, and connect with others more genuinely. Individuals report becoming better at understanding themselves, developing an “increased freedom to express themselves” (Calhoun & Tedeschi, 2001, p. 160), where they share with others and talk about themselves more. This ease at which people discuss who they

are often results in them experiencing more feelings of intimacy and closeness with people they were not close with before the distressing event.

The third way people typically change is by experiencing a spiritual transformation. While some turn away from religion and a higher power, others develop a greater sense of their spirituality and incorporate this as a source of meaning and purpose into their life (Calhoun & Tedeschi, 2001). Some people describe being forced to confront their own beliefs and assumptions about the world, and while this can involve a period of difficulty and pain, it can also cause them to include a religious or spiritual component that was previously absent.

Calhoun and Tedeschi (2001) express some cautions about what posttraumatic growth is not. They specify that although some people report growth, not everyone does, and acknowledge people are worse off following a traumatic event. Indeed, critics of posttraumatic growth believe people who support it ignore the negative (Wong, 2011); however, proponents of the theory discuss that even if people experience growth in one area of their life, they do not necessarily experience it in other areas. While posttraumatic growth focuses on adjustment, it is not just ‘rose-coloured glasses,’ where the tragedy becomes non-existent and individuals discount their negative experience. “It is well known that exposure to stressful and traumatic events can have severe and chronic psychological consequences” (Joseph & Linley, 2008, p. 3), and that “major life trauma and loss can produce high levels of psychological distress; can lead to significant impairment in adjustment; and, for some people, can increase the risk of serious psychiatric symptomatology and of physical problems and complaints” (Calhoun & Tedeschi, 2001, p. 158). These statements clearly acknowledge the damage of traumatic incidents and do not attempt to focus on the positive to the exclusion of the negative.

Organismic valuing tendency theory. As stated previously, posttraumatic growth is based on an assumption that following difficulty, people will evaluate what happened to them (Joseph & Linley, 2008). As outlined in cognitive stress and coping theory, the evaluation results in either accommodation or assimilation based on assumptions prior to the traumatic event (Sobel et al., 2009). Everyone has assumptive views about what we believe in the world, such as ‘a good parent will protect their child.’ In the case of parental bereavement, the parent was unable to save their child, and it can be common for them to have the belief that they are a bad parent, which frequently results in a struggle with a tremendous amount of guilt (Nahla & Lantz, 2006). Bereaved parents often have to somehow make sense of an event that does not fit with how they previously believed the world to be (Calhoun & Tedeschi, 2001). Their assumptive world is challenged by the traumatic event, which causes ‘shattered assumptions,’ and means the person must develop new ways of looking at themselves and/or the world (Calhoun & Tedeschi, 2001). This is typically done through mechanisms called either ‘assimilation’ or ‘accommodation.’ Assimilation means there is no change in assumptions, but rather they continue to believe the same thing prior to the traumatic event (Joseph & Linley, 2008). In this case, the event becomes part of the person’s pre-existing worldview. In the case of bereaved parents, one may believe the child’s death was their fault and they should have been able to protect their child. While this theoretically allows the person to resume functioning, the person will likely experience emotional pain.

The second possibility is the person goes through ‘accommodation,’ which is when the person takes in the experience and reformulates the event which leads to reorganization and changes in their worldview (Joseph & Linley, 2008). This could mean while a parent believed themselves powerful enough to protect their child from everything, they begin to see themselves as

less strong. This can result in ‘negative changes’ or ‘positive changes.’ If the person experiences negative changes, s/he may become depressed, believing they did not do enough to protect their child. If the person experiences positive changes, the person’s assumptive readjustment reduces the negative symptoms. For instance, a re-evaluation of his/her strength may lead to a better understanding of one’s self. While this may result in pain because the person may see him/herself as less powerful than before the death, it may also result in a more accurate perspective of the person’s capabilities. This would likely result in the person letting go of guilt over the child’s death and could have secondary consequences, where the parent may reduce expectations in other areas of his/her life that were too high. Whether the person experiences positive or negative changes, the changed beliefs lead to a ‘new assumptive world’ (Joseph & Linley, 2008).

Posttraumatic growth and loss. Research has found that while some individuals make meaning from personal loss, this is not necessarily true (Davis, Wohl, & Verberg, 2008). In the case of death, the life change has been so drastic, it has been proposed that it may not be realistic for individuals to come to a full, comprehensive understanding of the event to achieve growth. As such it has been proposed that the posttraumatic growth model could be widened to include small growth and to include those who have experienced ‘benefits’ and who have ‘gained insight’ (Davis et al., 2008). Benefits are the “common but relatively transient and incidental by-products of experiencing adversity” (Davis et al., 2008, p. 318). This would be a different process because does not involve making sense of the event, but includes smaller-level changes such as adjustments to priorities, or enjoying life more. The second additional term, ‘gaining insight’ can be understand such that “the focus here is not on shattered worldviews or self-views or on making sense of loss but on introspection brought on by loss of one who helped with self-

definition” (Davis et al., 2008, p. 320). An example would be a person who developed a better understanding of what one is capable of and who began to see oneself in a more positive light than previously.

Benefits and gaining insight are introduced because individuals who have experienced loss, particularly traumatic loss, have not always been able to develop a meaning for the event (Davis et al., 2008). In order to address the demographic of the present study, including a broader definition of growth may be more relevant. As such, re-evaluating and altering prior beliefs have been included as mechanisms for posttraumatic growth, as well as seeing benefits and gaining insight into one’s self as well.

Gendered Grieving

While research on posttraumatic growth can help shed light on important aspects of how individuals think and feel following child loss, there has been a debate within the literature centering around the way in which individuals grieve due to gender. Much of this literature has suggested that men and women grieve differently; although, this assertion has been challenged more recently. This section of the literature review includes a detailed discussion about some of the central components relating to grieving differences between men and women, and begins with an introduction to the theory of gendered grieving, reviews research on expressiveness and instrumentality, and the criticisms of gendered grieving. The discussion then includes criticisms of gendered grieving theory, and reviews research on historical, genetic, and social influences of men and women. Gendered grieving is an area of bereavement literature in flux, and this discussion is not meant to provide a conclusive answer to the debate, but rather is meant to inform the reader by highlighting important aspects of the topic.

The vast majority of the research about the effects of a child's death on romantic relationships has suggested that men and women grieve differently, with men being strong and providing a supportive role to their partner, while women grieve openly by crying and speaking about the death (Dyregrov & Matthiesen, 1987; Schwab, 1992; Wing et al., 2001). The literature refers to the differences between these reactions as expressiveness and instrumentality, which are defined below.

Expressiveness. The term 'expressiveness' is the tendency for one to demonstrate expressed affect, or to show one's emotions, whether that be anger, sadness, or happiness (Raver & Spagnola, 2008). Most of the literature has shown that women's grieving reactions tend to be more expressive, indicated by intense grieving, crying, and by being "absorbed in grief" (Schwab, 1996, p. 104). In addition, women have tended to be more responsible for a behaviour called 'relational maintenance,' which often involves taking the responsibility for the emotional realm of life in general, by implementing behaviour strategies in relationships that aim to preserve the integrity and quality of relationships (Marshall, 2010). Women are more likely to be responsible for intimacy, love, attempting to remedy problems, and for being open in their relationships with others (Marshall, 2010). This has become so commonplace that one academic has referred to this phenomenon as the "feminization of love" (Cancian, 2004, p. 352). This responsibility for emotion is consistent with research studies finding that women tend to demonstrate expressive grieving, characterized by frequent and intense expressions of sadness and crying after a death (Kavanaugh, 1997; Lang & Gottlieb, 2007; Patistea, Makrodimitri, & Panteli, 2000; Rubinstein, 2004; Schwab, 1996; Wing et al., 2001).

Instrumentality. The term instrumentality is often analogous with agency, meaning one thinks less of emotions and rather provides a management role for others (Alam, Barrea,

D'Agostino, Nicolas, & Schneidermann, 2012). The bereavement research has indicated that men tend to grieve 'instrumentally' in that they tend not to express their emotions, but rather by playing a supportive role to their wife or others (Creighton, Oliffe, Butterwick, & Saewyc, 2013; Schwab 1996). Men have been found to be more likely to utilize problem solving techniques when dealing with their own grief and to be more stoic and composed (Creighton et al., 2013). In general, men have been less likely to be responsible for the emotional sphere of life, but rather have tended to take a more active role and to focus on others (Marshall, 2010). For instance, in relationships with women, men tend to take initiative, to feel more responsible for demonstrating strength, and to feel more responsible for the pragmatic aspects of the family (Marshall, 2010). While there have been less studies on male bereavement than female bereavement (Lang & Gottlieb, 2007; Oliver, 1999), research has indicated that men tend to be more instrumental (Alam et al., 2012; Creighton et al., 2010; Kavanaugh, 1997; Patistea et al., 2000; Schwab, 1996; Wing, 2001).

Research studies. There has been research looking at whether men and women grieve differently. One such study compared the reactions of men and women following the loss of a premature baby (Kavanaugh, 1997). The study utilized a phenomenological methodology which involved individuals from five families and consisted of five mothers and three fathers. The participants were interviewed at two primary time-points which spanned from one month to four months following the loss. Five themes were identified; however, the researcher stated that the theme of gender differences was the most prevalent throughout the interviews. For instance, the women were more likely to report depression, crying, insomnia, mood fluctuations, anger, and feelings of emptiness. Men were more likely to provide support for the mother, as one mother stated:

After they told us they were going to deliver the twins and that they wouldn't live, I thought, "Oh my God, not again for...[father]"...[father had lost a child in a previous relationship]. And I looked at him and said, "How are you?" He said, "I'm fine. I've got to be strong for you." And I thought, "Uh, oh." (Kavanaugh, 1997, p. 287)

This study found that men and women's reactions to the child's death were different in that men were less likely to express emotions, were more likely to turn their attention to their wife, and were more likely to be supportive towards their wife's emotional needs.

Other research has found results consistent with the findings mentioned above. In another study, participants were also involved in interviews that inquired about the effects losing a child had on their relationship (Schwab, 1992). A qualitative analysis was conducted, which revealed five main themes. One such theme was that it was common for gendered grieving differences to exist, or for men not to be as emotional as women. A second theme was that researchers found these differences subsequently created conflict within the relationship. Women typically become angry at the men because men grieved less than women and men, in turn, typically become angry at the women because they grieved too much (Schwab, 1992). This study concluded that grieving differences existed and that these differences often led to conflict and anger within the relationship.

Another researcher examined 35 couples and individually assessed them on the Grief Experience Inventory (GEI), which is an assessment of bereavement expression (Schwab, 1996). Results from the study indicated that women were more likely to score higher on feeling hurt, cheated, depressed, irritable, and guilty. Women also reported being less able to control their feelings and more rumination about their deceased child.

A more recent study was conducted to better understand the impact of a child's death on the family, including the marital relationship (Alam et al., 2012). The researchers examined 20 families whose child had passed away due to cancer. Utilizing a qualitative methodology, semi-structured interviews were conducted at 6 months and 18 months following the child's death. A content analysis identified five main themes, one of which was that gender differences in grief expression often existed between spouses. Consistent with previous research on the topic, these researchers also found that women were more likely to show sadness by crying, while men were more likely to busy themselves with activities or focus more intensely on their work (Alam et al., 2012).

Wing et al.'s (2001) review of the literature found that the majority of research on this topic supports the findings discussed above. While the review agreed that gendered grieving differences existed, it also found that these differences provided a catalyst for anger and tension within the relationship. Common themes throughout the studies were that "[w]ives often find it hard to understand why their husbands are not grieving as intensely as they are. Husbands are equally baffled about the greater intensity and duration of the wife's grief reactions" (Wing et al., 2001, p. 68).

Overall, this section illustrated that historically, there have been prescribed gender roles for women and men, with women more likely to display expressive behaviour and men more likely to display instrumental behaviour within the context of grief (Creighton et al., 2013; Kavanaugh, 1997; Marshall, 2010; Schwab, 1992; Wing et al., 2001).

Criticisms of gendered grieving. While there has been a strong trend in the literature that illustrates gendered grieving differences, these findings have been heavily criticized for overlooking important methodological considerations that may have biased the research. One

criticism has been that the studies often focused on bereaved mothers rather than fathers and so there is more knowledge about women's grieving rather than men's (Oliver, 1999). Previously, since women tended to be the primary caregiver, bereavement studies often 'naturally' involved mostly women, which may have created a one-sided view of grieving (Gottlieb, Lang, & Amsel, 1996).

A second criticism of the research has been that because women often grieve expressively it has been easier for researchers to measure grief in women than men (Badenhorst Riches, Turton, & Hughes, 2006). It has been suggested that society teaches women to be more comfortable in expressing their emotions, while simultaneously teaching men to keep their emotions inside. Thus, if men are culturally told not to share, it may be that men seem to grieve less, simply because they have been conditioned not to talk about their grief with others, even in research studies. Research in the area has found results supporting the above criticisms (Badenhorst et al., 2006; Dyregrov & Matthiesen, 1987; Feeley & Gottlieb, 1988-89).

One study conducted fairly recently was developed out of recognition for the lack of research on fathers and bereavement (Badenhorst et al., 2006). The review included 17 studies that specifically examined bereaved fathers following a perinatal loss. After the review, the authors concluded that many of the reactions the fathers reported were similar to reactions the literature have attributed solely to mothers; mainly, that fathers reported a range of emotions such as feeling empty, lonely, angry, and shocked. They did find that the intensity of the emotions tended to be lower than bereaved mothers tended to state; however, other trends of bereavement were similar to mothers. In some cases, the loss of a child resulted in PTSD, and fathers were found to have rates similar to the reported rates for bereaved mothers. The

researchers reiterated the claim that in the bereavement literature, the father role is neglected and the research has tended to focus primarily on mothers (Badenhorst et al., 2006).

Another study that did focus on both men and women's grieving reactions assessed 27 couples on a questionnaire about coping (Feeley & Gottlieb, 1988-89). Couples completed questionnaires regarding 'coping styles,' which included whether individuals would attempt to face the loss directly, use avoidance techniques, or cope with the death through a number of alternative means. Results indicated that overall, men and women differed very little in their ways of coping after the loss, as they both scored the same or similar on 11 out of the 14 subtypes of coping (Feeley & Gottlieb, 1988-89). While they differed on three subtypes, the researchers found that the majority of their coping was, overall, quite similar.

Another study examining grieving differences utilized a mixed-methods design that examined grief reactions in 55 bereaved parents (Dyregrov & Matthiesen, 1987). Using t-tests, results indicated that the women scored higher on the grief-related subscales than men. Upon closer examination of the findings; however, researchers found that approximately one third of the men and women had no differences in their grief reactions (Dyregrov & Matthiesen, 1987). This finding suggests that while there can be grieving differences, it is not true that these differences always exist. Also, as part of the study, participants rated whether their grieving was 'a little different' or 'very different' than their partner. Of those who stated that they grieved differently, half the couples rated themselves as grieving 'a little differently' from their partner rather than the other choice of 'very differently.' Also, a qualitative section included open-ended written questions on grief. Within that component, both female and male participants themselves wrote that some of the possible reasons for their grieving differences were likely due to the fact that women were typically more comfortable expressing grief and men were not. Also the

researchers noted that women left descriptive, lengthy answers while the majority of men did not respond to the open-ended questions at all. The researchers stated that the results, cumulatively, suggest evidence that gendered grieving differences have been blown out of proportion and that it is likely men and women differ in their comfort level in expressing grief, which may skew how individuals understand men and women's reactions after a death (Dyregrov & Matthiesen, 1987).

The literature reveals that there have been criticisms to the assumption that gendered grieving differences exist between men and women. Results illustrate that men report similar grief to women (Badenhorst, 2006), men and women do not necessarily differ in how they cope with the grief (Feeley & Gottlieb, 1988-89), and women seem to be more free in sharing their grieving reactions compared to men (Dyregrov & Matthiesen, 1987). Simply acknowledging that men and women grieve differently without providing more explanation no longer seems sufficient, as it is clear there are a variety of factors to consider in the area of gender and bereavement.

In order to create a more comprehensive understanding of this topic, additional variables that impact men and women differently are reviewed. In this section, a discussion of men's and women's historical social roles and how those roles have changed over time are included. Following this, an explanation of the biological and social considerations of trait development in men and women are also discussed.

Male and female roles. Historically, there were firm lines between men and women's roles in the family. Prior to, and throughout the industrial revolution in the 1900s, men predominantly worked outside the home, while women were responsible for maintaining the house and children (Cancian, 2004; Popenoe, 2004). While both parents were invested in raising their children to be healthy adults, men did so by taking responsibility for the economic well-

being of the family through employment, and women took responsibility of the children's physical and emotional well-being by providing for the children's emotional needs (Popenoe, 2004). Their worlds were split, as men were considered to be more practiced in "the impersonal, powerful, masculine spheres of the workplace" (Cancian, 2004, p. 355) and women became associated with "the personal, loving, feminine sphere of the home" (Cancian, 2004, p. 355).

These once so clearly defined roles have been altered drastically and no longer apply to the same degree in today's modern world. Now more and more individuals identify themselves as 'egalitarian,' meaning that "both parents work outside the home, and both can share in the domestic responsibilities" (Popenoe, 2004, p. 172). Gender roles have shifted, as the expectations of men and woman are substantially different than in previous decades.

For instance, in a study examining gender roles in 20 couples, researchers found the majority of men and women attended to the economic needs and also to the emotional needs of the children, as they both worked outside the home and shared childrearing tasks. The men in this study described their involvement with their children as "...kind of the central driving force in my life" (Coltrane, 2004, p. 192). They also described their involvement as "enabling them to experience a new and different level of intimacy" that was depicted as "deep emotional trust," "very interior," [and] "dre[w] me in..." (Coltrane, 2004, p. 189). This study gave an example of how there has been a change to more fluidity between the gender roles than had previously existed.

There has also been an extensive amount of research published on theories of gender roles, about the reasons why women and men act the way they do. Two areas within this research are literature on genetic factors, and socialization, including the effects of parents and

the influences of the media. Note, this is not meant to cover the full scope of the topic, and for a more extensive review of gender differences see Chrisler & McCreary (2010).

Genetics. There has been an abundance of research about whether the cause of behavioural differences in males and females are due to genetic influences. Most of the studies in this area have involved comparing identical twins to fraternal twins. Identical twins share their DNA while fraternal twins are born at the same time but do not share any of their DNA. Both types of twins share their environment and so researchers often compare these two groups to determine whether genetic factors (identical twins) or environmental factors (fraternal twins) are more likely to have an influence.

One such study compared preferences for the types of activities they participated in (such as playing house or pretending to be a soldier), and personal characteristics (such as active play or preference for nice clothing, jewelry, etc.) in identical and fraternal twins (Iervolino, Hines, Golomok, Rust, & Plomin, 2005). Results indicated that genetic factors accounted for different amounts of the variance for boys and girls. For instance, in boys genetic influence was responsible for 34% of their scores, while for girls, genetic influence accounted for 57%. Boys' genetic influence was lower (indicating more of their behaviour was due to environmental factors). The researchers hypothesized boy's behaviour may be more influenced by the environment because they may be directed towards certain sex-stereotyped behaviour than girls. For instance, typically for boys, it is acceptable for him to participate in male-typical behaviour but not in female-typical behaviour. Boy's parents would likely scold him for wearing a dress and would encourage him to wear pants. This is different for girls, as girl's parents would not direct her as much because it is acceptable for a girl to wear either a dress or pants. The researchers hypothesized that boys receive more feedback from influences in their environment,

thus resulting in their environment shaping them more than genetic factors; whereas, the same is not necessarily true for girls (Iervolino et al., 2005).

Another study also examined genetics and behaviour of males and females. In this research, boys and girls were compared on assessments of values called 'self-enhancement' versus 'self-transcendence,' and 'openness to change' versus 'conservation' (Knafo & Spinath, 2011). Self-enhancement was defined as a person who values gaining power and putting their own interests ahead of others, while self-transcendence was defined as helping others and being kind to people. This study also looked at identical versus fraternal twins to determine if boys and girls in one group were more likely to demonstrate certain values. The study found significant differences on the self-transcendence versus self-enhancement dimension, as boys scored higher on the value of self-enhancement and girls scored higher on self-transcendence.

Other research looking at genetic differences to account for gender-related behaviour in men and women have been conducted by measuring the levels of testosterone of expectant mothers (Hines et al., 2002). This study determined mother's testosterone levels prior to giving birth and then observed the child's behaviour when they were infants. Researchers assessed the children when they were 3½ years of age to determine their preference for gender-specific behaviour and to see if there was a connection between their behaviour and the mother's testosterone levels in utero. Results indicated that there were no effects for males; however, in girls, low levels of testosterone were related to behaviour considered to be more 'feminine,' including less aggressive behaviour. This study provides evidence that hormone levels are typically related to higher levels of aggression, which is more predominant in males rather than females.

Assessing gender-based behaviour in twins or through hormone samples have been common methods for studying the biological effects of personality traits, such as gender, in boys and girls. The research in this area does suggest genetic factors play a part in the types of behaviour exhibited as the children age. In addition to this, researchers have also examined contextual factors in how boys and girls develop.

Socialization and context. There have been a large number of studies conducted to try and understand whether external factors, or factors in one's environment, play a part in the gender-based behaviour of men and women. There are a multitude of factors, two of which are parental behaviour and the media.

Studies have found that children will imitate others in their environment by enacting certain behaviour such as aggression (Bandura, Ross, & Ross, 1961). Researchers have specifically studied how children can be influenced by their parents, and have coined a term called 'modelling,' which is when a child internalizes the behaviour of gender-specific scripts demonstrated by parents (Leaper, 2000). One study examined whether parents actually do act out gender-stereotyped behaviour by assessing 98 parents on traditionally masculine behaviour called 'self-assertion,' and traditionally feminine behaviour called 'interpersonal affiliation.' The researchers examined the families on various scenarios where a child interacted with their mother and the father through play (Leaper, 2000). Researchers found that the parents demonstrated behaviour consistent with traditional gender norms, where the father was more assertive than the mother, and the mother demonstrated more affiliative types of behaviour. This study found that parents typically engaged in behaviour consistent with gender-specific stereotypes, and that this behaviour was demonstrated to their children.

A review of the literature was also conducted on parent's language (Leaper, Anderson, & Sanders, 1998). Researchers examined articles from 1969-1993 to determine whether parents tailored the type of language they used with their child, depending on the child's gender. Study variables included amount of talking, supportive speech, negative speech, directive speech, giving information, and requesting information. Supportive speech included positive language such as collaboration, acknowledgement or praise, negative speech included criticism or disapproval, and directive speech included suggestions. Results found that, in general, mothers were more talkative and used more supportive language with their children, while fathers used more instrumental speech such as using more directives and questioning. Further, both mothers and fathers were more likely to use affiliative language, or language that was more positive and supportive with their daughters and not with their sons. Fathers were more likely to use instrumental language, or language that was more directive and questioning with sons. This study provides support that parents alter their behaviour depending on the child's gender, using more typically feminine language with daughters and masculine language with sons.

Another study that specifically measured children's modelling was conducted with a longitudinal study of the mothers of 60 children, 30 boys and 30 girls (Fagot, Leinbach, & O'Boyle, 1992). These mothers were assessed on a variety of measures and were observed during a free play session with their children. One result from this study was that children as young as 2 years were able to identify what object would typically be associated with a boy or a girl based on gender-related stereotypes. They also found that parents' preconceived beliefs about what is appropriate for boys and girls impacted how they encouraged their children to play, and also that children at a very young age were already aware of how boys and girls are expected to behave.

While messages through parenting are one way that boys and girls learn how to behave, larger society, such as the media, can be a powerful influence that promotes gender-based messages as well. Much of the media sends messages to women about their appearance and typically portrays them in passive roles compared to men (Kilbourne, 2000). There has not been as much research on media's messages directed at men; however, some studies have demonstrated that such messages do exist and put pressure on them in certain ways as well.

For instance, one study examined a concept called 'hyper-masculinity,' which is defined as "a cluster of beliefs that includes toughness, violence, dangerousness, and calloused attitudes towards women and sex" (Vokey, Tefft, & Tysianczny, 2013, p. 562). Researchers examined eight magazines to determine whether the advertisements in these magazines promoted themes related to hyper-masculinity such as: (a) violence as manly; (b) calloused attitudes towards sex and women; (c) danger as exciting; (d) toughness/emotional self-control. The researchers had hypothesized that the themes of 'violence as manly' and 'calloused attitudes towards sex and women' would be the most frequently cited in the magazines, but were proved to be incorrect. Rather the most popular themes were 'danger as exciting' and 'toughness/emotional self-control.' They hypothesized that in the modern era, society no longer tolerates violence towards women, and so the media does not include these messages in their advertising. Rather a predominant theme has become that men should be stoic, that they portray an image of emotional control, and do not show how they truly feel. This finding provides evidence that the media promotes gender-stereotyped roles which are consistent with suggestions in the bereavement literature that men inhibit their emotion.

Some researchers have begun to study whether cultural messages, such as the concept of hyper-masculinity, has influenced grief in males. A study was conducted that examined men's

grieving and the construction of masculine identity following loss (Creighton et al., 2013). This study included 26 male participants between the ages of 19-25 who had a male friend pass away in a sudden accident. Researchers utilized a constructivist methodology called interpretive description, which involved an in-depth thematic analysis of interview content. Open interviews and photo-elicitation were used to collect data, which involved participants creating narratives around photos depicting their grief surrounding their friend's death. The analysis indicated that researchers found that males typically described their grief consistent with hyper-masculinity. For instance, when asked to think about how they felt about their friend's death, they described feeling empty, stoic, and angry. They frequently reported an uncertainty over how to react and many described wanting to cry, but being afraid to do so. It was common for them to say they spent time alone until they could regain control over their emotions before going out to be with others. Additional findings reported men filled the supportive role by consoling others who were crying and upset. This study shows first-hand narratives of men who felt the need to uphold traditional gender roles by being strong. It illustrated themes consistent with those the themes of hyper-masculinity that have been found to be promoted in the media.

As much of the research on gender-based differences shows, this research is not entirely conclusive. Research on biological-based theories illustrate significant findings demonstrating that genetics influence behaviour. Research on socialization illustrates that parents exhibit certain behaviour to their children consistent with the child's biological sex, and that children learn to internalize the behaviour their parents enact. Also, themes of hyper-masculinity have been present in the media and are consistent with how some men deal with loss. While there is a diversity of behaviour, it also appears that gender-based behaviours are determined by a

combination of genetics and socialization, both which may also influence how individuals respond to grief and loss.

A subtle and unchecked assumption within this review, and often within society, is that it is healthy to always express one's emotions to others (Creighton et al., 2013; Rando, 1987). In terms of grief, while studies have demonstrated tension in the relationship may arise because of gender-based grieving differences (Wing et al., 2001), is it the case that both partners need to communicate their grief to one another? The next section includes a discussion of findings surrounding open and closed communication in bereaved parents.

Open versus closed communication. An additional issue that has been raised in this area of the literature is whether it is even necessary for couples to communicate about grief. It has frequently been assumed that:

The bereaved parent needs repeated opportunities to be heard nonjudgementally, to accept the finality of the loss, to articulate and process the many feelings about the loss and its consequences, and to engage in the recollection and review procedures that will facilitate healthy decathexis. (Rando, 1987, p. 383)

It is also assumed that communication about the loss is healthy within the context of family relationships, as “[i]n most studies on family communication and grief, both the sharing of grief experiences and communicative openness are implicitly favoured” (Hooghe et al., 2011, p. 908).

There has been research that has addressed the issue of whether it is imperative for couples to express their emotions with one another (Yelsma & Marrow, 2003). The study consisted of 66 couples who completed the Alexithymia Scale, which assessed the ability to identify and express one's feelings, and the Dyadic Adjustment Scale, which assessed marital satisfaction. Researchers inquired whether emotional expression caused individuals to

experience more happiness in their relationship. Researchers found that couples' partners who scored high on the alexithymia measure (those with difficulty identifying and expressing emotions) reported low marital satisfaction. In other words both men and women reported more satisfaction in their relationships when their partner was emotionally expressive. Results provide support that open communication is good for a relationship.

While the previous study did not specifically examine bereaved parents, research has suggested that communication is important with this demographic as well. For instance, one such study involved interviews with 29 bereaved parents in order to understand the most pressing topics that could help them with their loss (Rosenblatt, 2000). This research revealed that for most parents, talking and utilizing open communication was important for increasing their satisfaction with one another. Based on the interviews the research concluded that "almost always it is easier to be supportive if you know more of the other's thoughts and feelings" (Rosenblatt, 2000, p. 88). The researcher prefaced these comments by saying it is not mandatory that talk will necessarily fix the tension, but that even a few brief words about their deceased or their feelings about their deceased could help (Rosenblatt, 2000).

A study conducted by Gilbert (1989) on 27 couples who had lost a child through a variety of causes sought to examine the interpersonal dynamics of the marital relationship. The researchers implemented a qualitative methodology and used open-ended questions to gather information through interviews. Findings were separated into two overarching themes which consisted of (a) high-conflict factors and (b) low conflict factors. The category of low-conflict factors included the aspects of the relationship that reduced conflict between partners. This theme included communication, exchanging information, expressing emotions, listening, non-verbal communication, and code words and signs. Gilbert (1989) found that participants

described the ability to communicate “allow[ed] partners to consider and validate each other’s view of what has happened, is happening at present, and will happen in the future” (p. 616).

While research has indicated that communication was beneficial for couples, some findings have suggested that men and women may value open communication differently. One study examined the benefit of intimacy between couples, and questioned whether different types of intimacy were important during bereavement depending on one’s gender (Gottlieb et al., 1996). The types of intimacy that were assessed included emotional intimacy, where partners listen to one another when needed; social intimacy, where partners agree on friends; sexual intimacy, where partners communicate with one another about their sexual needs; intellectual intimacy, where partners bounce ideas off one another and get the other’s perspective on matters; and recreational intimacy, where partner share in activities together. Results indicated that women who reported higher levels of intellectual intimacy in their marriage reported less grief, while women who reported lower levels reported more grief. This type of intimacy was found to be more important for women and not as important for men. These results illustrate that different types of intimacy may be more valuable for individuals depending on their gender and that communication may impact men and women differently.

Another study investigated whether attitudes about couple communication following the death of a child were related to grieving intensity and marital satisfaction (Kamm & Vandenberg, 2001). The study included 36 couples who had lost a child and were assessed on measures of grief intensity, communication about their grief, and satisfaction with their marital partner. Researchers used a regression analysis and found attitudes towards grief communication were significantly related to marital satisfaction and grief; however, the reasons for communicating about their grief differed depending on whether the participant was a male or female. For men,

those with more positive attitudes towards grief communication had reduced feelings of grief. The study found that when women had positive attitudes about grief communication, their grief did not lessen, but rather they reported increased marital satisfaction. These findings suggest that positive attitudes about grief communication are important, but that they impact men and women differently; believing communication was important led men to feel better in their grief while women felt better in their marriage.

An additional study in the bereavement literature examined communication patterns between 37 bereaved parents using an interpretative paradigm called ‘relational dialectics.’ This paradigm specifically provided opportunity for a concentrated analysis of the dialogue and communication practices (Toller & Braithwaite, 2009). Researcher’s results were mixed in that there were times that both participants felt motivated to talk about their grief; however, they also expressed that they needed time to grieve separate from their partner. Participants reported feeling tension with one another, for example one mother felt she “expected her husband to grieve as she did; however, because he did not conform to her expectations she believed he was not grieving properly” (Toller & Braithwaite, 2009, p. 265). To negotiate these differences, participants stated they developed a new understanding of one another’s grief and primarily negotiated their grieving differences and then respected these differences. Overall, this study found that at times talking with one another about their grief was helpful, but that there were also times when it was better for them to refrain from communication.

Thus far the literature addressing the topic of whether open communication between bereaved couples is necessary for the relationship to function has some debates within it. A good number of studies suggested that communication did facilitate healthy relationships (Gilbert, 1989; Rosenblatt, 2000; Yelsma & Marrow, 2003) while other studies suggested that women, not

men, tended to value aspects of communication more (Gottlieb et al., 1996). It may well be that both men and women benefit from communicating for different reasons (Kamm & Vandenberg, 2001), and that both men and women sometimes need a balance between privacy and communication (Toller & Braihwaite, 2009). Rather than communicating all the time, couples likely need to respect there will be differences and they will both not want to always talk about their grief with one another. A balanced approach that allows for one to grieve privately and also allows for communication may accommodate the different tendencies and seasons of grieving.

Discordant grieving. In addition to communication and grieving differences, research has also suggested that tension within the relationship can arise due to a phenomenon called '*discordant*' grieving, which occurs when individuals within a couple progress through their grief at different times (Feeley & Gottlieb, 1988-89). Discordant grieving, also known as 'asynchronous' grieving, has been hypothesized to contribute to tension because individuals go through emotions at different times and "the more both parents grieve in tandem (i.e., concordantly), and the more they can share their feelings, the more support they experience from each other" (Dijkstra et al., 1999, p. 103).

One study that examined whether asynchronous grieving led to conflict in marriage was conducted with 33 couples who had lost a child due to a variety of causes ranging from stillbirths to suicide (Bohannon, 1990-91). Grieving responses and satisfaction with the marital relationship were assessed longitudinally at different time points after the child passed away. Rather than an 'up and down affect,' which would prove consistent with asynchrony, the grief measures were steady and did not fluctuate. Rather, grieving responses and satisfaction with the relationship was consistent throughout the year-long course of the study, and so this study found that negative feelings towards the marriage were unrelated to asynchronous grieving.

A study examining a number of measures on bereavement and marriage also examined the effect of asynchronous grieving on tension within the marital relationship (Feeley & Gottlieb, 1988-89). The study was conducted with 27 bereaved couples who were assessed on how they coped with the loss, asynchronous grieving, and also on various measures of communication. Comparing groups using t-tests, researchers found that women in couples who reported discordant communication perceived increased hostility in interactions with her partner, while the same finding was not true for men. In this study men did not report more conflict, but rather women did, indicating that the perception of the relationship changed for women, even though there may not have been an actual increase in conflict. This study indicates that for women, even though discordant coping was not present, the perception of discordant coping negatively impacted the marriage.

Another study looked at asynchrony to determine whether this type of grieving was related to marital satisfaction and mental health outcomes (Dijkstra et al., 1999). The study included 195 couples with children who had passed away, with its main goal to explore whether one's perception of discordant coping was related to marital satisfaction and mental health. This study directly relates to the findings presented above in the study by Feeley & Gottlieb (1988-89) because it sought to examine perception of discordant coping rather than discordant coping itself. To assess this, couples completed questionnaires at 6 and 13 months following the death of their child. Participants were assessed on their bereavement experiences, marital satisfaction, and psychological symptomatology. Regression revealed that, indeed, perception of discordant coping was negatively related to marital satisfaction and mental health rather than the actual occurrence of asynchronous grieving itself. In other words, the greater the difference in grieving the couples perceived their coping styles to be, the less satisfied they felt with their marriage

overall, and the more mental health problems they had. This was true for both men and women and indicated that if partners felt they were 'out of synch' they felt tension with one another.

This indicates clinicians should be sensitive to the client's perceptions of their relationship and the impact they feel because of how they perceive their partner's grief (whether the counsellor sees them as 'in synch' or not).

Overall, the research on synchronous and discordant grieving has particularly shown that it is the individual's perception of grieving rather than the actual grieving that affects their relationship the most. In considering grieving differences, the existence of these differences has seemed to create a tension within partners.

Relationships and Intimacy

As discussed above, there is a good deal of evidence that romantic relationships can be disrupted following traumatic or difficult life events. In order to understand aspects that contribute to well-being in relationships, the marriage and family literature may provide an opportunity for insight. The aspect of intimacy has been found to be important in the satisfaction of relationships (Mitchell et al., 2008). Based on the evidence that the couple's relationship can be distressed during difficult circumstances, such as the death of a child, it is proposed that if a couple has intimacy within their relationship, they may be better able to gain support from their partner following their child's death.

Reis and Shaver's (1988) interpersonal process model of intimacy was discussed in the introduction, and is discussed further in this section. Support for such a model has indicated that certain forms of communication such as partner responsiveness and self-disclosure are associated with greater relationship functioning overall (Laurenceau, Barrett, & Rovine, 2005; Manne et al., 2004; Mitchell et al., 2008). Research shows that the combination of talking about one's

experience (self-disclosure) and having a supportive and caring partner (partner responsiveness) provides a supportive environment for a couple to talk about problems, fears, and difficulties.

One study was conducted to determine whether factors of self-disclosure and empathic responding in the Reis and Shaver (1988) model would predict self-reported intimacy among 102 couples (Mitchell et al., 2008). The largest finding from this study included that what predicted intimacy for men and women was different. For instance, women reported more intimacy when their partner used both self-disclosure and empathic responding. Women particularly reported more intimacy when their partner demonstrated understanding and validation, although demonstration of care (another key aspect of empathic responding) approached significance. For men, their own self-disclosure was related to higher reports of intimacy, while this was not true for women. In addition, factual and emotional disclosure was related to intimacy for men, while this was not true of cognitive disclosure. Also, on average, women tended to use more factual and emotional disclosure than men, and they tended to disclose more than men in general, although there was only a small significant difference between genders. There were no significant differences between men and women in their amount of empathic responding (Mitchell et al., 2008). Results from this study has indicated that men and women both value intimacy, but for different reasons.

Another study examining relationships through the interpersonal process lens was conducted by Laurenceau et al. (2005). This study examined 96 couples to test if Reis and Shaver's (1988) model of self-disclosure and partner disclosure was related to intimacy, and whether perceived partner responsiveness mediated the effect of self-disclosure and partner disclosure to intimacy. The participants wrote their experiences of intimacy with their partner in a structured daily journal. Results indicated that self-disclosure and partner disclosure were

related to intimacy, and, consistent with the study by Mitchell et al. (2008), there were gender differences. The researchers found that in the case of men, their reports of intimacy were related to their own self-disclosure. For women, their partner disclosure, and perceived responsiveness of their partner was related to higher reports of intimacy. The study also found that perceived partner responsiveness partially mediated the effects of self-disclosure and partner self-disclosure, meaning that partner responsiveness is likely an important part of intimacy for both men and women. Among this finding, the overall differences between men and women suggest intimacy may be created differently between genders, which has implications for what men and women need in order to create closeness with their partner.

An additional study on intimacy examined 98 couples to determine the factors related to intimacy in a relationship (Manne et al., 2004). In all cases, one person in the couple dyad had been diagnosed with cancer, and the couples were observed by the research team while having a discussion about a problem related to the cancer, and when discussing a general marital concern. The couples were then asked to evaluate their interactions on perceived self-disclosure, partner self-disclosure, partner responsiveness, and intimacy. Consistent with the previous study, perceived responsiveness played an important role in intimacy in relationships, as it was the strongest predictor of intimacy, accounting for 78% of the variance. These findings are consistent with the other studies in that partner disclosure and perceived responsiveness foster intimacy.

A final study looked at 135 couples to examine partner sensitivity and relationship quality (Clements, Stanley, & Markman, 2004). While they did not examine perceived responsiveness specifically, they examined one aspect called 'emotional invalidation,' which was defined as the act of being unsupportive or insulting one's partner (Clements et al., 2004).

Results found that emotional invalidation was associated with marital distress and was more likely to lead to relationship disintegration. The researchers found that when the person listening did not validate the partner who was speaking, the speaker would often shift from an original positive goal during the discussion to defending themselves or blaming their partner. These findings are consistent with other studies findings that being validated, understood, and supported in general is important when discussing difficult information. The research illustrates that intimacy is important and is one of the building blocks for fostering good relationships.

Conclusion

This chapter provided a review of the literature on theories of bereavement, which included psychodynamic, attachment theory, continuing bonds, the dual process model, and cognitive stress and coping theory. It also reviewed literature on models that address the adjustment couples go through following a traumatic event. Gendered grieving, communication styles, and asynchronous grieving theory were also reviewed. It involved a discussion of posttraumatic growth and posttraumatic growth and loss. Finally, it concluded with studies about intimacy and specifically about studies examining Reis and Shaver's (1988) model of intimacy. The next chapter will review the methodology that was implemented in the present research study.

CHAPTER 3: METHODOLOGY

In this study, a descriptive phenomenological research method was utilized that incorporated an approach developed by Amedeo Giorgi (Giorgi, 2009), with modifications to rigour (Thomas & Magilvy, 2011). This chapter addresses the rationale for using this method, the research process, data collection, the method of recruiting participants, screening for the study, summary of participant characteristics, steps in data collection, interview process, the means taken to ensure research rigour, and ethical considerations. A summary of the general research process has also been included at the chapter's conclusion.

Phenomenology

Phenomenology originated with Edmund Husserl and was further developed as a psychological method of investigation at Duquesne University in Pittsburgh, PA (Churchill, 2000). Husserl created phenomenology so that researchers would grasp the “meanings and identif[y] the essence or central theme of an experience” (Phillips-Pula, Strunk, & Pickler, 2011, p. 68). It developed out Husserl's dislike for the human science's focus on objectivity and its lack of attention to reflexivity and praxis (Applebaum, 2012). As such, it is based on the subjective perception of consciousness, such that “experienced meanings are the correlates of particular attitudes assumed by consciousness” (Churchill & Richer, 2000, p. 169). That is, the researcher attunes him/herself to the participant's perspective and garners a picture of how the object appears to him/her. To develop an understanding of another's conscious experience, the researcher utilizes the skills of “using one's own powers of empathy and imagination to “feel” one's way or to “image” one's way into the other's experience” (Churchill, 2006, p. 90). This means the researcher must attempt to develop and become in touch with the participant's perspective and to really view the object as the participant describes.

Two key terms are central for understanding phenomenology's emphasis on perspective and consciousness, *noema* and *noesis*. The term 'noema' refers to "a phenomenological being of the object" (Ströker, 1993, p. 99), or the stable or objective qualities that make an object what it is. The term 'noesis' is different in that it is the person's conscious awareness, or the relationship that person has with the object or experience (Giorgi, 2012). It "captures the fact that an object is not merely apprehended as an object determined by a certain act-quality – say, as a perceived, or imagined, or thought object – but also presented as an object with a certain sense of being" (Ströker, 1993, p. 97- 98). In other words, a person always has a subjective sense of an object and so its description will vary depending on the person doing the perceiving. In phenomenology, one aims to develop an understanding of an object (noema) from the relationship, or conscious awareness, another person has towards the object (noesis) that is perceived (Churchill & Richer, 2000). The researcher aims to capture the noesis rather than the noema.

Another important concept of Husserl's phenomenological psychology is the term *lifeworld*, which refers to the world the participant lives within and which is often so natural to the participant. The lifeworld consists of multiple factors, including people, culture, material objects, natural objects, and institutions (Churchill & Wertz, 2001) and provides the backdrop for the research, as "[a] faithful interrogation of any human experience shows that it is not an isolated event but rather is, according to its immanent structure, a moment of the ongoing social relation between a whole "personality" and the "world" that can be spoken about or revealed through language" (p. 247). Therefore, experience is unique to the participant, holistic, and embedded within many factors; thus, the lifeworld is a source of investigation that reveals a richer and deeper understanding of the experience or object itself.

Another important term in phenomenology is called the *psychological attitude*. Since psychology is concerned about people's behaviour in their surrounding world, this is where the researcher takes a perspective that considers what it might be like for the participant to experience their lifeworld (Giorgi, 2009). Assuming a psychological attitude is essential to *imaginative variation*. This is the most important component within the analysis (Giorgi, 2009) and "is central to maintaining descriptive phenomenology's emphasis on essences" (p. 129). This technique involves the researcher re-writing the participant's words to remove components that are not central to the experience while maintaining the psychological meaning of the words. Moreover, it is a process that captures aspects of the participants, such as why one did something, what they hoped to accomplish, and what they were excited about (Giorgi, 2009). In this way it considers more than their behaviours, such as factors that deepen one's understanding about their intentions for their behaviour (Giorgi, 2009).

Another technique utilized in descriptive phenomenology is *bracketing*, which can be described as a means of identifying and removing biases the researcher has which may distort or affect the results (Tufford & Newman, 2012). Bracketing requires the researcher to identify his or her personal beliefs about the research study prior to commencing interviews with the participants (Giorgi, 2009). When the participant describes the topic, they are describing the 'given,' or their own experience. As this is being described from their own perspective, the researcher:

Must resist from positing as existing whatever object or state of affairs is present to her.

The researcher still considers what is given to her but she treats it as something that is present to her consciousness and refrains from saying that it actually is the way it

presents itself to her. In addition, she refrains from bringing in non-given past knowledge to help account for whatever she is present to. (Giorgi, 2012, p. 4)

In other words, the researcher needs to identify what the participant is saying, and not impose preconceived beliefs on the participant. The researcher's assumptions and beliefs have the potential to misconstrue the information, and so "[w]e bring all of our past experiences and knowledge into the qualitative research setting but learn, over time, to set aside our own strongly held perceptions and truly listen to the participants/subjects of our research to learn their stories, experiences, and meanings" (Thomas & Magilvy, 2011, p. 154). Therefore when bracketing, the researcher identifies his/her experience of the phenomenon under question and provides a written statement regarding this experience. The researcher refers to this description throughout the interview and analysis process and consciously must suspend one's own pre-conceived judgements to see the phenomenon from the participant's perspective. Bracketing is implemented prior to conducting the interviews. Throughout the study, the researcher returns to the bracketed statement to reflect on whether s/he is imposing these beliefs in the project. For example, during the analysis, one is constantly shifting between idiographic and general insights, as well as between efforts to "see" the phenomenon directly and efforts to "hold back" when "ideas from elsewhere begin to intrude spontaneously" (Churchill, 2006, p. 91). Thus the researcher is mindful of their bracketed experience while conducting interviews and creating descriptions so as to prevent imposing his/her values and experiences into the study.

Modifications

In addition to Giorgi's (2009) analytic steps, there were some deviations from the method, which included: (a) member checks; and (b) inter-rater reliability.

As part of the analytic process, described further in the chapter, the researcher had participants review their Individual Summary Descriptions (ISDs), or a summary of their interviews, and give feedback. This process, called ‘member checks’ has been recommended as a tool qualitative researchers can use to increase their study’s accuracy (Thomas & Magilvy, 2011). Firstly, having a check where the participants reviewed the results was considered an important element because it could be possible for the researcher to misinterpret components of the interviews. In order for the researcher to check that she accurately understood, the researcher scheduled a second meeting and met with the participants in person to read through the ISDs, where the participants could inform the researcher if changes needed to be made.

Secondly, the researcher also had a peer who checked the themes from an overall summary of the interviews called the General Summary Description (GSD), which is commonly used in qualitative research as a means of testing rigour (Thomas & Magilvy, 2011). The rationale for including a peer in this process was to allow a means for feedback to determine whether the researcher was imposing personal viewpoints and altering the data. To incorporate another individual, the researcher gave the peer a percentage of interviews and asked the individual to determine what themes those interviews fit into. Agreement on the themes meant the researcher was accurately interpreting the participant’s interviews without altering them to match personal views or beliefs.

Although the analysis in the study deviates from the method as outlined by Giorgi (2006a; 2009), this was not conducted without consideration for the risks and benefits of such action. In discussions with the supervisor, the researcher concluded it was beneficial to check for accuracy despite Giorgi’s (2012) argument against it. The researcher concluded the peer check would be beneficial because it would be possible to receive feedback about whether the

interviews were biased. The researcher also felt it was beneficial to include a peer to determine whether she also felt the interview excerpts fit into the same themes because it would again check for researcher bias. To help the assistant develop a better understanding of the interviews, the researcher provided context about the participants and their stories. Decisions to implement these deviations were conducted in conjunction with the researcher's larger committee and through consultation with the literature on phenomenology and qualitative method procedures (de Witt & Ploeg, 2006; Fischer, 2006; Giorgi, 2006b; Halling, 2005; Moerer-Urdahl & Creswell, 2004). A more in-depth discussion of rigour and trustworthiness expands on these components further in the section.

Rationale and Fit of Method

The researcher was most concerned with uncovering the participant's lived experiences of within the relationship following a child's death. Much of the literature in this area has included quantitative statistics (Dijkstra et al., 1999; Dyregrov & Matthiesen, 1987; Kamm & Vandenberg, 2001; Lang et al., 1996) or general thematic analysis (Alam et al., 2012; De Frain et al., 1990-91; Schwab, 2007). A quantitative method was not chosen because researchers have indicated a need for research that seeks to understand the richness of relationships (Toller & Braithwaite, 2009). Rather than conduct a thematic analysis, phenomenology was seen as a good fit because it is descriptive and includes the subjective lived experience of the individual (Churchill, 2006). Phenomenology's concern with 'essences' (Finlay, 2009) was seen as a good fit with this study because grief research indicates the individual's perspective is paramount (Attig, 1995). As aspects from the participant's perspective was seen as central to the study, it was deemed appropriate to include the application of a subjective methodology that placed value on the participant's view of reality. Rather than include a strong component of the researcher's

experience, the researcher was most concerned with capturing the participant's voice. Since the intent was to focus on the participants, Giorgi's method was used (Giorgi, 2006a).

Procedures

Trustworthiness and rigour. In qualitative research, a dilemma exists where “philosophically, we know that a single, generalizable, external “truth” held and perceived by all would be impossible” (Thomas & Magilvy, 2011, p. 152) and yet both researchers and practitioners “need to have confidence and trust in the research findings presented” (p. 152). This begs the question of how researchers can be sure their results are accurate and dependable (Rolfe, 2006). A study's rigour and trustworthiness can be increased by incorporating some specific components into the study, including the method's openness, credibility, dependability, bracketing, and triangulation. Each term is defined below:

Openness has been explained in a number of ways, but in their consideration of rigour in phenomenology, de Witt and Ploeg (2006) proposed that it be defined as “opening up the study to scrutiny” (p. 225), or having other people look at it. The term credibility is different from openness in that it is synonymous with the term ‘validity,’ used in positivist research. It can broadly be defined as accurately measuring what the researcher sought to measure (de Witt & Ploeg, 2006). Dependability is similar to the construct of reliability in quantitative research, which is that the results can be replicated (Im & Chee, 2006). Bracketing was also incorporated into the study. Briefly defined, bracketing is the procedure by which the researcher identifies and sets aside their personal bias related to the phenomena under question. Finally, triangulation is when one compares findings from a study to determine if other sources are consistent (Gregory, Armenakis, Moates, Albritton, & Harris, 2007).

Participants. Participants for the study were recruited by contacting a bereaved parent support group in the Lower Mainland of British Columbia. The group had several chapters and the facilitator from each chapter was contacted by phone and given a brief description of the study (see Appendix A and Appendix B). Each facilitator agreed to inform group members at their next support group meeting. Following this, the facilitator passed along contact information from members who expressed interest in the study, and the researcher contacted these participants either by phone or email to further provide more information (see Appendix C). If a member was interested in participating, a screening was conducted to ensure the individual met criteria for the research. The inclusion criteria was outlined as the interested individual: (a) experienced the loss of a child; (b) was in a relationship with a significant other at the time of the loss; (c) the loss occurred at least one year or more before the study; and finally (d) the individual was not actively suicidal.

The first two criteria were included because they were the characteristics being examined in this research. The third criteria put a time restriction on individuals' participation post-loss. While the length of time it takes to intensely grieve is unique and depends on the person, research indicates grieving becomes more stable around eight months (Steeves, 2002). As this time is an average estimate and the period of intense emotional instability might take longer for some, the length of time was slightly extended to those whose child passed away one year or more ago.

Due to the emotional nature of the subject (Weiss, 2001), efforts were made to ensure those likely to be harmed through their participation were not included. As such, participants were screened to determine if they were at risk for suicide (see Appendix D). Some typical indications a person is suicidal includes having plans for how they would carry out the suicide

(Perez, 2005), and having had a family member or friend commit suicide previously (Zhang & Zhou, 2011). As such, participants were queried on these characteristics and were further screened to explore risk by asking them questions in Appendix D. Some participants responded 'yes' to the question of whether they sometimes wished they could die to be with their deceased loved one. If the participant responded in this way, the researcher asked whether the individual had a plan to do anything about this. In every case the individual replied that they often yearned to see their deceased loved one again, but that they never planned on actually hurting themselves in order to do so. If a participant had been considered at risk, they would have been screened out of the study and given information about where to receive support (see Appendix E). No participants were considered to be at risk and so none needed to be screened out.

Initially, a criterion of participation was that both partners needed to participate in the study. Due to the diversity of relationships within society today (Kelly, 2012), the criteria was removed so that individuals were eligible if s/he was no longer in a relationship, but just needed to have been in a relationship at the time of the child's death.

Eight individuals from the support groups met the inclusion criteria and agreed to participate in the study. Seven participants were female and one was male. Their ages ranged from 57-70 years, with an average age of 63 years ($M = 63$). All participants identified as Caucasian. Other participant information is included in a table below.

Table 1

Participant Characteristics

Name	Gender	Age Range	Ethnicity	Education	Occupation
Trish	Female	65-70	Caucasian	College or Trade School	Retired
Jessica	Female	Unknown	Caucasian	Master's	Teacher
Andrea	Female	55-60	Caucasian	College or Trade School	Semi-retired
Trevor	Male	60-65	Caucasian	College or Trade School	Retired
Stacey	Female	55-60	Caucasian	Master's	Counsellor
Candice	Female	60-65	Caucasian	College or Trade School	Retired
Caitlyn	Female	65-70	Caucasian	College or Trade School	Retail associate
Sophie	Female	60-65	Caucasian	High School	Retired

Note. To protect confidentiality, information has been generalized and names have been changed to pseudonyms.

Table 2

Children Characteristics

Cause of Death		Age		Years Since Loss	
		Range	Average	Range	Average
Sudden Accident	3	10-40	24	2-18	8
Overdose	2				
Chronic Illness	2				
Eating Disorder	1				

As Table 3 illustrates, all participants had been in a relationship at the time their child passed away. The majority were married, two were re-married, and one had been in a committed, long-term relationship. Although most participants were married or re-married at the time of loss, their dynamics included both biological and step-parent relationships to their child. As can be seen in Table 4, most participants continued to be with the same partner post-loss, although two participants had separated since. A brief overview of the type and length of their relationships can be found in Table 3 and Table 4.

Table 3

Couples' Relationship Characteristics at Time of Loss

Type of Relationship		Length of Relationship	
Married	5	1-5 years	1
Re-married	2	5-10 years	2
Dating	1	10-20 years	1
		More than 20 years	4

Table 4

Couples' Relationship Characteristics at Time of Interview

Type of Relationship		Length of Relationship	
Married (in same marriage at time of loss)	4	1-5 years	0
		5-10 years	0
Re-married (in the same marriage at time of loss)	2	10-20 years	2
Divorced/separated	2	More than 20 years	4

Data Collection

After a time was booked, participants met with the researcher for the interview, which lasted between 1-2 hours, depending on the participant. Participants were recruited from Vancouver and the Lower Mainland and many often preferred to meet at various locations close to where they lived. Three interviews were conducted in meeting rooms at local libraries. Three individuals felt more comfortable having the interview at their house and so these interviews were conducted at their homes. One interview was conducted in a counselling room on Trinity Western University's campus. Lastly, one participant was out of town, and so the interview was conducted over Skype.

The interviews were recorded using both a video camera and an audio recorder. The researcher met with the participants and took some time to build rapport by asking the participant how they were doing that day and if they had trouble finding the meeting area (for those who were meeting outside their home). The researcher also went through the informed consent forms and gave the participant time to ask questions. While all participants had been screened during the phone call prior to the interview, they completed the suicide screening form in person. Again, none of the participants presented as a suicide risk over the phone or at the interview.

The researcher read through the informed consent form and outlined confidentiality (see Appendix F). If the individual agreed to participate, they signed the informed consent form. They next completed a brief general demographic questionnaire, which included specific questions about their relationship with their significant other (see Appendix G). The interviews began with a discussion of their deceased child. Some parents brought photos or other mementos that reminded them of their child. These items were used as starting points for the interview, and the researcher conducted the interview following the semi-structured format (see Appendix H).

The child's story provided some context to further understand the participant's stories about their relationship. After hearing their child's story, the researcher asked the participant to talk about their partner and their relationship. The study's research question was "*What was your experience of the relationship with your significant other after the loss of your child?*" At this point, the participant was asked to talk about their partner and to describe their relationship prior to their child's death. Again these questions were used to provide a contextual background that would lead to a more comprehensive understanding of their relationship after the child passed away. The researcher also queried the participant to give examples of the relationship to get a more specific and complete understanding of the relational qualities. The researcher purposely used open-ended questions to avoid leading the participant and to allow the participant to speak from their personal experience. The researcher then asked the participant to talk about their relationship following their child's death, and again to give examples. To assist in accurately understanding the participant's story and not misinterpret the information, the researcher paraphrased and reflected back the participant's words throughout the interview. The researcher also used encouragers, such as "mhm" and "what was that like for you?" to encourage them to describe their experiences. Follow-up questions unique to the participant were used to probe areas the researcher believed would lead to more information about their experiences. After approximately an hour and a half to two hours, answers to questions became redundant, which indicated that a point of saturation had been reached. At the end of every interview, the researcher asked the participant whether they wanted to add anything, or if anything was missed in the interview. Every participant indicated they had discussed everything and did not have any more additional information to add.

Data Analysis Strategy

The researcher used Giorgi's analytic strategy to analyze the data (Giorgi, 2009). Four common characteristics to the analysis in phenomenology are: (1) it is *descriptive*; (2) uses *reductions*; (3) seeks to understand the *intentional relationship* between persons and situations and; (4) illustrates *essences* or structures of an experience derived through imaginative variation (Finlay, 2009). Although the researcher used Giorgi's method, as discussed, there were some deviations from the method by including trustworthiness and rigour. The researcher deviated by firstly incorporating the criteria of openness by clearly outlining the steps that were conducted in the research analysis. Any decisions made were documented through the use of a paper trail and a research journal, and by discussing potential problems and important decisions with peers and the research supervisor in regular meetings. The researcher was also transparent with every step of the analysis by consulting with the supervisor about the steps, and finally, by maintaining an open dialogue about the findings with the supervisor. The researcher discussed the results, explained the manner they were developed, and how they could be presented following their development.

The researcher also deviated from the method by including the criterion of credibility. Qualitative researchers have agreed that credibility can be determined by verifying findings through member check interviews with research participants and colleagues (Thomas & Magilvy, 2011). To conduct member checks, the researcher contacted the participants a second time to inform them that ISDs and themes had been created from their interviews. Six of the eight individuals participated in the member checks, as one individual was unable to participate for personal reasons, and the researcher was unable to make contact with another individual. Second interviews with the six participants were arranged and the researcher met with them in

person. These interviews ranged from 30-60 minutes and were a time for the participants to review the descriptions and provide the researcher with feedback (see Appendix I). Most of the participants agreed the descriptions were accurate and only minor revisions were made to some. These revisions were conducted in consultation with the participant until s/he agreed on their accuracy.

A second technique for testing credibility was incorporated, which included having a peer review themes. For this step, a master's level counselling psychology student with knowledge of phenomenology was recruited to assist with this. The student was asked to match 15% of the meaning units to the themes that had been developed from the analysis. She was given contextual information about the participants to provide background information and a deeper understanding of the material. The student was given quotes taken directly from the interview transcripts. Of the larger themes that were developed, she was asked which theme fit the various quotes best. The researcher also completed the same task, putting quotes under the themes. The student and researcher then compared how many quotes they had put under the same themes and found that they matched in their decision-making of quotes to themes 91% of the time.

This study has fulfilled the criteria required for dependability and most of these decisions were conducted in consultation with the researcher's supervisor and laboratory colleagues.

Another aspect of the study that differed from Giorgi's method (Giorgi, 2009) was to incorporate bracketing. A paragraph identifying the researcher's bias was created prior to the study (see Appendix J). The researcher revisited the bracketed experience after each interview and throughout the interview process, reflecting whether she was projecting assumptions onto the interviews. She did this by journaling highlights and key points of the interview after each interview. Then while the researcher was transcribing, she would compare what was being

transcribed with what had been written following the interview. If there had been differences, the researcher would examine the bracketing statement to see if any biases were interfering with the interview interpretation. This was also done when she was creating the themes as well. Throughout the course of the data analysis, the researcher consistently reflected on the bracketing statement to ensure the participant's voice was emphasized, not hers.

The researcher also included a triangulation component by opening the results to compare with the literature on the area of bereavement and relationship dynamics. Themes from the final analysis were consistent with the literature's reports of bereaved parents experiencing conflict, having trouble with communication, being overwhelmed with the loss, and feeling isolated from their community. The researcher also consulted with a bereaved parent (not a participant in the study), and another colleague who was studying men who were providing help to their partner who had a life-threatening illness. These individual's experiences matched very closely to these study's findings.

In order to implement the steps from Giorgi (2009), the researcher used the follow analysis. She firstly used immersion, where she absorbed myself in the data, which also included transcribing the interviews verbatim. The researcher transcribed seven interviews and one interview was transcribed by a research assistant. The researcher went through the interview transcribed by the research assistant to ensure familiarity with it as well. All the interviews were either transcribed or reviewed as part of the immersion process. Secondly, the interviews were reviewed to gain a sense of the whole (Giorgi, 2009). In this initial step she refrained from interpreting and uncovering meanings. Instead she read the transcripts and listened to the interviews over again in their entirety to ensure she was familiar with the interview's details and to generate a holistic picture of the participant's experiences.

In the next step she broke the interview into smaller sections, which became the meaning units. She created these meaning units by physically making marks on the transcript to separate statements every time there was a shift in meaning.

Next, she created the ISDs, which were 1-2 page summaries of the individual interviews. She took a psychological stance and implemented imaginative variation by re-writing the meaning units to generate new statements that were worded differently, but still captured the 'essence' of the participant's experience. For each participant, she examined the essences' generated from their interview, and used imaginative variation a second time to put them together, and complete ISDs. Finlay (2009) outlined that in phenomenology there is a difference between idiographic and eidetic analysis, where idiographic analysis focuses on the individual description. Eidetic is different in that it focuses on the combination of idiographic descriptions, which then becomes a general summary of the descriptions taken together, called GSDs. Implementing ISDs created a more thorough and explicit expression of the participants' experiences which were re-worded into a description that reflected their own unique experience. The researcher employed both the techniques of psychological stance, imaginative variation, and reduction, which were necessary to create these descriptions.

In the next step, the researcher created a larger description of the phenomena by identifying common themes and the essences of the phenomena to create the GSD. She examined the components in the interviews that were essential to their experiences. Often, these elements were common to many participants and could easily be identified as an essential. Other components unique to some individuals had to be left out as it had not been a common occurrence for others. In other cases, although an essence was not important to all participants, it added insight and helped explain the phenomenon. In these cases, elements unique to a minority

of participants were included into the GSD. The essences from the individual descriptions were again reworded to capture the overarching essence and were combined to form a GSD and themes.

Finally, the researcher used the description and themes to interpret the participant's interviews. In order to better understand the interviews, she reviewed the raw data, such as participants' quotes, and other components in the interview to provide commentary in the discussion section.

In this section, the purpose of the study has been described, the method and criteria for recruiting participants has been discussed, along with the length of time of the data collection took, the steps for data analysis, as well, as how the interviews were interpreted. The researcher has also taken as many measures as possible to ensure precautions were taken to increase the chances the methods were done accurately and could be done again by another researcher.

Summary of Actions

Overall, there were a number of steps taken throughout the research process: (a) initially, the researcher conducted the bracketing procedure to examine biases about the topic of loss and relationships; (b) the participants were recruited from the support group and each potential participant was contacted through telephone or email. During these contacts, the researcher discussed the nature of the study with the potential participant and conducted a telephone screening to ensure they met study criteria; (c) if the individual agreed to participate, a date for the full interview was arranged, and the interviewer met with the participant in a private location to conduct the interview. Each participant had the opportunity to receive the questions ahead of time, and some participants chose to view the questions in advance; (d) interviews were conducted; (d) interviews were transcribed verbatim, with the help of a research assistant; (e)

interview data was analyzed through a modified descriptive phenomenological method, which included creating meaning units, individual structural descriptions, creating a general structure of each participant's experience, and creating overall themes. The themes were used to interpret the participant's interview data; (f) following the initial data analysis, participants met with the researcher for a second interview, where they reviewed their individualized descriptions and themes. During this interview, the researcher also inquired about the participant's emotional stability and follow-up support was offered if needed; (g) a peer also reviewed the themes, where the researcher and peer matched excerpts from transcripts to these themes with 91% reliability; (h) the credibility checklist was followed, to ensure openness and to allow for feedback of thesis procedure. The researcher met with a larger research team consisting of the supervisor and colleagues to review the method, explain the data analysis steps, and discuss the findings. A paper-trail was created by documenting all decisions and keeping important notes from meetings. The researcher was open to questions and feedback along all steps of the research process. Also, all assistants signed confidentiality forms indicating they would not share the information they obtained throughout the study. A confidentiality form was signed for the transcriber (see Appendix K) and for the coding assistant (see Appendix L).

Ethics

Due to the sensitive nature of the research questions, a number of safeguards were included in the study. The first of which was a review by the university's Research Ethics Board (REB). In this process, a description of the study, including its subject, research purpose, risk and benefits, and research questions, among other details of the study's procedure were included. The REB committee reviewed the proposal, asking the researcher to make minor adjustments. The adjustments were made, the proposal was resubmitted to the committee, upon which

approval was granted on September 5, 2012. The study also considered the sensitive nature of the subject by screening individuals to ensure those who may be suicidal or with suicidal ideation were not included. Participants were also de-briefed about the screening's purpose and would have been provided with support and excluded from the study if they indicated risk. Thirdly, participants had the opportunity to see the interview questions beforehand so they could make informed decisions about whether they want to participate. Finally, during both the interviews and member checks, the researcher asked whether the participants wanted to be connected with support. One participant appeared particularly teary during the first interview. The researcher intentionally took extra time at the end to debrief with the participant and offer the list of counselling services. The participant thanked the researcher, and said that while she was upset during the interview, she did not require any extra support.

CHAPTER 4: FINDINGS

The purpose of this study was to answer the question, “*what was a bereaved parents’ experience of the relationship with their significant other following the loss of a child?*” The study sought to find aspects of the relationship that helped participants in the time following their loss, and also to identify problematic dynamics that created conflict and pushed them away from their partner. The rationale for also identifying these dynamics was to learn more about their relationships and types of behaviour that strengthened or weakened their relationship. This chapter will begin by identifying general key themes and then summarize specific aspects of the interviews relevant to the identified themes.

Key Findings

From the eight participants who were interviewed, there were both similarities and unique differences between individuals, illustrating how rich and varied their experiences were. One of the most important finding was that all participants experienced some change in their relationship after their child passed away, whether it was good or bad, all reported that different aspects of their relationships changed. Communication was often described as an important relational component, and participants listed specific things their partner did that caused them to feel better or worse. For most, a lack of communication caused misunderstandings between partners that created unnecessary anger. Sometimes this was repaired years later, and in some cases, it was never repaired at all. One of the participants stated communication was not important, she described some instances where a lack communication led to anger. Another major finding from the interviews was that grieving differences existed between members of the couple, with typically, females more likely than males to be expressive grievers. While it firstly appeared that males grieved very little, further discussion in the interviews revealed that it was

common for males to grieve, but to refrain from expressing their feelings, which has been called ‘hidden grieving.’ Typically, the female participants would explain their male partners would tell them later on that they had cried or participated in activities that connected them with their child, but they had kept these expressions of grief private. Often the fact that one partner (typically the female) appeared to be grieving more than the other caused tension within the relationship. Later, if the male shared he had grieved, the female was no longer angry, ending the conflict that had developed in the relationship. Since the female could not see the male’s pain, she typically became mad because she did not think her partner was sad or felt grief over their child’s death. This anger ended when she realized that, indeed, her partner was grieving for their child. Additional themes were also identified and the full list of themes and subthemes has been summarized as follows:

Themes and Subthemes

- 1) The relationship was affected
 - a. The bond was strengthened
 - b. The bond was weakened
 - c. The bond was weakened but strengthened over time
- 2) Communication significantly impacted the relationship
 - a. The space to grieve
 - b. Validation of grieving
 - c. Partner’s validation of love for child
 - d. Feeling defended
 - e. Nonverbal support
 - f. Refusing support
- 3) Gendered grieving differences were evident between couples
 - a. Females were more likely than males to be expressive grievers
 - b. Hidden grieving

- 4) Behaviour
 - a. Behaviour that facilitated the relationship
 - b. Behaviour that frustrated and created distance between partners
- 5) Individual grief affected the relationship
 - a. Grief as isolating and consuming
 - b. Emotion shown initially after the death
- 6) Utilizing additional emotional outlets
- 7) Sexual relationship with the partner changed

The following themes and subthemes have been described in more detail as follows:

The relationship was affected. The most evident theme from the study was that the relationship had been affected by the child's death, as all participants reported this finding. While this was true of all relationships, the dynamics were complex and varied uniquely for each couple. Within this theme, it may not be accurate to say there were concrete subthemes, but rather there were certain trends or patterns that were true for some participants and not for others. As such, there were three primary trends that emerged, which were that their bond with their significant other strengthened, their bond weakened, and thirdly, the bond weakened initially but through confrontation about relationship difficulties, it subsequently strengthened and was stronger than it had been previously.

In regards to the first subtheme, two participants fit within this category. These participants explained they did not have any conflict with one another as a result of the child's death and that they had grown closer to their partner. One participant who felt this way was Trevor. In his interview, he explained that he and his wife, Sara, leaned on one another a lot for support in the time after their daughter, Kimberly's, death. In the time shortly after she died, he explained that he left work early so he and Sara could go on walks together. He explained that they needed to be around one another more because they felt solace in one another's presence.

He also explained they shared in their experience of grief and fondly remembered their daughter together, which created a sense of understanding and compassion between him and Sara. Trevor depicted a relationship where they did not judge one another, where their feelings were accepted, and where they could grieve together. He explained while talking about their daughter, Kimberly's, death with Sara made him sad, he really treasured the shared understanding and memories they had of her. Specifically in his interview he stated:

Trevor [957-962]: My relationship with my wife is very good.

Erin: [I]t sounds like...there's been so much emotion but it sounds like it hasn't driven you apart.

Trevor: No, no. Not at all, it's brought us closer together...we probably spent more time together than we spent in the previous six years...we needed each other even more after.

Andrea had a similar experience, as she stated:

Andrea [1483-1485]: Yeah I think...that really going through this together has done nothing but deepen [the relationship with my husband]. Because...I've seen how he was there for me at the worst time in my life.

For Andrea, she emphasized how important it was that her husband, Daniel, be 'there for her' when her life was at its worst. Throughout the interview, she explained that his care and compassion for her strengthened their relationship because she developed a new understanding of his love. In the interview, she said their bond was strong before her son, Luke, died, but that the immense support she felt from Daniel confirmed her love for him and caused their relationship to grow. She really described how their relationship changed because he provided meaningful support. She explained he consoled her in her grief, but also because he demonstrated how much he did love her, this subsequently strengthened the feelings of love she felt for him and deepened their relationship.

Both Andrea and Trevor found strength from their relationship, which caused their love for one another to grow. They developed a new appreciation of their partners and realized they

could rely on the care they received from their partner when in crisis. These participants reported a variety of experiences that increased their closeness with one another, which have been explained in greater detail within the remaining themes in the study.

Other participants described that the relationship weakened and that they felt a lot of resentment towards one another following their child's death. These relationships were primarily characterized by strong feelings of anger and sadness. Participants in this category reported experiencing emotional distance, isolation, loneliness, and a general sense of yearning for closeness because they did not have their needs met by their partner. As the interviews progressed, other elements of these relationships revealed underlying reasons for this distance. Some participants had been angry with one another previously, some held arguments from the past against their partner, and some participants felt resentful because they were unaware their partner was grieving.

In total, four participants identified this as a strong trend in their relationship. Some participants in this category reported their relationship had been strong previously, while others stated it had not. Despite this difference, those in this group experienced a general feeling of emotional distance and isolation from their partner after the child's passing. Even if they had been happy in their relationship previously, feelings worsened, as they stopped speaking with one another as much as they used to and did not engage in conversation about their grief. Many participants became angry with their partner because they did not feel they could talk about the child's death, their feelings, or their grief, which created unspoken tensions and resentment between the individuals. For instance, Candice explained that she felt so isolated from her husband, Darren, that they may as well have lived in different cities:

Candice [793-807]: I don't know if we're just two people who are afraid, in those days, to have separated, there were a couple of times I thought to myself: 'What I would like to

do is just have my own little place and just not have to be accountable to anybody'...Or I used to say things like, 'if I just get in the car and drive, I'll go to [city] I'll just keep driving, I'll take out some money of the bank account, not too much, I'll leave him [Darren] some [laughs], evil Candice thinking, 'and then I'll make him worry about me, so that'll punish him.'

Erin: So there was some anger?

Candice: There was anger.

For Candice, she explained that she felt isolated from Darren because the two dealt with their grief differently. Candice expressively grieved, spent more time around the house, and was visibly sad. Alternatively, Darren was gone away from the house, became more involved in sporting activities, and typically would not cry. Also, when Candice would cry, Darren would ask why she was crying. His asking caused her to feel sadder than she had previously, because she felt that Darren did not understand what she was going through. It also caused her to feel angry because she thought that he was not sad about Teresa's death. She wondered whether he really loved their daughter as much as she thought he had, and whether he was as warm and loving a person as she had thought, which subsequently led to her feeling isolated and like she did not know him.

Similarly to Candice, another participant, Caitlyn also felt her daughter's death hurt her relationship with her husband. In Caitlyn's case, she explained that she and her husband, Sean, already had some marital difficulties, which worsened after their daughter, Sylvia's, death. Even prior to their daughter's passing, Caitlyn and Sean had felt emotionally distant from one another. They often lived apart due to his work, which over time, caused emotional distance between them. Caitlyn felt that there were so many things they had never talked about before, and so it was too hard for them to talk about Sylvia's death as well. After the death, she felt helpless about how to broach the subject with Sean, and was frustrated because although she wanted to, she did not know how. She was disappointed their relationship had developed that way because

she also explained it initially had not been so. Over the years, things changed, but because of Sean's tendency to be away at work, they gradually ceased sharing their emotions and experiences with one another. Sylvia had suffered an eating disorder, which increased the stress on their family prior to her death. As Sean retired and spent more time around Sylvia, he seemed to get increasingly frustrated with Sylvia and her illness. Seeing his frustration, Caitlyn would in turn become frustrated with him for his anger towards their daughter. Caitlyn also explained when Sylvia passed away, Sean did not cry at the funeral, which again, only increased her anger with him. She explained his frustration and lack of emotion towards Sylvia caused her to wonder if he really loved their daughter. In addition, their lack of communication prevented them from talking about it. She emphasized that because they did not have conversations about serious matters, there was a wall between him that she felt unable to overcome:

Caitlyn [418-422]: There certainly was a wall, I couldn't penetrate that and he obviously...couldn't either.

Another participant, Jessica, also explained that her relationship with her boyfriend, Matt, became weaker throughout the course of her daughter's illness. Her circumstances were slightly different because her daughter, Lindsay, developed cancer and became sicker over time. She explained that Matt was initially supportive, but after Lindsay's cancer became terminal, she and Matt became distant and eventually separated. While she had not described their emotional distance as a wall, the following quote illustrates the abrupt change that occurred in their relationship:

Jessica [789-817]: Up until then [Lindsay's terminal diagnosis] he had been so fantastic, I mean we had conversations together...It was a very much, what you and I would recognize as a relationship...But like I say, around the time that Lindsay had this diagnosis confirmed, it really changed, he came over, and I know he came over with the sole purpose of saying, "our relationship has changed and I'm okay with that." He said that, I remember him saying, "I'm okay with that." And I remember thinking, 'oh, what does that mean?' And I just remember thinking, I was so scared, thinking, 'oh my God.

What does this mean at the eleventh hour here?' ... I was so worried about that, and I remember being pissed off, I didn't say that to him because I didn't want to rock the boat and say, 'I can't believe you're doing this to me.' 'Cause I thought that would be a certain retreat on his part. So it was like I had to accept what he was offering, which was not much. So something for him really changed, even though he still did loads of stuff for me, it was very different. I would say, prior to Lindsay's death, I had felt very much like we were in a relationship... Now if we're looking at month on, it was like everything was different. And I don't even know how to explain it.... I went through all these changes in my life, and I was okay with it. I don't know if I pushed him away or he pushed me away or we were just kind of groping in the dark. I have no idea. No idea, I really don't.

Jessica described that the relationship went through a shift from cohesiveness to a place of uncertainty and distance. She had explained that they remained a couple throughout Lindsay's illness, but that after the terminal diagnosis they were not together in the same way. Like the above quote illustrates, they had a strong relationships prior to the child's passing, but experienced conflict after the death.

All of these participants in this category stated the additional conflict within their romantic relationship added to their sadness of the child's death. The tension within these relationships did not always last; however, all identified that the loss severely weakened their relationship for a substantial amount of time.

There were also participants who explained that their relationship had been poor in the time initially after the child's passing, but had improved after. While these participants were in the minority, as only two fit within in this category, they both described substantial and powerful changes in their relationship that illuminated the importance of this trend. In both cases, the death was a catalyst for the conflict to be addressed. They described facing problems in their relationships that had previously existed, which caused them to realize they wanted to live differently. Quite often the child's death caused the couple to reflect whether they were happy with their lives, which led to change.

For instance, one participant, Trish, explained that in the time initially after her son, Nathan, passed away, she was frustrated with her husband, Steven, because she could not grieve with him:

Erin [784-791]: So then in the first few months following his [Nathan's] passing, what would you say your relationship with Steven was like?

Trish: Terrible.

Erin: Terrible. How was it terrible?"

Trish: It was terrible... And within I think a month, Steven had hauled me off to a counsellor because I wasn't being an attentive wife.

In the interview, Trish went on to explain that when Steven asked her to go to counselling she realized she could not continue to exist in the relationship the way it was. Steven was a step-parent to Trish's children and prior to her son's death, she was often placed in the middle of her children and Steven's needs, while her own went unrecognized. After Nathan died, this lack of attention to her needs continued, resulting in immense emotional pain for her, particularly because she was grieving Nathan's death. During this time, Steven complained about Trish's grieving, and felt she should have been paying more attention to him. When he failed to recognize her need to grieve, she took an honest look at her relationship and made the decision that changes needed to be made. She realized that she could not focus balancing the needs of her children and felt a newfound sense of freedom as she realized that life is precious and that she could live differently. Steven's request for her to get counselling angered her and she subsequently made the decision to talk with him about her needs and how they were not being met. In the interview she explained that this caused more conflict between them at first, as he had to adjust to her needs in the relationship as well. Over time though, their relationship benefited immensely from this change. She described her experience:

Trish [1166-1217]: No, we only went a few times [to counselling] 'cause I refused to go. I think we went twice. I finally stood up for myself [a]nd said, "no!" But I wasn't able to stand up for myself right away. It took a few times. And perhaps a little validation from

her [the counsellor] that I wasn't actually crazy, that it was reasonable. I said, "I'm not going again. In fact, I am never going again." [Because] it was agony for me. And I just said, "Trish, it is time [pause] for you [pause] to stand up for yourself."

Erin: You weren't going. And how'd that feel?

Trish: Oh it was wonderful because [sigh] it was the start of a chain of events that I think...[w]hen the worst thing happens there is nothing more to be afraid of [pause]. So, what do you want? What is the line of that wonderful poem? 'What do you want to do with your one precious life?' And that's what I thought. 'What do I want to do?' I can do anything I want. Or not. I do not have to live for Nathan, to keep him alive. Because that was always the big thing, keeping Nathan alive...And I don't have to live for someone else's needs. So I'm not going [to the counselling] anymore.

Erin: Did that [addressing the problem] change the dynamic between you two?

Trish: I would say it did...Because I had spent so many years in conflict between my children's needs and Steven's needs. And I was not prepared to live with conflict anymore. But what that did was bring up conflict. Because my conflicted insides, I wasn't going to have that. Even if it meant saying, "I don't like that, I don't want to be involved in that." So it has taken an adjustment, all since Nathan died.

Trish explained that while there was more conflict in her marriage at first, it subsequently became much stronger. For her, Nathan's passing was a tragedy that caused her to realize life was precious, and it changed the way she handled the problems in her relationship. For her, she felt freedom because she realized she did have choices. She also subsequently felt relief because she realized she did not have to live the way she had been living before. In making the decision to confront Steven, she no longer had to live in turmoil and pain, and stated in the interview that she no longer could, or would, live that way again.

The other participant in this category, Sophie, also experienced conflict and then the strengthening of her bond with her husband, Frank. Sophie felt that she and Frank had a good marriage, but before their son, Braiden's, death, they used to argue about Frank's parenting style. In the interview Sophie explained that Braiden had a hard path, as he had a history of drug use and had trouble keeping employment. Sophie felt Frank played a part in Braiden's difficulty, because he was never there for Braiden or their other children, and they suffered because of that. She explained that Frank had constantly been away with friends. For instance, it was common

for him to go away on the weekends, even if he had previously had plans with the rest of the family. After their son's death, she explained Frank experienced the revelation she had always hoped he would:

Sophie [425-448]: And I think at that point for Frank...he realized that he didn't handle Braiden well, or even his girls, maybe that he wasn't there all the time for them...So his priority, he started at the point, to become more, putting his family-

Erin: Oh okay, so he made the change that you were talking about before?

Sophie: Yeah he did, I mean it was very subtle at first. But, now, of course you do anything for the grandchildren or his girls now. Where, [for] example, years and years ago, when the kids were teenagers, Frank used to go sailing a lot. We used to have a sail boat, but if a friend invited him to go out for the day sailing, and we'd been invited to go somewhere, or the kids or whatever, "sorry, sailing" [he would go sailing with his friend and not his family]. But that wouldn't happen now... Now he doesn't do that and he has been invited once, one weekend, not long ago, fishing with someone, he said, "naw, my granddaughter's birthday's on Sunday, I have to be there." Whereas years ago, he wouldn't have done that.

Erin: Oh there's change, it's subtle but you can see it?

Sophie: It did change, it did. Yeah. So we don't argue about Braiden.

In this description, Sophie discussed how Braiden's passing was a catalyst for her husband. Sophie explained she and Frank had previously argued about this problem constantly, and it had been a primary source of difficulty and frustration for Sophie. When asked about any difficulties in their relationship, this was the issue Sophie promptly brought up, and did not list any others. It had been the primary source of disagreements, and Sophie reflected that after Braiden's passing, Frank seemed to realize that perhaps he had not been there for his son, and addressed this by mentioning it to Sophie. In the interview Sophie described a series of examples where Frank turned down his friends' offers to go away for the weekend, and chose to stay in town to be around with his family. She stated this would have never happened prior to Braiden's passing, but rather Frank had undergone a large personal transformation. She also stated that she had not only noticed this, but that her grown daughters also had, and that they

were now pleased they got to spend more time with him and know him in a capacity that they had never know him before.

Overall, the broader theme overarching these smaller trends demonstrated that the child's death resulted in changes in their relationship. As discussed, some cases resulted in increased conflict, where couples went through long periods of misunderstanding and anger. In some of these cases, their anger was not resolved, and the relationship became weaker, with some separating or living with more emotional distance that existed prior to their child's passing. Others experienced increased conflict, yet grew from it, resulting in an overall strengthening of their bond. These trends demonstrated that participants did experience effects from their child's passing that resulted in dramatic changes in their relationship.

Communication significantly impacted the relationship. Seven of the eight participants reported that the communication style between them and their partner had an effect on them, and while the eighth participant did not view this as important, there was some evidence that communication impacted their relationship as well. The first sub-theme within this larger, overarching theme was that participants' partners were empathic by giving them a place where they could grieve and express their emotions.

Participants often felt supported when their partner served as someone who would listen and allow them to express their grief, whatever their grief might have looked like. When they reflected on the quality of space they needed from their partner, the participants frequently described needing them to provide a place where they felt uninhibited, safe, and free to express their sadness. Many explained they experienced a wide range of emotions in their grief (not merely sadness), and that sometimes their emotions did not make sense and would not 'end' at a certain time. The implication was their partner may or may not have understood why they were

feeling a certain emotion and why they felt their emotions for either a short or lengthy amount of time. Those whose partners refrained from judging them for these things and who were allowed the space for this reported being more satisfied and happy. They often described feeling relieved when they could do so with their partner, which helped them feel closer to him/her. Having a partner who did not give them space often led to them feeling misunderstood and uncared for, which caused more strain and emotional distancing between the couple. For instance, during the interview, Trish explained she had been angry at Steven for being impatient with her grieving, but relieved in the times when he was patient and accepting. She compared what she needed in her relationship with him to her experience in her support group:

Erin [1421-1437]: But he [Steven] knew what you needed?

Trish: Which was not to interfere with my grief with a need of his own. To acknowledge. And when I think about it, that's one of the basic premises of [support group]. It's one of the golden rules. If somebody's speaking...if they're upset, you don't interrupt them, you don't try and fix anything, you don't...say, "I understand," or anything, you let them be [emphasis on "you let them be."] And I think it's one of the reasons why I can be a part of the meetings and why I very rarely get upset at a meeting. Because it would be indulgent of me to be sharing their grief.

Erin: You want them to express it?

Trish: Yes, I have mine, but I don't have theirs, they have theirs. I don't have the right to theirs. That's what they need from me, or anybody, it's the space to have theirs. And I realize I wanted from the time Nathan died, was the space to have my grief without anyone else's needs or expectations having to be met. Huh! I just realized that.

Alternatively, conflict emerged in their relationship when Steven was not understanding about giving her space. Although the following example is one from when Nathan was still alive, it encompasses the difficulty Trish experienced when Steven did not understand her feelings about Nathan's addiction, and thus is relevant to the matter in which they handled conflict:

Erin [713-719]: And I wonder maybe could you give an example of when, say you'd had a conversation with Bradley [biological father] about Nathan, and then you would hang

up the phone, and if you'd had a confrontation with Bradley, what was Steven's response?

Trish: I wouldn't go into it [the confrontation] at all.

Erin: You wouldn't talk to him about it?

Trish: No.

Erin: So you'd hang up the phone, then change the subject or walk away?

Trish: Exactly, I'd say, "oh well, things don't look too good in [city]," but I wouldn't go into any details....I would say for the first year [after Nathan's death] I mean he would be very loving and compassionate when I was upset, but there was always the danger of indulging in it. So quite often I would just come to my office and cry.

Andrea also needed Daniel to give her the space to grieve. In her interview, she explained that he was patient and gave her the space she needed by not judging her feelings and not imposing his feelings onto hers. She felt a freedom in being able to express whatever it was she needed to express. She experienced a sense of validation in knowing that he did not look down on her for her feelings, and that it was okay for her to have whatever feelings presented themselves. Andrea explained that in the midst of her pain, she sensed a deepening of her love for Daniel. She elaborated on that by saying that while they had been happily married, she loved him more because he gave her support through the worst experience of her life. She felt a freedom and validation in the fact that she could truly be herself and do whatever she needed to do. In that, she saw how deep his love for her went, causing her to appreciate him more, and her to deepen her love for him. In the interview, she further explained that while still extremely tumultuous, she handled the initially after Luke's death better than she heard other people who also lost a child had. She described herself as being extremely fortunate that Daniel reacted the way he had, and further attributed his ability to be there for her emotionally as a likely reason that allowed her to 'progress' at a faster rate through the worst of her grieving. She explained a range of emotions emerged for her:

Andrea: [1129-1135]: I needed a lot of alone-, a lot of sort of peace time to have with my memories and a lot of discharge time.

Erin: So more of the crying [pause]?

Andrea: Yeah, whatever came up, it might be raging, sometimes it would just be thinking about him and laughing, like laughing and crying. Laughing is a release too.

When asked how Daniel supported her, the conversation went as follows:

Erin [812-827]: What kinds of things would he [Daniel] do that were really helpful and that really helped you?

Andrea: He would let me cry whenever I wanted to, for as long as I wanted to. He would sit and hold my hand or hold me for as long as I wanted to-

Erin: You could just cry.

Andrea: I could cry non-stop and just take a break when I needed to sleep or whatever, I cried and cried and cried. And I feel grateful and I know lots of people who did that and decided they better go on antidepressants because they thought they shouldn't be crying that much, there's something wrong with them. Yeah, there's something wrong, your child died.

Erin: And you didn't do that. You cried and you thought, "this is what I need to do?"

Andrea: No, no, exactly. And I would notice little progressions from doing all that, one day, and I don't know how many months later, maybe six months later, maybe eight months later I had this sudden realization that I wasn't crying in the shower anymore.

Similarly, Jessica benefited from Matt giving her the space to express her feelings. She identified a specific skill they did together, called Courageous Conversations, where they discussed a meaningful topic and then responded in an authentic and non-judgemental way to one another. She explained how this helped her feel connected to him because his acceptance of her feelings gave her permission to bring up issues that were bothering her. While Matt could not change the course of her daughter's illness, the very fact that she could express herself did help her to feel less anxious and worried. Since her daughter was ill, she wondered a lot about death and its meaning. While this is another example where the participants not only needed the space to express themselves, it is also an example of where they could create a space to work through and discuss some of her feelings. Specifically she stated:

Jessica [996-1001]: I remember saying to Matt, you know what, we need a courageous conversation. And of course he didn't want to [laughs] because it meant that he would have to expose himself and he would have to talk about stuff, and yet I was kind of like, you know, it's kind of pointless we're not going to have courageous conversations about

what's going on to even pretend. And so we did, on the phone, together, everything, we had some pretty amazing conversations.

Most of the participants felt supported when their partner allowed them to experience their grieving process fully and were happier with their partner for being able to do so. When participants were not given the space to do so, they often felt offended, misunderstood, and distant from their partner, resulting in the relationship becoming strained. For instance, Stacy discussed how she was not free to express her emotions with her husband, Brian. She particularly stated that she felt alone, as she could not grieve in front of him:

Erin [866-898]: After Nicole [your daughter] died, when you're grieving...it sounds like Brian didn't grieve, it sounds like he was just angry, and then so...you weren't going to him with your emotions because-

Stacey: -they were inconvenient for him...Yes, "your emotions are inconvenient for me."

In Stacey's case, Brian did not provide her with a place for her emotions. When further questioned about her relationship, she said the relationship had been so troubled previously, she already knew she would not get emotional support from him. She explained she knew not to expect support, and that she was well aware she would be alone in her grief. While her relationship with her husband was already strained, his response to her grief reaffirmed that he did not want to hear about her feelings. Rather than share her grief with him, she developed friendships, where she could grieve, which helped her feel supported and connected.

All these examples demonstrate the strong trend that emerged, where participants explained they needed the space to express their grief and emotions without being judged and told they should be a certain way. Any indication otherwise frequently led to the participants feeling shut down and angry at their partner. In general, the participants explained they felt compelled to 'go through' a series of emotions, and would express it either by themselves or with others if their partner did not provide a safe space for them to grieve.

Along with having freedom themselves, many participants experienced more satisfaction in their relationships when they felt validated in their emotions. Participants who felt their partner validated their emotions enabled the participants to engage with their partner, which also brought them closer together. When participants felt their partner did not do this, they felt misunderstood and disconnected.

For example, upon learning about her daughter's diagnosis, Jessica did not know how to get through her reality. One of the things she stated in her interview was that she appreciated that Matt heard her problems and took them seriously. She continued to talk with Matt because he did not try to correct the way she felt, rather he communicated the message that she would, of course, be devastated by the news. It gave her the message that it was okay for her to have the feelings and questions she did, and that he would not leave her while she face them. She discussed their conversations:

Jessica [164-266]: But in October [pause] Lindsay basically was told she wasn't going to survive, right? So she died three months later, but in October that was it and I remember there was the rehearsal dinner for his [Matt's] daughter, and it was like, the same night or two, or the following days, and I was so sad, and I said to him, "I can't come to the rehearsal dinner." And I remember he phoned me that night, he said, "I just can't believe, I can't imagine the sadness for you. You know... now knowing that you're about to lose your daughter." And he was an absolute pillar of strength, he was everything. He kept me going, he was my shoulder to cry on, he was, I don't know what I would have done without him... There were times where I just wept and wept and wept and he never tried to fix me, he just let me cry. And he just held me, 'cause you know, the very worst thing you could imagine was about to happen... I didn't want anybody to give me this bullshit about that, 'it's going to be okay,' or anything like that. I remember when that tumour first came back, we went away to [city] and I think I just cried most of the weekend. And he just- there were many, many times like that. Where he was just really somebody to talk to. And I shared so much with him.

Matt clearly validated her feelings, which seemed to result in an 'allowance' for her to express the true pain and fear she experienced. At the end of the quote, she stated that she shared a lot. It was likely that his actions of emotionally acknowledging and agreeing that it was okay for her

to have her feelings allowed her to share what she truly felt and thought with him. In the interview she explained this had been so important for her because it meant she had a place where she could be real and express herself.

Sometimes participants discussed ways their partners validated their grief through unwavering understanding and patience with one another. For instance, Trevor recalled an experience where he found himself emotional at a wedding and he recalled that he had felt supported because Sara had been understanding that he would be emotional. He explained:

Trevor [1014]: Just over a year ago we went to one of Kimberly's [deceased daughter] friends' wedding. A really nice girl, she lives in [city]. She always keeps in touch and when she comes to [city] she frequently comes and sees us and so forth, so she invited us to her wedding, which was very nice of her to think of us. And I found it really emotional. So after the service, you know, there's a receiving line and I gave Jen [friend] a big hug and I was crying, quite a bit, and Sara just gave me a nice squeeze, which was comforting, and [pause] kind of got me out of the scene. Quickly.

Erin: She steered you away?

Trevor: Yeah, grabbed me by the hand and, "let's go."

Erin: She could see that that was...It sounds like in that moment she understood you.

Trevor: Oh sure, yeah.

Sara, seeing that he was bothered at the time, helped Trevor to briefly step away where he could collect himself. While he explained that he did not feel the need to leave the wedding, he appreciated that Sara got him away from the crowd and spent some time with him until he was ready to be around everyone else again. He needed the time to have his own grief and was validated, as he was confident Sara saw his feelings were normal. He appreciated that Sara didn't pressure him to hurry or hide his grief, causing him to feel gratitude and love towards her.

When participants did not feel their grief was validated, it stirred up intense feelings of anger and frustration within them. When asked about the problems Sophie and Frank experienced in their relationship after Braiden's death, Sophie clearly recalled there were differences in how quickly she and Frank seemed to 'move on.' While Frank had been more

emotional initially after Braiden passed away, Sophie grieved more intensely later. This had caused some friction between them and she described an instance when Frank made a remark about her grieving:

Sophie [330]: I remember he [Frank] was lying in bed and I was getting ready for work, and something was said, and I must have been in a mood or something, and he said, “[sigh], I know what your problem is.” And I said, “oh is that right? You know what my problem is?” [He said], “you’ve got to move on.” Well [laughs], I lost it, I lost it. I was screaming at him, “move on? I’ve lost my child and you’re telling me that I should move on?”

Erin: Mm mhm

Sophie: It wasn’t a cat or dog that died...

At this point, Sophie explained that Frank did not validate her emotions and grief. He invalidated her need to express sadness about their son’s death, which caused her to feel like she was doing something wrong, or her feelings were wrong. This distressed her so much, she had an intense emotional reaction, and felt compelled to say something to Frank.

Being told to move on was a common experience among the participants and always led to the same reaction of the participant feeling like their grief was invalidated, that they could not express themselves, and emotionally distancing themselves from their partner. Some participants found that this caused them to wonder whether they should be feeling differently than they did, resulting in them feeling bad about grieving. This, again, caused more problems in the relationship, as the participants then felt they could not grieve naturally over their child’s death, and they resented their partner for not understanding.

Invalidation of feelings was communicated differently within the couples. Candice’s partner had also told her she needed to move on, but seemed to tell her so more implicitly, by hinting that she should no longer be grieving. One such way was to pretend he did not know why she was crying:

Candice [830-834]: ...and sometimes Darren could see [me crying], he'd say, "what's wrong?" This is what used to piss me off, I can honestly tell you. He used to say, "what's wrong with you? What's wrong with you today? What's wrong with you?" I'd go, "are you kidding me? You have to ask me what's wrong with me?" Like, "who are you?"

As stated previously, Caitlyn felt she and Sean did not communicate well in their relationship. She also did not get any validation about her feelings from him, which furthered the strain. She again brought up that feeling of a 'wall' between them, providing an illustration of the emotional barrier she felt, as she explained:

Erin [301]: So then how did you grieve?

Caitlyn: I didn't talk to him [Sean], obviously much.

Erin: No it doesn't sound like you could.

Caitlyn: No, there was this wall.

When queried about whether the lack of communication affected their relationship, she replied:

Caitlyn [177]: Yes, oh yeah, oh yeah, terrible.

Erin: Okay, okay, so terrible, so then it sounds like that made you angry then?

Caitlyn: Yes.

These participants explained that for them, they were unable to express their grief because their partner did not listen to their feelings surrounding the loss. In these cases, their partners did not listen empathically or in a non-judgemental manner, and communicated that it was inappropriate to express their feelings around them, directly invalidating them. When this happened, participants explained they felt their feelings were wrong, and that they could not share how they felt with their partners. As in Stacey's case, some partners directly communicated this invalidation, while others, such as Caitlyn, experienced it more indirectly. All participants who were invalidated felt anger towards their partner and many described emotionally distancing themselves from their partner, refraining from sharing about their grief and other areas of themselves in general. They would then grieve alone (hiding their emotion from their partner), and find other people who would validate their grief, which sometimes

included family members or friends. In contrast to those who could talk about their feelings, they felt invalidated and emotionally 'shut-down' from their partners. Many participants expressed disappointment about what they felt was unfair invalidation of natural feelings of grief that they could not suppress after their child's death.

Some participants described benefiting from hearing about their partner's love for their child. In these cases, when partners communicated their love about the deceased child, this helped the participants feel more connected to their partners. This was true of parents who were biological parents and also of those who were step-parents. In Andrea's case, she was the biological mother, and Daniel was Luke's step-father. In the interview she stated that she always knew Daniel loved Luke, but it had been surprisingly important for her to see Daniel grieve for Luke. Andrea explained she did always believe that Luke and Daniel had a good relationship, but something had changed for her when she visibly saw Daniel's expression of sadness after Luke's passing:

Andrea [923-934]: When his [Daniel's] mom died I saw some tears come down his cheeks, that was practically the most, and then when Luke died he was able to really [pause]

Erin: He did cry-

Andrea: -cry. And so that was helpful for me to see because it's like, "oh, he really did love him, you know."

Erin: Oh, that's what that affirmed in you?

Andrea: Yeah.

In Andrea's case, seeing Daniel's emotions indicated to her that he really loved Luke. She explained that this caused her to feel more deeply for Daniel because his love towards her son was real. For her, she knew then that the time he had spent with Luke mattered, and that he really had developed a real and special relationship, even though he was not the biological father. This had also been true for other participants, as the relationships benefited when they realized how deep their partners' love for their child went.

Other participants discussed that they felt supported when their partner defended them in some way. For these participants, being defended frequently occurred around their feelings of grief. For instance, if someone was to critique the way s/he grieved, the participants appreciated it when their partner would stand up for them. This trend could be seen as similar to having one's feelings validated; however, in these instances, rather than the participants wanting to feel validated by their partner, they want to feel validated by others, and wanted support from their partners. Frequently, outside criticism was the source of the participant's complaint and participants felt much validated when their partners defended, or stood up, for them.

One example of this was Stacey and Brian's relationship. As previously discussed, they experienced quite a bit of conflict; however, when asked to recall when she felt supported, she described a time when Brian defended her. It was when she and her other daughter had gone to see a child psychiatrist after their daughter, Nicole, had passed away. The psychiatrist had been rude to her and her other daughter, which had greatly upset her. In the interview, Stacey explained that the psychiatrist later called the house to say he was sorry and Brian had answered the phone:

Stacey [1626-1630]: And so the guy phoned to apologize and actually this is one time where Brian actually stepped up to protect me, the only time, and the guy phoned and he said, "oh, I wonder if I could I talk to Stacey?" and he said, "no, you can't." He said, "oh well I've phoned to apologize." Brian said, "I'll pass on your apology, but no you've caused enough damage and destruction in our family."

Stacey cited this as a time when she felt like Brian cared for her and was looking after her wellbeing. She had felt supported and had been surprised, but relieved, that he had done something to stand up for her.

Other participants echoed the need for their partner to defend them when challenged by others. If their partner did not defend them, participants would sometimes question their own behaviour, wondering if they had done something wrong.

For example, Sophie experienced occasions where her and Frank's friends would sometimes criticize Sophie for the way she grieved Braiden's death. Since they did this, Frank would sometimes say things to her, and would not defend her behaviour if their friends criticized her to Frank. For instance, Sophie explained:

Sophie [617]: I don't go out as much... I mean occasionally, something will come up [where a friend criticizes her for grieving] and I get angry with them, and then I in turn get angry with Frank, 'cause I feel, sometimes, that he should stick up for me more.

Erin: Okay, do people say things to him and then he doesn't say anything?

Sophie: I don't think he says, 'well, you know, you put yourself in that position.'

Erin: Oh okay, so you want him to be there and to voice it?

Sophie: To defend me... And I know where it [his criticism] comes from, it was other people saying things to him.

Erin: What [else] did people say?

Sophie: Like saying, because we had Braiden's ashes in the house, that it wasn't natural...to Frank...[p]eople will say it's unnatural, having Braiden's ashes in the house. I go, "no it's not unnatural."

Sophie further discussed that when she was not defended, she thought that Frank must feel differently than her, which caused her to feel that there must have been something wrong with her and the way she was grieving.

For the participants, having one's partner defend them helped them feel their partner was on their side and that they were validated for feeling the way that they did. The trend appeared subtly in the interviews; however, when participants did speak about this, they felt very strongly about it, explaining that it could be a source of tension. The importance of conveying support was such a strong trend, standing up for one's partner, or defending them, seemed to be one example of ways support could be given between the couple.

Another trend emerging from the interviews was that engaging in different ways of support included indirect or non-verbal ways of communicating about the death. The exact types of non-verbal support differed depending on the couple, but these instances demonstrated a common trend.

One form of indirect communication a participant had used was poetry. This became a way of talking about her daughter's illness with her partner. Jessica and Matt did this, and by doing so, allowed them to talk about some of Jessica's deepest fears about Lindsay's future. The type of poetry they read often dealt with difficult issues such as confusion and uncertainty, which gave them a platform to talk about their fears and doubts. The poetry also served as a means to talk about emotions, and so reading it allowed them to get in touch with the emotional aspects of themselves. In this way Jessica could discuss feelings that were often overwhelming and difficult to put into words. Talking through poetry was not something they did only when Lindsay was ill, but was a way of talking with one another after her passing as well:

Jessica [982-984]: ...we'd read poetry to each other and read journal stuff, I mean it was a very intimate relationship as well, I mean not sexually, but intimate.

In the quote, Jessica refers to their relationship as intimate in way that was not specifically physical. The ability for them to use poetry to talk about their feelings and fears about Lindsay caused them to emotionally felt closer to one another, which increased the intimacy between one them. This demonstrates there were ways couples could be close without experiencing sexual intimacy. Rather Jessica describes a type of emotional intimacy that allowed her to communicate with Matt in an authentic and meaningful way. This was particularly important for her because of her grieving.

Another example of a couple using indirect communication was Andrea and Daniel, who encountered a problem with one another about a year after Luke's passing. At that time, Daniel

began engaging in life by participating in the same activities he used to, while Andrea did not feel emotionally ready to do so yet. She explained that despite informing Daniel she was not ready to participate in certain activities, he would forget and would continually ask her to go with him:

Andrea [1143-1172]: You know for Daniel...he's kind of expecting me to be with him...And I kept having to sort of remind him [that she didn't want to]. And finally he put a notice on the fridge to himself that said, 'Andrea is still grieving.' With teardrops coming down.

Erin: And that reminded him. And what did you think of that?

Andrea: Are you kidding?

Erin: It touched you?

Andrea: Yeah, yeah.

Erin: And what was it about that?

Andrea: Oh I mean, just that in theory he could allow me to have whatever feelings I wanted, for as long as I wanted...He knew that, but he would forget about it. So, just the fact that he reminded himself about it, so that I didn't have to always remind him about it was just a relief. And a meaningful thing for him to do, just a lovely thing to do.

Here, Andrea explained that it touched her because he went out of his way to remind himself so that she no longer had to. At that point in time, since she was grieving so heavily, it was extra effort for her to remind him. When Daniel took that upon himself, she no longer had to defend herself by saying she did not want to go out. She had the confirmation of knowing that he supported her in her grief, and consistent with the first trend in this theme, he would give her the space to grieve in whatever way she needed. At this point in the interview, when the researcher asked Andrea what she thought about Daniel for putting the note on the fridge, her expression conveyed that she felt immensely loved. Assuming this was obvious, she asked the researcher 'are you kidding?' to which the researcher noted that she felt an immensely strong feeling of support from his gesture.

When the researcher spoke with Sophie, Sophie explained that communication was not important to her because she and Frank preferred not to discuss emotional topics. This was the

only participant for whom communication was not identified as an important component of the relationship. Sophie explained that both she and Frank preferred not to discuss emotional matters with one another and that when they did, it was usually a result of it creeping up naturally in the conversation. Despite the fact that communication was typically not an important theme for them, there was one instance that suggested there was a form of indirect communication between them. At one point during the interview, Sophie explained that before Braiden had passed away, they had been sent a DVD that he had loved. Sophie and Frank had planned to surprise Braiden by playing it for him, but he passed away before they had been able to do that. She explained about the DVD:

Sophie [554-576]:...we did play some of that music at Braiden's funeral, and Frank listened to it, and listened, we had it playing constantly, constantly, constantly. And we would both, "Braiden would have loved this, Braiden loved this.

Erin: Did you talk about that together?

Sophie: That was the thing that we seemed to talk about...that was a common link. And obviously things, the days leading up to the funeral, and there was always people in the house, and Tauyna lived downstairs then, so there was lots of things going on and some friends came from [country] and stayed, and yes, that was the thread, I would say, that kept us talking...

Sophie felt that playing the DVD gave her and Frank a way to talk with one another about Braiden, and to look back and remember him in a different light. As Braiden had various problems throughout his life, she found the DVD brought up more of the positive memories of him. It felt comforting for them to remember him in this way and also helped them feel more connected to one another as they recalled these memories together. As she said, they did not normally talk about difficult things, but the DVD seemed to serve a purpose of communicating without talking. It may have been an indirect means for them to remember fond memories of Braiden in the midst of chaos and mourning. While Sophie did not feel communication was a

central component in their relationship, it did appear they did communicate, even if unintentionally, through the DVD.

A final point includes that individuals may choose not to speak with their partner, even when their partner was being supportive. Not accessing partner's support involved a difficult way of coping, as it still involved an interaction style in the couple dyad and so has been included under the broader theme of communication. Refusing support was only mentioned in one of the interviews; however, it runs counter to the findings presented in this chapter stating that it is beneficial to communicate and provide emotional support for one's partner, so it has been included.

In Candice's interview, she discussed there had been times prior to her daughter, Teresa's, passing when she had been angry with Darren. She had explained that the reason why she had been angry had never been resolved between the two of them, and he did not even know after Teresea had died, she was still angry about those past issues. She discussed that when they were first married, there had been times when Darren had gone out late at night with his friends, never telling her when he would be home. While he had not done that for some time, it had been something that always caused her a great deal of pain and had always bothered her. In the interview she talked about how, after Teresa passed away, there had been times when he had done things that normally should have felt very supportive by being ready to listen to her, being open, and validating her grief. Although she acknowledged that, she explained that due to the anger she had towards him when he went out late with his friends, she emotionally shut him out and would not let him talk to her or comfort her in her grief. There were times when she would cry intensely, but because she was still angry at him, she would rather suffer by herself than

receive the support he offered. Later on, they had a conversation about it, which Candice described in the interview:

Candice [854-855]: He [Darren] says, “crying like that and I couldn’t make it better for you, but you didn’t allow me to come in.” And I didn’t.

The interviewer asked her to explain that further:

Erin [928-940]: Had he tried at different times to talk to you or comfort you in different ways?

Candice: He, I think he did, and actually, I’m quite sure he did.

Erin: Okay.

Candice: But for some reason with Darren and I don’t know quite why...I think there were a lot of unresolved things going on that we never spoke about...

This illustrates that it was not a lack of her partner ‘being there’ for her by listening and providing the supportive communication skills described above. Rather, it was issues in the past that prompted her to keep him out. These have been identified by Candice as reasons why, despite her partner demonstrating care and support, she was not responsive and, in this case, did not let him help her.

In summary, the trends resulting from this subtheme of communication were that participants felt the most supported when their partners gave them the space and time for grieving, when they validated the partner’s feelings by communicating in some way that these feelings were normal and could be understood, when participants could see in some way that their partner was also deeply affected by the child’s passing, and when their partner defended them against others who criticized their grieving. Another important trend emerging from the interviews was that participants did not always support one another through verbal communication, but rather there were other ways they could do so. Examples of support included poetry, written notes, and a DVD as a source of talking about fond memories of the child. Although only endorsed by one participant, a final trend in communication was that if the

individual was angry about past events in the relationship, this could sometimes keep the participant from sharing with their partner, even if the partner was using supportive communication skills. This meant that past issues would need to be addressed first, before the couple would be able to discuss difficult and sensitive feelings of grief.

Grieving differences were evident between couples. Another key theme was that couples were likely to experience differences in how one another grieved their child's passing. This was common, with five participants directly stating that they experienced grief much differently than one another, and most indicating these differences caused problems within their relationship. It was very common for participants to become angry at how the other was grieving. Often the individual who grieved the most became hurt that the other was not grieving as much as them, while the one who grieved less would become frustrated at the other for grieving as much as they did. All the couples who cited having grieving differences were couples where both parents were the biological parent, while those who did not experience these differences were couples with one biological parent and one step-parent. Most of the participants in a relationship with a step-parent explained that because the child was not their biological child, they did not expect their partner to grieve as much, and did not cite grieving differences between them. Despite stating that, most of these participants did give some examples of grieving differences in the interview, and described times of conflict that were similar to the examples given by the biological couples. When grieving differences were present, participants felt hurt and angry at their partner for their different ways of grieving over the child. There were times when the biological parent felt frustrated and angry with the non-biological parent for not allowing them to express their grief, or times when they felt lonely and emotionally distant from their partner. Within the theme of grieving differences, some specific

subthemes emerged that provided more information about the effect of grieving differences within the context of loss and relationships, which included that females were more likely to be expressive grievers than males, and there was evidence of hidden grieving among many couples.

Most of the female participants in the current study reported they were more likely to share their grieving with their partner while their male partner did not do so. This was not true of all participants; four of the five participants citing grieving differences stated the female grieved outwardly, while one of the other participants stated that the male grieved outwardly. The lone male study participant stated that he was more likely to grieve outwardly; thus, running counter to this theme. Many participants stated that these grieving differences were a strong source of tension that created a lot of conflict in their relationship. This tension was due to the participants feeling misunderstood by their partners, which led to hostility and emotional distance. The participants would then experience anger, resulting in them withdrawing from their partner, which caused their partner to become angrier with them, resulting in even more emotional distance between the two. Specifically Caitlyn stated:

Caitlyn [158-180]: And after Sylvia died it was horrible. Because he [Sean]...couldn't show that he was hurt, he was sad, he was grieving. He didn't show that. His behaviour...was the same.

Erin: Same?

Caitlyn: Quiet and withdrawn and [pause].

Erin: Oh okay, so you couldn't tell he was grieving?

Caitlyn: And I didn't ask either.

Erin: Okay.

Caitlyn: That is so important.

She elaborated on how Sean's emotional reactions were limited:

Caitlyn [979-987]: I mean even at the memorial he didn't cry, he didn't-

Erin: He didn't cry at the memorial?

Caitlyn: Nothing.

Erin: Did he ever cry at the house?

Caitlyn: No. I've never seen him cry.

For Caitlyn and Sean, a great deal of resentment built up because she could not understand what was going on for him, which in turn caused her to be angry and unhappy in their relationship.

Candice also found that she grieved by crying and doing something she termed 'nesting,' which was when she would create sort of a nest for herself in her bed, light candles, cry, and think of her deceased daughter, Teresa. Nesting was a way for her to express her sadness and grieve for her daughter. While in the interview she explicitly stated that she did not think her way of grieving was better than Darren's way, but she did say that at the time, his lack of emotion angered her:

Candice [158-180]: And I remember in the very beginning...I cried all day long...I definitely didn't see Darren crying either. But a couple times I found myself just getting so angry at him, saying, "well why aren't you grieving...how can you live so normally? How is it that your life can go on and mine is stagnant? I am exactly where I was the day she died. How do you have this capacity? Why are you able to do this?"

Experiences like this were common between couples. Sophie also explained that while at first she could tell her husband was upset, a few months after his death had passed, she was not so sure. Specifically she explained:

Sophie [836-842]: It was the anniversary of Braiden's death [crying] on [date] and then it was my birthday on [date] and Braiden's birthday on [date]. And Frank was not here for any of them. And I was extremely hurt. He went away on people's boats. And, for Braiden's birthday, I went down to the grave, I always have cake and a candle and Tauyna [daughter] was there and a friend of mine came too. And I was mad at Frank, I was really mad, really hurt, and mad. I had been hurt that he wasn't there the other two times...

At this time, she felt extremely distant and emotionally removed from Frank as she had hoped to spend time with him on these anniversaries. She felt he abandoned her when she was trying to commemorate their son on his birthday. While she mentioned that a friend went with her, it was clear that she had still hoped Frank would be there, and was lonely remembering and

grieving for Braiden without Frank. She also described how angry she was at Frank, yet she had not said anything to him when he went away. She explained that she did tell him she was angry when he came back, but a part of her had been so angry and unsure of what to do, she had not been able to say anything to him immediately.

Also, during Candice's interview, she described a conversation she had with Darren where they talked about the anger he used to feel because of her expressing her grief so frequently. Similar to Sophie, she was an expressive griever, but Candice's grief caused Darren to become angry at her and he would often tell her she needed to get over her grief and move past Teresa's death. He later explained that he had been angry because he did not know how to help her:

Candice [845]: ... It hurt him to see me hurting. I understand that now.

Erin: Did he say, did he say that at the time?

Candice: He never said it at the time but he said it after.

Erin: Okay.

Candice: He said, "it bothered me and upset me, to see you," he says, "crying like that and I couldn't make it better for you..."

This provides an explanation, in Candice's case, for the reason her husband expressed frustration with her for being an expressive griever. As stated previously, often women were expressive grievers, and this created conflicts where women became angry at men for not grieving and men became angry at women for grieving so much. The conversation between Darren and Candice illustrates that Darren was not angry simply because Candice was grieving, but rather because he did not know how to help her. In other words, his frustration stemmed from his inability to help her feel better and came out as anger directed at her because he did not know what to do. Candice explained that after that conversation, she understood why Darren got angry and wished they had been able to discuss those things sooner.

The fact that the men and women seemed to grieve differently was very important because of the intense emotional reactions it caused for both of them. It was true that mostly women were expressive grievers, although it is important to note that this was not true in all cases. Trevor explained that in his case, he tended to be more emotional about Kimberly's passing than Sara. For them, this was the norm, and it had been that way ever since she passed away. Trevor's case was also an exception because there was less tension about the grieving differences in his relationship. In the interview he explained that he and Sara respected their grieving differences. In the cases of the other couples, the grieving differences tended to cause resentment because it seemed they were misunderstanding about why they reacted the way they did. Another key subtheme that provides some insight into the topic was that while it appeared the males were not grieving, this was not actually true.

As stated in the previous trend, most participants who were expressive grievers explained they were angry at their partner for not crying or becoming upset. While this was a common occurrence for many of the couples, some participants explained that they discussed their frustration with their partner, which had revealed things they had not expected. They described that after these conversations, they learned to see their partners differently by gaining insight into their grieving process, which significantly changed their feelings towards them, and improved their relationships. These shifts in perspective were particularly important. Candice, Caitlyn, and Sophie in particular spoke of this, and discussed how they learned their partner was grieving, which has been subsequently coined 'hidden grieving.'

During the time after Teresa's passing, Candice explained that she became so angry at Darren because she felt like she was so upset, while Darren had moved along with his life. The following is a longer segment of one part Candice's interview that was already included above:

Candice [372-386]: [A] couple times I found myself just getting so angry at him, saying, “well why aren’t you grieving, how can you live so normally? How is it that your life can go on and mine is stagnant? I am exactly where I was the day she died. How do you have this capacity? Why are you able to do this?” [Darren replied], “do you honestly think that I don’t grieve?” He says, “do you think that I don’t miss her and that I don’t grieve her loss?” He says basically, “how dare you?” You know, really, “how dare you suggest that?” He said, “you know, when I’m cutting the grass, I’m crying. When I go for walks by myself, or when you’re at work, when you’re whatever, I’m crying.” He says, “when I’m playing hockey, and skiing down the mountain, playing baseball,” he says, “that’s where I feel Teresa”... And he says, “so just because I don’t cry like you, and don’t sit at the computer reading all these messages from [support group] and listening to everybody’s horrible stories” he says, “I don’t understand you keep wanting to live in that mode.” And he says, “just because I’m not like that” he says, “doesn’t mean that I’m-,” and then I realized, ‘yeah of course,’ he’s just doing it his way...

This conversation led to a huge revelation for Candice because she previously had so much hostility towards Darren until she realized that things were different than she thought they were. It turned out that Darren was grieving but he had just not shown her. He had been crying when Candice was away at work, when he was doing chores around the house, and when he was playing sports. Finding out that information allowed her to see a different side of him, that he was feeling certain things, but just refraining from showing it to her. In the interview, she described how she thought that she should have known he was grieving because she knew him and knew that he was a kind, loving man. She no longer felt angry and frustrated with him, but rather identified with him because he was feeling similar to her. She and felt compassionate towards him because he was upset. This also made her feel closer to him and more confident in her feelings of love towards him.

Sophie talked about a similar experience she had with Frank. While initially, it had been obvious that Frank was upset over Braiden, as he had openly cried throughout the funeral service and in the weeks following, he refrained from crying later on. In the interview, Sophie said that even though intellectually she knew the death was devastating for Frank, he seemed to carry on so normally that she found herself wondering whether he even cared that Braiden had died. She

explained how she became so frustrated with Frank that she said something to him about it and recalled the resulting conversation:

Sophie [832]: Actually, what I do realize now is that Frank is grieving. But he just doesn't show it.

Erin: How do you know that now?

Sophie: Because of something that happened last year...I had been hurt that he wasn't there [the other times she went to Braiden's grave on his birthday], and I said something to him about it, I said, "you couldn't even be there for Braiden's birthday." And he said, "is that right?" He said, "well, let me tell you, I was out on the ocean, and I thought of him every minute, every minute, and I was talking to him." And then that's when I thought, 'you know what? He is still grieving.' But he doesn't talk about-

Erin: He doesn't say anything to you-

Sophie: Doesn't show it. Yeah, so then I wasn't angry anymore that he wasn't there.

Erin: Oh ok. Because?

Sophie: Because he told me that, which is a major thing for Frank to say.

Erin: He would never say that before?

Sophie: I never thought. That was his way of telling me, "I was out there and" -he was probably crying, but he wouldn't-

Erin: He wouldn't say it?

Sophie: Never, never.

This excerpt from the interview illustrates that it is important for couples to actually understand each other's perspective. When one partner does not share his/her grief, the other becomes confused about what s/he is going through. It seemed if an individual did not appear to be grieving, their partner assumed they did not care. Alternatively, if an individual appeared to be grieving extensively, their partner assumed they could do nothing to help them. Both these dilemmas seemed to be the source of most of the tension within couples. Similar to what happened with Candice and Darren, when Frank shared his experience with Sophie, this led Sophie to develop a better understanding and insight into Frank's world. When she understood him better, she felt relief that he was mourning, and no longer felt angry. Frank was not directly interviewed and so it is impossible to know his perspective; however, the example clearly illustrates that he was sad and grief-stricken over Braiden's passing. In the interview, Sophie had also stated she thought Frank had even been crying, but that he would not say, indicating that

even if he had felt like crying, it was not in his personality to share about it. This gives evidence that Frank was grief-stricken, but felt uncomfortable about expressing the grief to anyone, including Sophie. In these examples, understanding the other is important because it helped provide relief and diffuse anger. Sophie's example parallels Candice's experience with Darren, as in both cases, sharing one's perspective increased understanding and subsequently helped the individual reduce anger with their partner.

Another participant, Caitlyn, who described her relationship with her husband as quiet, explained that she, too, learned to see Sean's emotions differently. During the interview she explained that she had been seeing a counsellor who told to her that people often grieve differently. After that conversation, she had been more open to ways about how her husband might show his grief or love for Sylvia and explained how the following scenario changed her perspective of him:

Caitlyn [931-979]: I still have her [Sylvia's] ashes. And I still to this day light a candle. And that one day, her, it's a little [inaudible], I have several pictures of her, of things she loved, she loved birds, and some angel figures, her urn, and that one day, he [her husband] got up from the couch and walked by, and he stopped, and his hand went on the top of the urn, almost to caress her, and when I saw that, a little bit of a realization, that he maybe did love her, more than he can express [almost crying].

Erin: Oh and that means so much to you?

Caitlyn: Didn't say anything, you know.

Erin: And it sounds like that means a lot to you?

Caitlyn: Yeah, well that was a gesture, yeah, it tells a lot, right? That says a lot without words.

Also, throughout Jessica's interview she had stated that even before the illness she had not thought her relationship with Matt would have lasted their entire lives. Although the context around their relationship was different from the other parents, in her interview, Jessica made several comments that were consistent with the theme of gender differences, as she alluded to the idea that because Matt was male, he might have felt like he needed to hide his feelings from her.

For instance, she explained that on occasion Matt would see a friend who was also a therapist, which she thought was beneficial for him:

Jessica [490-531]: Because he [Matt] needed taking care of while he was taking care of me. And I wasn't taking care of him, you know what I mean? So that was really good, I was really glad. Anytime Matt could tell me that he cried, I always thought, 'good' 'cause I think it's such a healing thing. And because being a guy and trying to be stoic...He did never say, 'oh Jessica I can't do this because I'm just feeling this grief so profoundly,' and no, he would have just sort of gone home and kind of sucked it all up and dealt with it and crashed and burned on his own. 'Cause he knew I already had enough to deal with. And I couldn't deal with what was happening for him.

In this quote, she explained that because he had to be stoic, he would not have shared his true feelings with her. This reinforces the idea that many of the men seemed to be uncomfortable sharing vulnerable feelings such as sadness or fear. Again, the participant's partners were not interviewed, but there seems to be evidence for this theme across many interviews.

Further, Jessica explained that while it seemed that Matt had not been impacted by the death, there was one instance that stood out in her mind. When describing it, she explained that she had been caught off guard and surprised because it demonstrated that Matt actually was more affected by the death than she realized:

Jessica [445-452]: So I recall when my daughter died and when my sister and my Mom came up from [country] and Matt came over and he made dinner and I remember he left quite early. And before he left [I asked], "what's going on?" And he took me into my bedroom, started to cry, and he said, "I can't, I don't know, I don't know, I can't, I don't know," and he was so upset and he said, and of course we couldn't talk about it because...my Mom was there and it was like, my daughter had just died, and it was an absolute nightmare. But he was crying and you know, I realize now, and he lost a ton of weight... He just cried and he said "I can't, I can't talk about it." And it was so stressful, I mean here are we, lying in bed, him and I...fully clothed, my Mom was in the kitchen I think with Henry, that's Matt's brother...And I said, "are you okay?" And he said, "oh" and then he dragged me into the bedroom 'cause he wanted to be private and talk to me privately I think. And he just sat on the bed and he just started to cry and I said, "oh, what's wrong?" And he was just nodding his head and going, "oh my God, I don't know, and I can't talk about it." And he just was in a really bad way. And I'd seen him cry before, I mean that's not that he's a weepy person, but it just was [inaudible] and it made me realize, 'oh my God, I'd had not a clue what's going on for Matt, in all of this.' It was

all about me it was all about my daughter dying. And I never, ever had it in me, or could say, 'how's this for you?' 'What's going on for you?'

This quote is an example of the fact that Matt was impacted, but that it also illustrates that he had not been sharing his grief, and may have exploded at the end, when Jessica inquired why he was leaving the dinner so early. In this case it impossible to know whether Matt had deliberately been hiding his grief from Jessica, but it was clear that he had not been sharing it and it caught Jessica off guard because he had seemed so unaffected until then.

These participants explained instances where gender differences exist, that men were less likely to show their grief, but that does not mean that they did not grieve. Elaborating on this point, Candice's husband found that even the roles that may be inherited through their gender affected their grieving:

Candice [1032-1054]: Darren used to get disappointed. He used to say if we were walking down the street, or we were in the IGA or whatever, and they'd [friends or neighbours] come up and say, "Candice, how're you doing? How are you doing today?" And then I'd say, "I'm fine thanks, I'm fine, everything's fine..." So that kind of thing. Then I found out after couple years after he says, "you know what used to bug me? No one ever asked me how I was doing." He says "I was her father," they never said "Darren, how are you doing?"

Erin: Oh. And that was true? That's what happened?

Candice: It was true.

Erin: Do you know why that happened?

Candice: I said, "I think maybe guys just don't talk about things like that." But he said, "you know, I was her father, like, why would they, why would people just think you have a monopoly on grief? Like why is it just your personal little thing?" And I said to him, "I don't know why, I don't know why." Maybe 'cause, again, he looked like his life had gone on, and maybe they could see the pain in my eyes and my face.

Their friends' lack of consideration for Darren's feelings raises an issue about society's expectations regarding gender roles, primarily that mothers, and not necessarily fathers, should be grieving for their child. This is consistent with the findings that males tend to withhold their feelings of grief from their partner. Society's expectations regarding gender roles can be quite complex and can powerfully impact the couple because they form individual expectations about

how one should feel following the child's death. Candice recalled that while she wished she would have felt bad for Darren because people were not asking how he was, she did not feel that way at that time:

Candice [1106-1115]: And in some ways...in my pain in those days, I probably would have thought, 'well that's the way it should be [people should ask about my pain and not yours] because ...you're not feeling it like I am.' I think I had this bit of a, 'it's my thing,' like, 'I'm the one in pain here,' like, 'holding on to it, so it's my badge of honour.'

Erin: Okay that you should be grieving because-

Candice: Yeah, I'm the mother, and I should be grieving and I'm the one who spent night after night in the hospitals, I'm the one who ran her to the doctors. He [Darren] came with me, lots of times, but I'm the one who fed her and put her on the feeding tube...

Here Candice demonstrated that her gender role (the mother) meant she felt more pain than the other gender role (the father). She felt because she performed a lot of the mother duties, that her grief was more severe, was of a different quality than the father's, and that others should be concerned about her and not Darren.

At this point in the interview, Candice became visibly uneasy, as her voice softened, she sat back in her chair, and her eyes became a bit moist. She reflected on how she felt back then and stated that she felt very differently about that 'badge of honour' currently:

Candice [1119-1123]: But, oh Erin, to have those days again, I would do everything differently. And that's part of the wisdom in any experience, isn't it? There's growth. And if there isn't growth then the experience has been for naught. But I have grown and grown and grown to the point where the more I grow, the more I realize how much I regret and, I used to call it guilt but I don't think it's guilt, I think I regret a lot.

In this instance, Candice referred to the regret she felt because she did not give Darren as much credit when he told her about his pain because she as the mother felt more deserving of it. There is much to take from these excerpts, but at this point, it would seem important to acknowledge the difference that has been made between the role of the mother and father. This is an illustration that differences in perspective about one's role as a mother and father has

impact not only who feels more grief, but who is entitled to feel grief, and who should be acknowledged for these feelings. This has implications for how couples felt about one another following the death (e.g., people should ask about me because I'm in more pain).

Behaviour. Participants identified that their partner could be either supportive or unsupportive in the grieving process, which had major implications for the course of their relationship. The theme of behaviour was distinguished from the theme of communication because there were a variety of items participants listed as important, most of which could have been separated on the basis of whether they were 'communication' or 'other behaviours.' There were a wide range of other behaviours and so these were put together as specific behaviour, other than communication, their partner did that was either helpful or unhelpful for them. While supportive behaviour was a consistent theme, there were differences in what the participants viewed as supportive. One participant found one thing their partner did as supportive, whereas another participant would mention that the very same thing was unsupportive for them. This suggests that support can be viewed as unique and would not necessarily be the same for everyone.

Participants consistently reported there were a number of actions their partners did that improved and strengthened the relationship between them. Behaviours that were considered supportive included reducing the workload, giving sentimental gifts, spending more time together, watching movies together, and financial help.

Participants explained that a helpful behaviour was that their partners helped reduced their workload by taking on some roles around the house. Jessica gave an example of how Matt had done so. She had found out Lindsay's cancer was terminal right around Christmas time and she explained that she did not know what to do about Christmas that year because she was so

shaken after finding out Lindsay was not going to survive. Jessica explained that Matt helped her by coming up with an idea about having other people take over Christmas. He suggested that all her friends and family sign up for different activities over the holidays and they would be completely responsible for organizing and hosting the event:

Jessica [314-323]: And then when Christmas came, and she [Lindsay] got very, very bad at Christmas, and I remember thinking, ‘oh my God, what am I going to do for Christmas?’ There’s going to be people coming, and blah-blah-blah-blah-blah, and he [Matt] said, “ok well let’s see what we can do,”...so he created this whole Google-calendar and he sent it out to people and he said, “listen if you want to do anything at Jessica’s house over Christmas, sign up for an event. You put your name and you say what the event is. You come to the house, you do the whole event, you clean up after the whole event, [inaudible] ‘cause these people are coming over and they want to do this and they want to do this, so it was very much like ‘leave Jessica alone, she’s [inaudible], so if you want to do something,’ so we had some really cool nights...”

Jessica explained that Matt helping people organize events took the pressure off her to spend time on that; rather, she was grateful she could focus her attention on her daughter. She experienced a lot of relief in not needing to do all the Christmas activities such as hosting parties, cooking, or organizing a large dinner. Lindsay was sick and became sicker during the time right around Christmas, and she said she could not imagine planning a Christmas dinner because she just wanted to take care of her daughter. For her, this meant Matt cared for her and valued their relationship enough to help her as much as he could. She felt extremely appreciative towards Matt, and stated that she had felt so relieved and loved in his efforts.

For Andrea, she expressed how she did not have any energy after Luke died and Daniel had been a big help because he temporarily took over many things that she normally did around the house:

Andrea [865-866]: He listened, he made most of the meals, he did whatever needed doing to make our lives go pretty well.

Andrea described that she had felt so drained that she could not do the chores she normally did. She had been extremely appreciative of Daniel taking over household routines because she did not have to force herself to do mundane tasks at a time when she did not have the energy for it. She specifically explained that when she was deep in her grief, she felt exhausted most of the time and she did not have the extra energy she typically had, making it difficult for her to carry out her normal activities. This was common, as most participants explained the grief had this affect on them and they had difficulty carrying out activities they could normally do quite easily.

Another type of behaviour participants deemed helpful was to distract one another. As Trevor recounted a number of things that he and Sara did that were good for them to do together, he particularly stated that it had been really helpful for them to go to the movies together:

Trevor [261-270]: ...probably in the first couple of years, we went to more movies than we'd been to in the previous five or six years.

Erin: Oh really?

Trevor: Yeah because it's an escape from reality.

Erin: Okay.

Trevor: And just spending a lot of time together.

He explained that Kimberly's death was so painful for both him and Sara, the movies offered a reprieve, a chance for them to temporarily suspend their grief so they did not have to constantly feel the heaviness of the loss. When Trevor talked about the time immediately following the death, he emphasized this was an important activity as something they could both do. The bit of a break from reality helped relieve the intensity of their anguish, and even though it only lasted the length of the movie, it did give them a needed emotional break that both he and Sara needed.

Participants also explained that getting reminders of their deceased child was very important to them. Trevor also experienced this and in his interview, he discussed that he

appreciated when Sara would remind him of Kimberly, and that they could speak about her together. She did this in several ways, such as:

Trevor [1004-1037]: "...every once in a while Sara would say, "I'm going to cook something that Kimberly really liked." And that's always really nice to remember her in that way...we've been places and where she's said, "oh gosh Kimberly would love this place," or "Kimberly would really enjoy being here."

Trevor also appreciated Sara keeping some of Kimberly's unisex athletic clothes and that people in their family will wear them now. Again, he had reiterated these reminders were sad, but simultaneously, there was something about it that he liked and was glad that he and Sara could share their thoughts with one another.

For Trevor, he and Sara shared Kimberly's memories and he was glad they could discuss her. He explained how this was bittersweet for him, as it was sad because they were reminders that she was no longer alive, yet he was glad Sara kept her memory alive, and they could fondly remember what they knew and loved about her. Other participants had identified similar experiences, and this perhaps demonstrates a special quality of the couple's relationship, that the parents or step-parents have important memories of the child that allows them to share in the memories together. One reason they may have been so important was the fact that it allowed the parents to maintain a continued bond with their deceased child. Being able to remember their child may have helped them think of him/her fondly and perhaps, keep an ongoing relationship with that child. Also, while sharing in the memories was specifically identified as important, it could also be possible that doing so with one's partner also allowed them to give and receive support if one person was feeling particularly emotional and could benefit from support. In other words, it could be a way for couples to console one another and to express grief.

There were also a number of participants who said they felt supported by their partner when s/he gave them a gift. The gifts varied as to their value and what they consisted of. Most

involved a sentimental component that related to the child or to hope, and shared the similarity of having deep meaning for the participants. The emotional impact of the gift had no relation to its monetary value, as both large and small gifts were treasured by the participants. In Jessica's case, Matt had given her quite a large gift, and in the interview, was at a loss of words to explain its impact on her. When the researcher had asked her what had been the most important thing he did in their relationship, she immediately stated this gift:

Jessica [907-914]: Well I would say the biggest thing he [Matt] did... the big thing he did was he gave me that trip to [country], which for me, was one of the most amazing trips of my life... And some people who I'm still in touch with and I keep meeting new people through those people. And it was the most amazing gift. And he organized all of that.

Matt had organized a trip where she went and met the poet that she loved, whose poetry she and Matt frequently read together during the time of Lindsay's illness. He did some fundraising for the trip, but donated most of the money on his own, organized the trip, and also hosted a BBQ where he and the other friends who had contributed presented Jessica with the cheque. She explained how she had been so touched by this poetry because it spoke to the difficult feelings of pain and struggle after her daughter was diagnosed. She frequently talked about the poet throughout the interview, which seemed to demonstrate the importance of the poetry for her. Matt's gift demonstrated thoughtfulness and a sensitivity to her emotional pain that seemed to make a meaningful emotional impact on her. She said the trip had taken her by surprise and was easily was the most meaningful thing because she got to meet the poet and others who provided needed sources of support and inspiration for her. The vastness of her appreciation for this gift was evident in the interview and she spoke about how she would forever remember his generosity and sensitivity.

Similarly, when asked about some of the most important things Darren had done to help her, Candice stated that he had done a couple of things that had helped:

Candice [620-622]: ...so then even years after she [Teresa] passed, on her birthday, or mother's day, I'd get a card from him [Darren]. He'd write a card saying, 'you're the best mother in the world and Teresa loves you.' Or I love you 'cause Teresa. Just little things like that.

Darren's gift was special to her because it brought up Teresa's memory in a warm and special way. This seemed particularly important because it allowed them to remember all that Candice did in her role as Teresa's caregiver and also seemed to be a method of continuing her relationship with Teresa. This event was significant in the same manner that Trevor's event was significant, as it brought the memory of their deceased child back into her life, which brought Candice an immense amount of joy and love. Darren's act of giving Candice the card served this purpose and helped remind her that the love Teresa had for Candice still existed.

Another way participants' identified their partners had been helpful had been to provide financial support. This was particularly true in Trish's case as Nathan had a drug addiction and treatment resources were extremely costly. Having Steven provide financial support meant that he enabled Nathan to get the treatment and needed help:

Trish [532-545]: ...Nathan was an expensive boy at this time...we got him into [treatment centre]. [Treatment centre] cost me a bit...And I paid for his methadone, and Steven was on board for whatever it took.

Trish was grateful Steven provided support in this way because he was giving a gift she was in need of. Even though she felt she could not talk with Steven about Nathan, his ability to help financially told her that he really did care about her son, and that Nathan and Trish's well-being was of the utmost priority to him.

Participants did not list as many types of unsupportive behaviour as they did supportive behaviours, as when asked about how partners were unsupportive, they had mainly discussed

problems in communication. Despite this, some specific instances emerged that were important to the participant's experiences.

For Trish, she and Steven had begun to have conflict because of Nathan's drug addiction years before he passed away. A common problem had been that, both during Nathan's addiction and after his death, Steven pressured her to accompany him to various social activities when she was upset about Nathan. Trish would go along because she did not want to anger Steven, and explained that she had trouble enjoying herself because she was preoccupied about Nathan. When the two of them were out with friends, at various events, or away traveling, Trish was not herself. She frequently worried about Nathan because she knew he was not well and she was not fully engaged in whatever she and Steven were doing at the time. She explained this further in the following statement:

Erin [737-749]: So you were so worried about Nathan?

Trish: Yeah.

Erin: So worried about Nathan. So it sounds like it permeated...

Trish: It permeated everywhere I was. And I suspect it permeated our relationship, too. Because I was distracted, it didn't seem [pause]. I was [pause] torn [pause] as I think... Sometimes, if you have an ill child, like I have a friend in [city] who just lost a child, a little one, to a brain tumor, whether you have some ongoing illness, ongoing addiction, maybe an ongoing behaviour problem, some people have better ways of segmenting their lives. But for me, and I think for a lot of parents, that's what you carry everywhere you go. So if you're thinking about that all the time, you're never really enjoying anything.

Trish had explained that she wanted the 'space to be,' which was a consistent theme throughout the interviews. In her relationship she did not feel like she had the time or space to have sad feelings. This was further exemplified by the fact that Steven would often try and get her to go on to do activities with her when she did not particularly feel like doing it. She explained her feelings were not respected, a theme repetitive of her feeling that her needs were ignored within the context of their relationship. Steven's pressure for her to participate in their

regular activities felt like a lack of respect for what she was going through and resulted in her resenting him. She explained how angry she had been over that, and that it put an enormous strain on their relationship.

Jessica experienced a different sort of behaviour that put a strain on their relationship, in that Matt seemed unable to tolerate the emotional intensity of her Lindsay's death. For instance, she explained that around the time her daughter passed away, Matt would abruptly leave when they were together. For instance, in the time after the funeral, Matt wanted her to leave right away. She recalled:

Jessica[672-677]: I remember sitting with him [Matt] at Lindsay's service and I remember very much like he wanted to take me home, like he wanted to take me away from this, from all those people that wanted a bit of me to say, "I'm so sorry" and all the people that are there that do that. And I got this feeling, he was going, 'come on,' 'we need to go,' 'let's go,' and 'I need to go.' I really felt like I needed to [pause] be with all of those people because they needed to talk to me too and they were grieving as well, right?

This continued later at the gathering at their house after the funeral:

Jessica [677-685]: And I remember Matt was there and everybody came back to the house [after the funeral] and...it was the weirdest, most bizarre thing ever. And he left and I remember thinking, 'oh my God, I can't believe he's leaving.' And my sisters were both like, "why are you going?" And I can't remember what he said, but he needed to get out of the house. That is something to do with, I think, his tolerance for...[it] would be like, some time out with a boyfriend or something...and he suddenly said, 'okay Erin, let's go, we're going home now.'

Not specifically related to the funeral, Matt continued this need to leave following the time of the funeral as well. Jessica stated:

Jessica [445-447]: So I recall when my daughter died and when my sister and my Mom came up from [country] and Matt coming over and he made dinner and I remember he left quite early.

Jessica had been upset and angry over his urge to leave. While all the events in her daughter's illness had been painful, her death was the most painful. While Matt had provided

consistent support at the beginning of the illness, after Lindsay's death, it appeared he could not be around Jessica or any of her friends or family. This was a time when Jessica could have used Matt's support the most, and so it both surprised and hurt her that he was constantly trying to leave. In the interview she explained she was uncertain of the reason for this, and tentatively brought up the possibility that he did not have the tolerance for the pain to cope with Lindsay's passing. After she said this though, she stated that was her own hypothesis and she did not know for sure.

Stacey had a different experience with her husband, Brian. While there were many problems with their communication, she also found that he became more angry with her and their family, which she attributed to their daughter's death and also to the fact that he quit drinking without any help. While it may seem that his lack of drinking would have been beneficial, she explained it was not so because his mood worsened after he quit. She explained:

Stacey [446-462]: After Nicole died he realized that he could become an alcoholic...and he decided to stop drinking...[t]ook all the alcohol out of the house and stopped drinking, with no support...[b]ut then he was angry all the time. He took his anger out on me, I don't know if he was angry with me, but he took it out on me. But he was angry with the school, he was angry with the teachers, he was angry with everybody. He was angry with the kids, they annoyed him. He was angry with noise, he did manage to get up and go to work, and function, I don't know how, but when we were divorcing, and we were going for counselling, he said, "it takes all of my energy to behave in a civilized way at work, and by the time I come home, I can't pull it off anymore. I can't do it."

His anger also caused Stacey to feel angry and uneasy. She explained she felt that she and their children needed to walk on eggshells around Brian. She had been tired of being blamed for his anger and had given up the expectation of support, as she describing feeling alone in their marriage. While they stayed together for years after Nicole's passing, eventually the relationship fell apart and they divorced. The tension this created in her was evident when she explained that

after they formally separated, their house became filled with happiness and joy, which had been lacking previously.

In addition to her husband's anger, Stacey discussed that he felt other behaviours contributed to problems in their relationship. For instance, Stacey did things to incorporate her deceased child's memory into her life. She kept Nicole's pictures in the house and would do other things that were ways of including her as part of their family. Brian had told her that seeing their daughter's memory around the house made him sad and was one of the reasons he no longer wanted to be in their relationship:

Stacey [962-967]: ...I would talk about Nicole, and we had pictures of her up, and as far as I'm concerned she's part of our family celebrations, and Christmas, we put her stocking up, but Dad was not happy about that stuff, he didn't want to see that stuff. And that's one of the reasons he said he left the marriage because when he came home it reminded him of Nicole and he did not want to be reminded of Nicole, he deserved a life that was fun. And he wasn't having any fun in our house because there were pictures of Nicole around.

This was problematic for Stacey because she felt happier when she included Nicole's memories into her life. Similar to what many of the other participants mentioned, while feelings could be bittersweet, in general, they liked to be reminded of their deceased children, and felt better when the deceased children were incorporated into their lives. Stacey's desire to keep Nicole's picture up and talk about her in daily conversation helped her feel more connected to Nicole. While it personally benefited her, keeping Nichole's memory alive created tension in her relationship with Brian because he was saddened by these reminders. While the exact reasons of the divorce cannot be known for sure, as both individuals from this dyad were not interviewed, Stacey explained Brian had directly told her the reminders of Nicole were a contributing factor to their separation.

In summary, the participants described a number of specific behaviours their partner did that facilitated their relationships and increased their satisfaction with one another, and also a number of behaviours that frustrated and created distance between them. They described feeling grateful when their partner would reduce their workload, when they gave sentimental gifts, spent more time together, reminded one another of their deceased child, and provided financial help. The specific behaviours that created tension between the partners included pressuring people to resume their regular activities too soon, not attending events associated with the deceased child, not getting help for addiction, and in some cases, being reminded of the deceased child.

Individual grief affected the relationship. The fifth theme generated from the interviews was that the grief experienced individually impacted the relationship with their partner. While the first theme explored how the relationship changed in different ways, the discussion revolved around the dynamic by describing what the changes within the relationship looked like. This theme is different, as it discusses the reasons the dyads may have changed in the ways they did. Specifically, the theme speaks more to the salient aspects of grieving that the participants explained as having an impact on the relationship with their significant other. Four main trends emerged within this larger theme. Upon conducting the analysis they appeared subtle initially; however, after further examination it was clear that these aspects of their (and their partners') grief were present within their relationship.

While the purpose of this thesis was to examine the impact of grief on the relationship, during the interviews many of the participants stated that they experienced much of their grief individually, separate from their partner. This was particularly poignant when the interviewer queried how they grieved together and many responded that they did not do so:

In the interview Candice stated:

Candice [1204-1212]: Yeah, I think I have to be honest and say...[t]he journey was mine, just like the journey was his [Darren's] own....I liked to call it nesting, and I would just lay in my bed, my bedroom was my haven, and I'd have a candle going, and I just cried all day long. And Darren would be out being busy. He busied himself, whereas I didn't, I don't have the same interests, I don't have any of the same interests as him, 'cause I'm not athletic-

Erin: Okay so you guys, it was almost like separate ways?

Candice: Yeah, oh God, I think so.

For Candice, her grief was very isolating, which seemed to cause her more pain because throughout the interview, she discussed that she was lonely in her grief. With Darren out of the house, she felt abandoned and on her own. She felt misunderstood, that Darren thought she liked being sad and was frustrated because he urged her to 'move on' in her grief. She felt he was insensitive to her feelings and there were times when he seemed so foreign to her, she wondered if she even knew him anymore. This caused her to feel angry and she felt resentment because she seemed unable to 'move on' as easily and Darren appeared to. They later argued about it, as she felt at a loss for how to hold her anger inside anymore and needed to discuss their relationship further. They were able to resolve these differences, as several examples of how they did that have been used throughout the document; however, these discussions often did not occur until years after Teresa's death, after which, they were able to understand and better support one another. Initially though, Candice was isolated, and the dyad's relationship suffered drastically.

Similarly, Caitlyn described an experience where she felt that her grief was her own:

Erin [274-280]: So then after she [Sylvia] passed away, you said that he [Sean] got quieter?

Caitlyn: Yes, even quieter than before, yeah.

Interviewer: So did he ever talk about her?

Caitlyn: No. Only now can I talk about her. I couldn't talk about her with him.

As discussed in previous examples, Caitlyn and Sean had a history of being unable to talk with one another. In general, they did not share their experiences with one another, and

previously, Caitlyn had explained that their relationship was filled with a lot of silence. She felt very little friendship between the two, and often felt emotionally isolated from him. She shared her feelings about Sylvia with her friends, and while she felt a desire to share with her husband, she did not know how to. Instead there was a barrier between them that only grew stronger after the death.

Similar to Candice, when asked whether Sophie and Frank grieved together, Sophie stated that they did not. She described the experience as following:

Sophie [527-534]: ...I'm dealing with my grief, I'm absolutely no good to anybody because I'm dealing with my pain, my pain, and it's my pain [emphasis on "my pain"]... I think we both went through grief separately...

Sophie had explained that she could not tell Frank was grieving and, like Candice, there had been a time when she felt alone in her emotions. In the interview she specifically discussed that Braiden's death filled her with so much grief, she was literally consumed by it. She had felt as if her heart had no room for anything else and stated that even if Frank had tried to talk with her about his own grief and pain, she would not have been able to listen. In this way, she felt she was so devastated she could only focus on her own emotions. As discussed previously, Jessica and Matt's relationship altered shortly after they found out her daughter's cancer was terminal. Throughout the time when Jessica was taking care of Lindsay and in the time after the funeral, she described things as very chaotic, and was unable to give Matt the same kind of attention she had given him earlier. She said she had not realized it at the time, but this had changed their relationship dynamic drastically. Sometime after their relationship had ended, they both had a talk, and Jessica asked Matt the reasons why they were no longer together. Specifically she stated:

Jessica [437-414]: And when we talked around that time about what happened, he said to me, "it was all about you." All, it was all about me. He said, "and even though I don't

like talking about myself,” there was so much going on for him and I wasn’t able to help him...I think there was just not enough of me there to give to him.

For Matt, he had needed more attention from Jessica. In the interview, Jessica had reflected that she would not have changed anything, because she needed to be there for Lindsay, to grieve her death in the manner she did, and she acknowledged the truth in the statement that around that time, things had been all about her. She explained that she had felt so tired from caregiving and grieving, she just had no energy left to give. She discussed how she did not know what had been going on in Matt’s life at the time of her daughter’s passing. As evident, this severely affected her relationship with Matt, and they ended up separating. While Matt was not directly interviewed, and so could not be contacted to further explain how Lindsay’s passing impacted him, she explained later on, he had made it clear it had been difficult for him.

While the participants explained that the grief encompassed them so deeply, one participant, Candice, stated something in her interview that was unique from the other participants. Specifically, she discussed that by continuing to be consumed by her grief, she was respecting her child’s memory. She thought that if her deceased daughter was watching from above, she wanted her to know that Candice was still sad. In this way, a part of her grieving was a conscious decision that in the pain she expressed, she was demonstrating the love she had for her daughter. She further explained:

Candice [862]: Well I think in some ways, if I’m to be really honest with myself, that by keeping in my pain, I knew that very well, I was comfortable there. And it also, I thought, kept me closer to Teresa. But also I wanted her to think that, “life just doesn’t go on Teresa because you’ve gone.” I mean, how horrible to let your child that, I mean, ‘jeez, it’s been six months, mom and dad don’t care about me anymore,’ ‘it’s been six years,’ you know, I just thought it was like a betrayal of some sort.

Erin: That you need to show her that you’re impacted by her, that she’s-

Candice: For sure, very much so.

In Candice's case, she gave the example of using grief as a way of showing her daughter that she was not forgotten. Rather than serving the purpose of grief as an emotional outlet it became a way of proving her love for her daughter.

The participants seemed clear that while the separateness of their grief did not necessarily affect all aspects of their relationship, many grieved separately and also felt isolated from their partner in that grief. This theme demonstrates that grief consumed them in a way that seriously impacted them and in a way they felt difficult to control.

This next subtheme is a small window of time when those who may have been instrumental grievers grieved outwardly, or expressively. This theme may have implications for the effects seeing another's grief may have on the relationship. The theme of grieving differences served as an illustration that some individuals did not outwardly express their grief with their partner. The interviews from this subtheme contrasts that subtheme because individuals who were not typically expressive did express their grief for a small amount of time immediately following the child's passing. It was found that most participants reported both they and their partner grieved expressively in the first two weeks after their child's death. Initially after the child's passing, none of the participants reported any communication problems with their partner during that time and in fact, some participants would refer back to this time-frame when asked to explain what helped them keep their relationship together.

Sophie, who particularly stated that her husband did not like to show feelings, stated that he was extremely upset in the time immediately after Braiden died. She explained:

Sophie [478-489]: the actual time and at the funeral, it was terrible for Frank. Frank was in an absolute terrible state the day of the funeral... Oh he just was in pieces, it was terrible. He couldn't speak to anyone or anything. It was awful...

Later in the interview she used an example of a time when she had seen Frank upset:

Sophie [1307-1310]: The following week [after the funeral], Frank had been out for a drink, I got up, and my friend was here from [country], Frank was lying, his head around the flowers from Braiden's wreath. I had brought it home, and he was lying, on top, lying, holding the flowers, crying...

She described being frustrated with Frank's seemingly ability to carry on so normally following Braiden's death months later. When asked what it was that helped her with her frustration towards him, she referred to these times when she had seen Frank upset:

Sophie [473-474]: At first I couldn't [understand how he was carrying on normally], I would think, 'man,' but I've seen him with his head on the table crying after Braiden died...

During the interview, when asked what helped her want to continue on in the relationship, Sophie explained that the time period where Frank seemed uninhibited with his emotions was important.

Similarly, Stacey also explained that while typically her husband had his emotions turned off, this was not true in the time initially after Nicole passed away:

Stacey [902-907]: For the first couple of weeks, he [Brian] was okay [he was not angry at her], I mean, 'cause he was crying too...[b]ut then he closed over. It's like he was broken open for a period of time and then he just decided, 'I'm just going to stuff all this.'

Trish explained a similar experience:

Trish [814-830]: And Steven was wonderful [the night that Nathan died]. 'Cause I said, "I've got to go to [city] right away." And he started up the car...[t]here were lots of people to come from [city] as well and Steven brought people....

These descriptions illustrated a natural expression of what the participants were going through. They demonstrated a marked change in the individual's emotion. At first, they felt devastated by the loss, crying and expressing their grief freely. The participants also explained after a certain amount of time passed, they no longer expressed their emotion, and their

demeanour changed where it became impossible to determine whether they had been affected by the loss.

This theme consisted of a number of trends which provided more detailed descriptions about the participant's grief and how this further impacted the relationship. In the interviews, it became apparent that the participant's grief was extremely consuming and some participants were isolated from their partner because of their grief. Further, partners would sometimes show their emotions in the time initially after the child's passing; however, they would close up after and refrain from grieving. Both these subthemes illustrate that the way the individual experienced the grief not only affected them negatively and privately, but also had an impact on their partner. In the times when the partners closed up, their relationships were typically negatively impacted, and this brief time frame where individuals were expressive may have indicated a point where both partners understood one another and were less likely to experience conflict.

Utilizing additional emotional outlets. This theme encompasses those who accessed emotional support from sources other than their partner. A great number of participants identified this as occurring throughout their grieving process as six of the eight participants reported they needed to access additional emotional support from individuals other than their partner. Both individuals who identified being in unsupportive relationships as well as those who identified as being in supportive relationships accessed outside supports; therefore, being in a supportive relationship did not reduce the likelihood an individual needed to access resources. In the interviews participants explained talking with others helped their grieving, and it took the pressure off their partner to be their only emotional support. Participants explained this gave them an opportunity to get alternative perspectives, gave them a break from needing to provide

emotional support, and allowed them to vent in a way that did not cause their partner more grief. In many cases, the participants were relieved their partner was not getting support, and typically encouraged them to talk with others. Those who did end up utilizing additional emotional support explained it was a relief for them to have someone else to talk to. For instance, Trevor explained that despite having a good relationship with Sara, a local support group had been (and still was) helpful for him:

Erin [361-370]: For you, what is it about the [support group] that [is] good for you?

Trevor: Well it's an opportunity to talk about Kimberly and with people who are also talking about their child. And with people who are understanding what we're going through. Everybody there is going through the same thing, we've all lost a child, there's nothing worse than losing a child...we have a comfort level. And [I've] developed a really good friendship [with another individual through the support group]...we've had lunch frequently...and he's been here for dinner, drive him to our meetings on quite a few occasions...we've got a good friendship...

Andrea, who similarly to Trevor, described herself as being in a very good relationship, went to a counsellor. During the interview she explained that because her grief was so consuming, she could not give Daniel attention, and so he went to a counsellor to get support for his problems:

Andrea [885-892]: I was away three days a week working, so he had his own time to do stuff he needed to do or wanted to do. He would go out in the evening if he wanted to. Like he had a lot of friends here, he had a son who lived here, he would go get his own counselling sessions.

Erin: Oh, did he do that just for himself?

Andrea: Yeah, because I didn't really have attention, sometimes I had a little attention for him.

Erin [964-975]: So that was already in place, he could go and do that [get counselling].

Andrea: Yeah.

Erin: And then so he had a counsellor for his, so he could go and he could get attention from a counsellor. So it sounds like when he was back home that he was able to focus?

Andrea: He could be in counsellor-mode for me.

In the interview, Andrea explained that because Daniel was not the biological parent, she had not expected him to grieve as intensely as she. After Andrea had been grieving for Luke's

death, Daniel stated that he would go to his own counselling, which Andrea knew would be good for him. When the interviewer questioned why this might be, she stated she thought she was grieving so much, she did not have the energy or interest in talking with Daniel about other things in his life. She instinctively understood that he would need to have his own counselling so he could talk about these other things, because it was just too difficult for her to focus on anything other than her son for quite some time after his passing.

Stacey explained that she did not have a good relationship with her partner and so for her, the extra supports were helpful and necessary:

Erin [946]: And then so how did you have your emotional needs met?

Stacey: The same way I always do, talk to my friends.

Erin: Okay.

Stacey: Go to [support group], go to [name of company] and got counselling, joined that group, I don't have a problem talking about my feelings, I have really good friends and the women at the school were absolutely wonderful, and two of them are still my closest friends, so, I have good friends.

Erin: Ok, so they were your support.

Stacey: Yeah.

Erin: Yeah. And how did they support you?

Stacey: Just listen, they were there, non-judgemental.

Erin: And so kind of, what you needed?

Stacey: Yeah.

For Stacey, the support group helped her grieve more fully. She had explained that her husband was either unable or unwilling to provide her with emotional support, and so for her, she needed to make up for this by receiving support elsewhere. She stated that she felt a lot of relief in being able to share her grief with others, and that kept her from getting angry with Brian, because she was getting the support she needed, even though it was not from him. A number of the participants discussed how helpful the support groups had been. When asked the reason that particular support system had been so helpful, Stacey replied with the following answer:

Stacey [1528]: ...when you go to [support group], they all get it. You don't have to explain yourself. When you go to [support group], you realize, I am perfectly normal for

a grieving parent. Everybody else on the planet thinks I'm crazy and I'm not doing well, I'm not getting over it, I should be doing different things or coping, or I shouldn't be angry, it's like they have lots of things about their- because they want you better because they can't deal with an absolute naked raw pain that you present every time you are in front of them. And you also remind them of their own worst nightmare. So a lot of people disappear into their work and they can't be with you because it reminds them how fragile life is.

Many of the participants expressed that the support group provided them with a place where they could relate to others and be around people who were non-judgemental about their grieving. Andrea explained she found this at the support group but also in peer counselling she did with other lay people, trained in counselling skills:

Andrea [499]: ...I sort of dove into the grief work. Because of all of the counselling that I did I had a lot of experience about expressing emotion. The kind of counselling that I do is all about healing from hurts...

In the interviews, many participants did express the need for either themselves or their partner to receive outside support. It was apparent that these individuals cared a lot about their partners and periodically wondered whether their partners were also getting emotional support. Participants typically expressed relief that this was occurring. Similarly, participants themselves expressed relief when they could get help from other individuals and seemed to benefit from not only relying on their partner for this. There were no limits as to who was helpful, as participants listed a variety of individuals such as counsellors, peer-counsellors, support groups, friends, and family.

Sexual relationship with partner changed. Only four of the eight participants were asked about their sex lives, but out of the four, all participants said the sex changed following their child's death. Trish, who initially experienced conflict with her partner, also expressed conflict over the sexual aspect of their relationship by saying that with Steven sex was:

Trish [1124-1141]: ...an expectation.

Erin: [that it would be]...just be fine?

Trish: And it was not fine. And oddly enough, that is one thing that has never come up at a [support group] meeting and yet everyone would have faced that...But of course it's an issue. Because intimacy means you have something to give somebody. And when you're grieving, you have nothing to give anybody. You are in the process of staying alive [pause]...You actually have to go to Safeway and grocery shop. You have to go to the dentist. You have to cook a meal. You are staying alive. But don't expect me to give something to you because there is nothing to give.

Erin: So then how is that negotiated? Did you guys have a conversation about that? Or did it just naturally stop and then start again?

Trish: Must've just started again [pause]. Probably somewhat reluctantly on my part, and resentfully too.

For Trish, having sex created resentment because she needed to feel like she could give something. Since she was so drained from Nathan's death, she could not do or feel anything other than grief, and so she felt empty, unable to really be a part of the intimacy that Steven expected. Stacey's experience was somewhat similar to Trish's in that her partner expected to continue having sex with her after Nicole passed away:

Erin [806-820]: After Nicole died, how was sex?

Stacey: ...he had to have sex two or three times a week...[n]o matter what.

Erin: So even after Nicole died?

Stacey: Oh yes, 'cause that makes him happy. It wasn't for my pleasure, it was for his.

Erin: Did he, so it sounds like, he demanded it, it sounds like?

Stacey: Pretty much. Oh yeah.

His demands caused her discomfort and Stacey was angry at Brian for expecting that they would continue to have sex normally. She further explained the reason it was difficult for her and how it related specifically to Nicole's death:

Stacey [834-835]: It was difficult for me because having sex after a child just died reminds you this is how the child first got here in the first place. So it is a very emotional experience.

For Stacey, sex took on a particularly loaded meaning because it reminded her of her daughter, which brought up the feelings of loss and grief.

Andrea recalled that sex with Daniel changed as well:

Andrea [1632]: Well, I didn't want it for a long time. I sort of felt that sex is, for me it's usually joyful, like it's an affirmation of life. And I just felt dead, right, so I really didn't want it. And then I did one day, and maybe it wasn't that long either [pause].

All participants who were asked about sex reported that they did not feel like continuing with it in the time after their child's death. The disturbing fact was that two of the participants reported their partner did not seem to understand that they did not want to have sex, and so the participants continued having sex even though they were resentful about it. This implies that their partners did not accept or respect the fact that they were not emotionally in a position to be intimate with them, which further strained their relationship with one another. Also, all participants stated that they did not actually communicate with their partner about this, saying sex just happened, and there were no discussions on the topic.

Overall, participants expressed that sex with their partner changed drastically after their child's passing. Rather they said they were so sad and emotionally drained they could not even think about sex during that time. One participant expressed she was reminded of her deceased child and so was too sad to engage in it. Even though this was a common difficulty, they refrained from talking about this with their partners. Instead, most explained sex just stopped and started again without discussion, perhaps indicating the sensitivity and discomfort that surrounds this topic. While the participants ceased this activity, they reported it was temporary and was resumed with time. Those who felt forced to do so felt resentment towards their partner, wanted their partner to wait, and begin again when they felt ready.

Based on the interviews from eight individuals who had lost their child, the key themes were that the relationship changed, with trends being that the bond with their partner was weakened, while some felt the bond was strengthened, and finally, a third trend existed whereby

the relationship initially weakened but later strengthened and became stronger than it had ever been before. The second theme was that communication was important, specifically, individuals needed to give their partners the space to grieve, to validate their grieving, for partners to communicate their love for the deceased child, to defend their partner's grieving style, that non-verbal communication was important, and that not communicating about past relational problems harmed the relationship. Further, a third primary theme was that the existence of grieving differences arose, with females being more likely to be expressive grievers and males more likely to hide their grief from their partners and others. Participants described common behaviours their partners engaged them that strengthened their relationship which consisted of reducing the workload, giving sentimental gifts, spending more time together, having reminders of the deceased child present, and getting financial help. Identified behaviour that created conflict within the relationship included pressuring individuals to participate in regular activities too soon, not attending events associated with the deceased child, not getting help for addictions or other problems, and for some, being reminded of the deceased child was particularly discomfoting for them. An additional theme was that the individual grief felt privately had a larger impact on the relationship, where the grief was typically described as isolating and consuming, and all individuals were initially expressive grievers and later did not express their emotion. Also, participants identified another theme, which was that it was often helpful for individuals to receive support from more than just their partner, but also from support groups, friends, etc. The final theme emerging from the interviews was that the child's passing negatively impacted their sexual relationship. Most often this was temporary and individuals would resume sex again after a period of time; however, resentment would build when participants felt pressured to engage in sex before they wanted to.

CHAPTER 5: DISCUSSION

The purpose of the research study has been to understand the experience of the couples' relationship following the death of a child. This project used a modified empirical phenomenological method (Giorgi, 2009) with open-ended questions to allow participants to share their stories and experiences. This final chapter begins with a re-introduction to the study's rationale and research question, and then follows with a discussion about how these findings answer the question. Next, the results are discussed in light of how the findings relate to theories on bereavement and relationships. This section includes a discussion on how the results can best inform implications for applied counselling interventions with bereaved parents and is followed with a discussion of strengths and limitations of the study. Finally, conclusions are drawn with recommendations for future research.

Summary of the Research Problem

This study explored the relational aspects between bereaved parents. Researchers have found bereaved parents experience many negative consequences after a child's death, such as increased feelings of guilt (Goodenough et al., 2004; Weiss, 2001), mental health problems such as anxiety and depression (Drew et al., 2005; Ulrika et al., 2004), physical health problems (Stroebe et al., 2007), increased risk of mortality (Li et al., 2003) and increased conflict in their relationship following this loss (Dijkstra et al., 1999; Oliver, 1999; Patistea et al., 2000; Toller & Braithwaite, 2009; Wing et al., 2001). Researchers have hypothesized the conflict in relationships may have occurred because of discordant grieving (Dijkstra et al., 1999) or due to gendered grieving differences, where men have demonstrated instrumental grieving, while women have been more likely to demonstrate expressive grieving, or the tendency to demonstrate expressive grieving (Alam et al., 2012; Kavanaugh, 1997; Schwab, 1992; Schwab,

1996). Critics of this research have posited that studies tended to focus more on women and have unintentionally assessed expressive rather than instrumental grief, which has resulted in an exaggerated view of women's grieving (Badenhorst et al., 2006; Dyregrov & Matthiesen, 1987; Feeley & Gottlieb, 1988-89; Oliver, 1999).

This study was undertaken with the purpose of providing a better description of the lived experiences of relationships following the loss of a child. It aimed to capture the aspects of the grieving journey and to expand on the bereavement literature by broadly examining the participants' experiences through the creation of a descriptive understanding of how grief impacted their relationship. This study provided a unique contribution to the literature by furthering the research on relationships following child death by discussing gender and grieving, how conflicts arose, how conflicts were repaired, and how they remained. Among a number of findings, it revealed that grieving and relationships is a complex phenomena, as sometimes men and women grieved stereotypically, yet sometimes they did not. It was also found these grieving differences had the potential to cause conflict in their relationship, as they did not always exist in the way they were common thought of, and that a balance in communication was often central to easing conflict when it did arise.

Summary of Findings

From this study, seven main themes were identified. While there were a number of important findings, the interviews often revolving around the changes in the relationship participants felt with their significant other, and as such, the most prominent theme was that the participants reported their child's death did indeed impact their relationship by either causing them to become closer together, further apart, or by growing further apart and later becoming closer. A second theme was that the participants identified communication as an important

factor in their relationship that impacted their dynamic. They felt that communication allowed them to see reasons for their partner's behaviour, which fostered feelings of understanding, compassion, and companionship. Even those who did not believe communication was important seemed to utilize it in nonverbal ways that created a sense of mutual understanding and reminders of shared memories regarding the deceased child. Another key theme was that most participants reported grieving differences between their partners. The differences in grieving were not always consistent with gender-based stereotypes, but the vast majority of participants did demonstrate gendered grieving differences. An additional theme included that participants' partners conducted a range of other behaviours that changed their relationship, some of which did so in a positive way, and others, which did so in a negative way. Another theme was that the participants' individual grief impacted their relationship with their partner. Also, individuals commonly reported benefiting from accessing additional social supports outside the relationship such as speaking with friends or family, support groups, and counsellors. This was true for those who reported being in both healthy and unhealthy relationships. Lastly, a theme was that the sexual relationship changed following the loss, and those changes were not discussed within the couple.

The results from this study fit closest with the revised version of the trauma-related CATS model. As outlined previously, this model postulates that communication acts as an umbrella, which is a central element, relating to all components within the model. The key aspects within this theory are (a) predisposing factors, relating to characteristics of the couple's relationship that existed prior to the trauma, such as whether an individual experienced a traumatic event in childhood, the couple's coping resources, etc.; (b) resources, which include the couples' sources of support; and (c) couple functioning, which includes aspects that are

central to the relationship such as conflict, power, communication, etc. The CATS model also now interweaves the main aspects of Judith Herman's three factors of trauma theory which include safety, traumatic process, and connection.

While not all findings related directly to the CATS model, many did. Findings that related most directly to it included the concepts that the relationship was impacted by the loss, communication, and characteristics of couple functioning such as intimacy, reliance on external resources, and sexual activity. In addition to this model, there were some other key themes that did not fit within the model, and will be discussed separately, outside of the models' context.

Key Findings

Relational change. While the CATS model does not specifically identify relational change as a specific characteristic, it assumes relationship change occurs because it discusses aspects of the change within the couple dyad (Nelson Goff & Smith, 2005). Since this is a fundamental assumption of the model, the finding supports the model, and provides a thorough description of the different ways the relationships can change following a devastating event, such as a child's death. As mentioned, relational change was endorsed by all the study participants and was seen as the strongest and most prominent theme throughout the interviews. The participants differed as to how the relationship was affected, but all reported it changed in one way or another following the death.

Research on bereavement has shifted from finding that the child's death increases the chances that couples were likely to divorce or separate (Alam et al., 2012; Directions Research, 2006). For instance, in the review of literature on bereaved parents, Oliver (2001) concluded that "it does not follow that the death of a child can be an important precipitating or causal factor in marital breakdown" (p. 201). Similarly, other studies have shown that the outcomes of couples'

relationships are unknown. In Alam and colleagues' (2012) study, researchers refrained from making firm conclusions about outcomes because they found that the participants reported the interpersonal interactions with their partner varied and changed in different ways. They found that the relationships were dynamic and fluid following the death, and that "parents continued to hold diverse views regarding their relationships" (Alam et al., 2012, p. 15). Specifically they found that the parents may have contemplated separating at times, but not all parents actually divorced. In fact, some reported becoming closer following the death.

Some participants explained their relationship changed because they became closer to one another, which was particularly consistent with the posttraumatic growth literature. Posttraumatic growth was characterized as "gains that can result from the struggle with loss" (Calhoun & Tedeschi, 2001, p. 158), or as "positive change that the individual experiences as a result of the struggle with major loss or trauma" (Calhoun & Tedeschi, 2001, p. 158). Research in this area has indicated individuals become aware that life is fragile and should be treasured, and such awareness has meant individuals develop closer relationships (Calhoun & Tedeschi, 2001). For instance, in a study of the relational dynamics of breast cancer patients and their partners, some patients described a deepening of their relationship because they were able to discuss and express themselves emotionally with their partners (Manne et al., 2004).

Some of the participants from the current study described experiences similar to this, as they typically became more appreciative of their partner, more aware of how important their partner was for them, and benefited from grieving with their partner. These participants described being able to simply to 'be' with their partner, and similar to Manne et al.'s (2004) findings, benefited from expressing their feelings with him/her. They talked about how, in the midst of their pain, there was a freedom in experiencing their emotions and having the ability to

lean on their partner, which positively impacted their relationship. For instance, when Andrea felt supported by Daniel in her grief, she realized Daniel loved her fully, which in turn deepened her love for him. Similarly, Trevor explained he and Sara spent much more time together after their daughter died, as they took time out of their day to go on walks together. The participants in this category frequently stated their partner's support did not take away their pain from child loss, but that it caused them to appreciate their partner more, and this appreciation subsequently enriched their relationship and deepened their love for one another.

The second subtheme in this category was that some participants' relationships worsened, which is consistent with the finding that a negative event can negatively impact the couple relationship (Nelson Goff & Smith, 2005). Consistent with the CATS model, partners frequently disconnect from one another, making it easier for the relationship to deteriorate (Nelson Goff & Smith, 2005). There has been mixed findings within the bereavement literature, with studies also documenting that some bereaved parents may experience separation or divorce (Wing et al., 1999). Typical reasons parents have frequently given for separating in the studies included grieving 'out of sync' with one another (discordant grieving), coping too differently, and developing unfounded assumptions about their partner (Wing et al., 1999). Other research has found that when bereaved parents' relationships were compared to parents who had an ill infant (but the infant had not died), bereaved parents were more likely to separate (Najman et al., 1993). The researchers concluded: "[i]t could be suggested that the emotional changes which result from the infant death also serve to negatively influence the relationship between the partners" (Najman et al., 1993, p. 1009), and so there has been research illustrating the stress of the child's death has the potential to hurt the relationship.

The above findings were supported by the current study, as some participants felt their relationship was unable to overcome the emotional toll of the loss. Participants reported feeling physically and emotionally exhausted, which left them with nothing to give their partner. Others reported their negative emotions spilled on to one another, as they took their anger out on their partner, or their partner took their anger out on them. Also, participants frequently spoke about slowly drifting apart until it felt like they existed in separate worlds from their partner. This was a particularly common experience, as they described feeling distant until they slowly felt like an outsider to their partner.

Some participants who experienced conflict only felt it temporarily, and then described the conflict as dissipating over time. The tendency for relationships to experience this phenomenon that resolves has also been reported in the bereavement literature (Bohannon, 1990-91; Najman et al., 1993; Oliver, 2001), indicating it is common for couples to experience more conflict initially after their child dies. Theories about why this is the case has included that couples experience asynchronous grieving (Dijkstra et al., 1999) and develop misunderstandings about one another because they grieve differently (Kavanaugh, 1997).

The findings from the current study also reflect this trend, as some participants stated the relationship with their spouse was difficult for them in the initial months and in some cases, the initial years, after the death. These participant's stories of the time when they experienced conflict were similar to the parents whose relationship was not repaired. In the time after the child's passing, they reported feeling like their spouse existed in different worlds, and they became very separate from one another. One noticeable difference between the couples whose relationship improved was that this subgroup reported what could be considered a 'breaking point,' where they raised the problem with their partner. Although often such a conversation

began explosively, out of anger, such an explosion often led to conversations that marked turning points in the relationships where they began speaking about their feelings and addressing the conflict. While the problems were not always resolved initially, the explosion often marked the beginning of the couples' attempts to address the problem and, with time and effort, often led to conflict resolution.

Communication and intimacy. Other key findings from the interviews were that communication and intimacy were key components that affected the relationship. The finding that communication and intimacy were seen as important aspects of the relationships supports key tenants of the CATS model (Nelson Goff, in press). Communication was raised by seven of the eight participants, and is discussed in more detail in the following section.

The vast majority of couples described communication as central to their relationship in the time after their child's death. The finding that communication is a central component related to relationship satisfaction supports the CATS model. For instance, research has found that "[t]rauma survivors often attempt to avoid symptoms by disconnecting from their intimate relationships, resulting in incomplete and unsatisfactory communication between partners" (Nelson Goff, in press, p. 14). The participants in this study were never assessed to determine whether they would be considered trauma survivors; however, the findings suggest similar results pointing to the pivotal influence of communication. In the CATS model, communication has been seen as so important that it has been considered an 'umbrella concept' because it overarches all the other components of the model. By engaging with one another, partners are able to express their feelings, use the other as a support, and work through their emotional pain (Nelson Goff, in press). Specifically communication has been seen as important because it facilitates couples to share and talk through whatever is disrupting the dyad (Nelson Goff, in

press). Such sharing and talking allows individuals to rely on one another and also allows them to create a joint narrative with one's partner (Nelson Goff, in press). The model has found that engaging in communication in this way is a pivotal aspect of the relationship that strongly influences couples for the better.

Results from this supported the claim the CATS model makes, that communication is a central component for couples when facing a life-changing event. Most participants reported that connecting and engaging with their partner was important to them. Those who successfully did this were more likely to report feeling emotionally supported and more satisfied with their partner. Those whose participants reported their partner refrained from communicating with them were more likely to report being frustrated that they could not share their feelings and were less satisfied with their relationship.

The participants also discussed the importance of creating a narrative about the child with one's partner. In this study, many participants stated that having the opportunity to share one another's memories and discuss aspects of the child's life were very important to the participants and to their relationships. Those who identified this as important to them stated they valued their partner's memories of their child, and also valued their partner's ability to listen and talk about their child's life. Those participants who found their partner chose not to talk about their child were often resentful toward their partner. Again, this further serves to reinforce that communication is a central element in relationships, further reinforcing the CATS model.

Within the bereavement literature, intimacy is a type of communication that has been associated with relationship satisfaction and productive grief work with couples (Mitchell et al., 2008; Rosenblatt, 2000). It has often been operationalized differently in the literature, with one definition being that it consists of understanding (conveying another's experience accurately),

validation (accepting another's experience), caring (being genuinely concerned about the other), and self-disclosure (sharing information other than facts; Reis & Shaver, 1988).

Intimacy is also a key component within the CATS model and fits within the part of the model called couple functioning. It is also an area that has been seen as under-researched: "the model lacks a thorough description of the couple functioning components and practical application for conjoint trauma treatment" (Nelson Goff, in press, p. 8). Intimacy is something that has been acknowledged as important; however, the aspect of intimacy itself has not been considered widely in the context of relationships in trauma or loss. In other words, this is an aspect that can be elaborated on further.

In the current study, aspects of intimacy were identified as very important. Using Reis and Shaver's (1988) conceptualization of intimacy, self-disclosure and empathic listening were particularly supported from the findings. Also, participants spontaneously shared that the empathic listening components of accepting and validation were very important to them and their relationships. They felt much safer and satisfied with their partner and also with their grieving process when their partner communicated their feelings were accepted and valid. Participants liked being able to share their feelings with their partner and appreciated when their partner shared with them (self-disclosure). They also reported benefiting when their partner accepted their feelings (validation). Participants described feeling relieved when their partner provided them with opportunities to talk about their feelings, and when their partner would allow them to experience a range of emotions, even if the emotions appeared to make no sense. This was primarily noted in participants who reported the *absence* of this in their relationship. For instance, when Frank implied Sophie was grieving 'inappropriately' after their son died, she recalled feeling like something was wrong with her. This feeling of being 'wrong' was echoed

by other participants whose partners questioned their reactions, which caused them to wonder whether they were 'grieving right' (invalidation). Also, when participant's partners inquired how they felt and spent time with them (caring), they reporting feeling loved and appreciated. Some participants also reported the cognitive process of attempting to 'make sense of,' or somehow integrate, the child's death with their partner. The findings relating to intimacy support the CATS model, which includes intimacy as an important component within the relationship. A characteristic of couple functioning, it suggests it is a central component that can positively affect a dyad.

Supports outside the relationship. Another key finding was that accessing resources were important for the participants, which is also consistent with the CATS model. As discussed previously, one of the three underlining components of CATS is resources, or the idea that the couples need to gain support by accessing resources outside the relationship (Nelson Goff & Smith, 2005). For instance, in a dyad, when one individual is experiencing difficulty, it often affects the other (Nelson Goff & Smith, 2005). The CATS model proposes that an individual experiencing a traumatic event would likely cause more conflict and feelings of hopelessness due to the stress within the dyad. As a result, individuals within the dyad can influence one another, and cause one another to feel a similar sort of stress. Since the impact of the death affects both parents, this phenomenon is likely to be more influential, and likely even more important in the case of child loss. Within the trauma model, the couple is put under extreme stress, which subsequently decreases the likelihood either individual can be a reliable, strong source of support for the other. As a result, the emphasis on the couple to access resources can be seen as a central component to intervening and assisting bereaved parents.

Consistent with the CATS model, participants in this study strongly endorsed the resources theme, as participants frequently spoke about utilizing outside support. In the interviews, many talked about the emotional relief they received from accessing a variety of support. Participants commonly talked about needing a large amount of support from friends, family, and formal networks such as bereavement counsellors or support groups. Throughout the interviews, they identified that some of the benefits of accessing outside support included strengthening their relationships with friends and/or family, helping them learn about bereavement, and reducing the emotional burden on their partner. Some participants found the support groups particularly beneficial because it provided them with an additional supportive environment to talk about their child, and also because seeing other bereaved parents normalized their own feelings and experiences as a bereaved parent.

Interestingly, accessing multiple forms of support was a theme that held true for participants who identified themselves as being in supportive and unsupportive relationships. Participants who were in supportive relationships also felt they needed supports from individuals other than their partners, and were just as likely as those in unsupportive relationships to join support groups, rely on friends, etc. In other words, having a supportive partner did not negate the need to rely on others.

While most participants accessed multiple sources of support, regardless of their relationship, another common finding was that many felt their friends and family did not know what to do to comfort them. Research has found that bereaved parents often find friends or family members can be at a loss of what to say, and may distance themselves from the parents. As a result, “parents [become] concerned with maintaining a positive self-image and [have] attempted to do so by masking their emotions and by being selective in their communication”

(McBride & Toller, 2011, p. 225). Friends or family member's discomfort means that they may lose friends and possess a smaller support network. This unfortunate reality has the potential to place additional burden on the relational dyad because parents may not be able to talk to friends or family, despite wanting to do so. If parents are unable to talk with loved ones, bereavement counsellors and support groups can potentially be an important and needed service for bereaved parents. Accessing these supports can give them options and additional sources of support, reducing a potential burden on the partner.

Sexuality. The CATS model has found that sexual relationships can be negatively impacted by trauma, which can also serve to subsequently harm the relationship between an individual and his/her spouse (Nelson Goff, in press). Specifically, when one individual has been traumatized, s/he may not feel like engaging sexually with their partner. This then can cause the partner to feel rejected. In addition to the couple experiencing difficulties because of a trauma, the couple also experiences difficulties because there is a decline or complete absence of sexual activity. Individuals within the couple may feel rejected, or further distanced from their partner, adding to the strain the trauma has already put on the relationship (Nelson Goff, in press).

The current study found that, consistent with this model, most couples temporarily ceased sexual activity following their child's death. The participants explained they did not want to engage in sex at that time. Many reported sex required a certain amount of joy and energy they just did not have. One participant also felt uncomfortable having sex because it made her think her of her deceased child. She explained that having sex reminded her of their child's conception, which subsequently made her think of her deceased child and caused her to

disengage from sexual intimacy. These reasons have been specifically reported in the literature on bereaved parents and sexuality (Wing et al., 2001).

Participants also reported it was common for them not to discuss sexuality with their partner, with most saying sex just stopped and then started again. Some reported that, with time, they just naturally fell back into the rhythm of it again. Participants did not cite any specific reasons for not discussing the topic with their partner, but commented that they were certain they never had any conversations about it. A number of participants reported resuming sex against their will, because their partner expected it. This subgroup stated they had not been psychologically ready yet, and they were still too sad from their child's death, but they reluctantly resumed because it was what their partner wanted. Consistent with the CATS model, this study shows that communication plays a key factor in relationships, and that couples who experience a break-down in communication may report dissatisfaction with their partner (). Indeed these findings illustrate that sexuality can be impacted by the child's death and it is an important topic to address, despite it being uncomfortable for the dyad.

Asynchronous grieving. As discussed previously, asynchronous grieving is the idea that conflict arises when couples progress through grief at different times (Dijkstra et al., 1999; Feeley & Gottlieb, 1988-89). This theme and the remaining themes were prominent in the interviews; however, they have not been seen as supporting the CATS model and have thus been discussed separately. Despite not being relevant to the model, these themes were still greatly important to the study, and have implications for the bereavement literature. The first of such themes is asynchronous grief, which has been commented on because it was found *not* to be as important to the relationships.

As outlined previously, it was clear that communication about grief strengthened the participant's relationship. This was true regardless of whether their partner was grieving at different times than them. These findings are consistent with investigations that have found asynchrony not to be as important a factor as previously thought (Dijkstra et al., 1999). As will be further discussed, conflict in the relationship seemed to exist primarily because participants did not know whether their partner was grieving, and not because they were 'out of synch,' or going through the grief at different times. Participants frequently spoke about needing to see that their partner was upset in some way, or that their partner was in pain too, suggesting it may have been a perceived absence of emotion and care that contributed to the conflict. Again, this finding suggests that grieving at different times was not central to the couples, and that it did not seem to affect the relationship as much as other factors.

Active and passive grieving. While overall asynchronous grieving did not seem to play a central role in relationships, there was evidence that it may have had a small effect. Throughout the interviews, participants reported there came a point when their partner 'closed up,' which may relate to different types of grief called 'passive' and 'active' grief (Attig, 1996). These terms were discussed briefly in the introduction, but will be elaborated on here. Passive grief is the type of grief that occurs in the time immediately after the death, which results in "reactive agony" (Attig, 2004, p. 343), or when an individual has no control over his or her reaction. This is differentiated from 'active grief,' which is engagement *with* grief, where:

[t]he bereaved can choose their own timing and pacing in understanding the tasks such as those outlined previously and...define their own styles in addressing them....to attack the tasks and challenges vigorously, investing much time and energy in their grief work.
(Attig, 1991, p. 391)

In the current study, the participants described experiences where it seemed both the participant and his or her partner demonstrated passive and active grief, which related to couple conflict. Many participants explained that in the time immediately after their child died, they and their partners were visibly devastated, but the partners refrained from exhibiting grief a few weeks or months following the death. Although this may initially appear unrelated to active or passive grief, the very act of choosing not to engage in grief may be a form of active grieving. This is related to couple's conflict because during active grieving, when some partners closed off their emotions, asynchronous grieving and conflict simultaneously began. The passive grieving period may have prevented conflict because it was obvious how both partners felt; however, this was no longer true in active grieving. For instance, in her interview, Sophie sometimes referred back to a time when she saw Frank sobbing and holding flowers from the funeral after their son's death. She particularly did this when asked about her reasons for remaining in the relationship when she later had become extremely frustrated with Frank. Recalling his passive grief, she stated that even though she did not seem him cry later on, she knew Frank had been deeply affected by their son's loss because she had seen how upset he had been earlier. Similarly, other participants referred to times when their partner was passively grieving as a reference point they seemed to reduce relationship conflict.

Additional relationship factors. The studies that have been conducted on bereavement in couples have primarily focused on relationship quality (Klass 1986-87; Najman et al., 1993), communication (Hooghe et al., 2011; Kamm & Vandenberg, 2001; Yelsma & Marrow, 2003), and less so on other variables (Gottlieb et al., 1996; Kavanaugh, 1997). What also came through from the interviews was a number of additional aspects of the relationship that did not include communication, but were still important to the participants' relationships. There was not one

specific behaviour that was most important, but rather a myriad of factors were identified. As such, behaviours were listed in a category entitled ‘additional relationship factors,’ and were categorized based on whether they strengthened or weakened the relationship. As described in the previous chapter, the additional factors the participants listed that helped their relationships included having one’s partner reduce their workload, give gifts, spending more time together, reminding them of their deceased child, and providing financial assistance.

Research on helpful factors in social networks have found that bereaved parents appreciate it when others look after any surviving children, help around the house by doing chores or bringing food, giving cards, allowing the bereaved person to remember their child, and allowing the bereaved individual to grieve (DeFrain et al., 1990-91).

The current study found many of the same factors important within the context of the romantic relationship. For instance, many participants reported being extremely appreciative when their significant other understood when she or he did not feel like going out and felt like they needed to stay inside and grieve. Most participants explained they preferred to talk about their deceased child with their partner. Others reported they were glad when their partner could reduce their workload by taking over some of the chores for a while or when their partner gave them something that expressed their care and concern such as a card. These themes were strong throughout the interviews, which demonstrate they felt there was a lot that could be done that affected the relationship quality.

Continuing bonds. In some cases, study participants also reported their decision to continue a relationship with their deceased child had an impact on his/her marital relationship. Bereavement research has identified a construct called ‘continuing bonds,’ which is when individuals who have lost loved ones maintain a relationship with the deceased (Klass, 2006).

Without prompting, six participants (75%) described engaging in activities that involved some form of continuing bonds. Common practices included having conversations with their child to update them about life, lighting candles as a way of connecting, displaying pictures of the child, having the child's urn in the house, and engaging in conversation about the child with his or her significant other. All these acts seemed to be a means of keeping the child's memory in the home and family. Participants explained that it had been a way to connect with their partners, and while the memories were sad, they also appreciated incorporating the memory into their life together. While this was helpful for some, others felt that continuing bonds with their child provoked anger in their partner.

Some partners felt that having memories in the house caused distress in the relationship. In relation to continuing bonds, some participants stated that friends thought it 'weird' they kept items that reminded them of their deceased child in the house. Some reported their friends had made some critical remarks, which at times, created tension because it caused couples to question whether it was 'healthy' to enact such behaviours. These comments are similar to research finding that often friends of families where a child passes away do not understand the various ways that individuals grieve, and sometimes become alienated from those who were previously their friends (Helmuth & Steinitz, 1978). Thus, although individuals may have an inner desire to conduct certain activities that allow them to keep a bond with their child, they may feel outside pressure that inhibits them from doing so.

Gendered grieving differences. Another key theme from this study was that participants discussed emotional reactions related to being male or female. Past bereavement research has found women were more likely to be expressive grievers, while men have been more frequently described as instrumental grievers (Kavanaugh, 1997; Schwab, 1996).

Specifically, instrumental grievers have been more concerned about their partner's emotional stability and grieving process than their own grief (Creighton et al., 2013) and were more likely to cope with death by staying busy (Kavanaugh, 1997). Studies have also found expressive grievers are more likely to share their emotions and have been more likely to score high on grief inventories. For example, Schwab (1996) found that women were more likely to expressively grieve and scored significantly higher than men on many of the emotional domains of the Grief Experiences Inventory (e.g., despair, guilt, loss of control, rumination, somatisation). The only scales where men and women did not differ were less about emotional responses (e.g., denial, social desirability, and social isolation; Schwab, 1996).

The above line of research has been criticized because these differences might have been the result of methodological problems (Badenhorst et al., 2006; Oliver, 2001). Researchers now caution that gender may contribute to grieving styles, but will not determine the way a person grieves (Doka & Martin, 2010). For instance, these researchers state that it is possible for men to be expressive grievers, for women to be instrumental grievers, and it is important to acknowledge stereotypes are not necessarily true.

The results from this study do show that the majority of participants acted according to stereotypical, gendered grieving styles. It is important to note; however, that this was not true in all cases, and that the one male participant in the study grieved expressively and described his female partner as more of an instrumental griever (his experience will be discussed more thoroughly further in this chapter). For most of the participants; however, the gendered grieving differences were very obvious. As discussed above, central to new theory in grieving is that gender does not determine grieving style (Doka & Martin, 2010; Oliver, 2001), and yet the current study found opposing results.

One possibility for these responses is to consider the participants' age range in the current study. All of the participants were above 40 years old, with none in their twenties or thirties. As gender expectations and roles have changed drastically within the last forty years (Coltrane, 2004; Popenoe, 2004), it is possible that participants were more likely to respond in gender-stereotypical ways because they would have grown up prior to these societal changes.

Another point to consider is that the one male participant did not respond in a gender-stereotypical way. This individual is important because, in his case, gender did not determine grieving style, which is reflective of current grieving theory. In the interview, this participant explained that he would typically become more emotional than his wife about their child's passing. During the interview, he stated he understood his and his wife's differences of emotional reactions meant that people just grieved differently. He did not offer explanations about why the differences occurred, but said he and his wife mutually understood they grieved differently and did not experience conflict because of these differences.

While the general trend in the study was that the female participants were more expressive than the male participants, certain topics the expressive participants brought up throughout the course of the interview provide more support for the literature that individuals do not always grieve in a gender-specific way (Doka & Martin, 2010; Oliver, 2001). Specifically, the female expressive participants discussed times when they 'discovered' their partner was grieving expressively, but did not show it to them. As mentioned earlier, some participants became frustrated with their instrumentally grieving partners because they had not seemed upset. They then confronted their partners about their perceived lack of grief, which always resulted in the instrumental grievers sharing that they were, in fact, grieving. The instrumental grievers told their partners that they frequently cried, but did so when their partner was not around. This study

provides evidence these individuals were grieving and upset, and that it was not apparent to others, which is consistent with theories put forth by Badenhorst (2006) and Oliver (2001). What is particularly noteworthy is that the expressive grievers were all in committed and intimate relationships with their male partners, and yet they were unable to detect their grief. This begs the question that if it was true the male partners felt uncomfortable showing their grief within the context of their romantic relationship, how likely would they be to show their grief to researchers? It is also noteworthy that all participants' partners were also offered to be interviewed for the study, and all declined the interview. Based on these findings, it seems warranted that further research should investigate whether grief researchers are accurately tapping into and accessing instrumental grief. Again, conclusions related to gendered grieving are complex, and while at first glance it appeared that gender differences were found, there were strong indicators that men and women experienced similar emotions, yet may have shown their grief differently (Badenhorst, 2006; Doka & Martin, 2010; Dyregrov & Matthiesen, 1987; Feeley & Gottlieb, 1988-89; Oliver, 2001). Also, it is possible that different generations may be more like to demonstrate stereotypically gendered grieving, although, this conclusion remains to be investigated.

Grief as consuming. Past research has found that grief often overwhelms individuals (Barrerea, 2007), which has large implications for the relationship with one's partner (Hooghe et al., 2011).

For instance, a study of how individuals are impacted by grief found that:

Events are a "blur" and are not well remembered afterwards. The bereaved are emotionally liable, and sleep and eating patterns are disrupted...[participants had]

confused and incomplete memories, and an inability to talk clearly about the emotions that were being experienced. (Steeves, 2002, p. 5)

In other words, the death severely impacted mundane behaviour that one may have typically taken-for-granted such as memory, eating, sleep, and mood. When tasks are disrupted, it can be easy to understand how other aspects of life, such as interactions with loved ones can be altered.

The participants in the present study also reported experiences consistent with the above study, by stating they found their grief overwhelming, and that the consuming nature of their grief harmed their relationship. They found that they were unable to think about their partner particularly in the time right after their child had passed away. Four participants (50%) recalled many times within the first year of the child's death when they were completely consumed and overwhelmed with sadness and rage, and isolated themselves from everyone, including their partner. They also stated this occurred after the first year as well, but less frequently.

Participants frequently expressed that they carried their own pain which no one could understand. They described existing in 'their own world' and being unable to help anyone else with their pain. At the time, participants explained being unaware that being consumed in this way may have affected their relationship, but acknowledged it later on. Most 'stepped out' of the magnitude of their grief with time, and explained that while it never went away, it failed to be as consuming as it was. In some cases, the couples were able to address the problems the consuming nature of grief brought into their relationship, but in other cases individuals felt too 'pushed away' from one another and the relationship ended. Many reported that being unable to pay attention to his or her partner was an important component that affected their relationship at some point after their child died.

Theoretical Implications

This study contributes to the research on bereaved parents' relationship with one another, and particularly addresses the areas that change within the relationship, the importance of communication and behaviour that affect the relationship, gendered grieving, and how individual grief impacts the relationship.

The majority of the findings supported the CATS model, a central component of support being that communication was found to be so important. For most, a lack of communication caused misunderstandings between partners that created unnecessary anger. Sometimes this was repaired years later, and in some cases, it was never repaired at all. Even in the participant who did not feel communication was important, she described instances where a lack communication led to anger. The results offer insight about specific mechanisms that were important in understanding how communication affected their relationships. Participants expressing frustration with their partner often reported this frustration stemmed from not witnessing their partner's grief. Things changed when participants understood their partner was grieving, or in other words, when their partner communicated their emotions and explained what was going on for them to their partner. A number of participants became angry when they felt their partner was not sad about the loss. Participants who failed to experience conflict, or who reported growth in their relationship, all reported communication with his/her partner. It cannot be assumed that communication was the reason these couples did not experience conflict, but these participants spoke about the benefits they received from hearing their partner's perspective and from being listened to. They frequently stated they could talk about their feelings and were aware of their partner's feelings as well. This indicates there were times when couples may need to share feelings because it can lead to a better (and likely more accurate) understanding of one's

partner. There have been a number of studies finding that a balance between communication and private grieving has been beneficial for couples (Hooghe et al., 2011). Participants indicated there were times when they and their partner needed time on their own, and also times when they needed to talk either about their loss or about their relationship. This study seems to support other researcher's findings that how and when one communicates is important (Hooghe et al., 2011). Thus, studies should focus on instrumental grievers feeling about communication to determine how communication fits the needs of both expressive and instrumental and grievers.

In addition to communication, the themes of accessing resources outside the couples' relationship and changes in sexuality were also common themes specifically identified as similar to the CATS model. This study also can be seen as elaborating on the intimacy component within the model. It can be seen as elaborating on these components by including discussions of normalizing and validating, which are key components of intimacy and aspects of relationships. Also, some themes from this study were unrelated to the CATS model, which included continuing bonds, themes of grieving differences, general behaviours that affected the relationship, and posttraumatic growth. Continuing bonds will be discussed in further detail, as it has become more of a prevalent theory within the grieving literature.

The findings speak to the literature on continuing bonds (Klass, 2006), as the vast majority of the participants discussed engaging with their deceased child in some way. The study extends the literature in this area by informing what a bond with one's deceased child may look like within the context of a relationship with their partner. The majority of participants discussed maintaining a relationship with his or her child individually; however, there were also examples of ways participants did this with their significant other. While acknowledging it was bitter-sweet to bring up their memories, they listed it as something they were glad to do with

their partner. In this way, they seemed to have a joint memory that perhaps served two purposes by cultivating the relationship with their child, and also by strengthening the relationship between the participant and his or her partner. For instance, Andrea explained that although she and her ex-husband did not maintain a strong relationship, they would occasionally have lunch because they still shared the same memories of their deceased son. In this way it may be possible that relationships with others who knew the child intimately can enhance the continued bond with their child and their relationship with others who share these memories. This has also been found in other research on bereaved parents as well. In studies interviewing both individuals within the couple, researchers have noticed bereaved parents appreciate they can share memories of their child with one another and have coined a term called 'joint grieving' (Klaassen, 2011), where bereaved parents will engage in certain grieving activities as a couple.

Reactions partners have to their loved ones' attempts at continuing a bond with their deceased child may also be important to consider because this behaviour may either be accepted or rejected within the context of one's relationship. Many participants felt that their partners were accepting. They described having concern that their partner may have thought some of their behaviour was out of the ordinary and appeared sensitive to how they reacted to their grieving. For instance, Candice explained that, at first, her partner would tease her about displaying a picture of their deceased daughter in their hotel room, but explained he was good natured about it and it was not mean-spirited. In many relationships, participants described they could engage in behaviours that facilitated continued bonds with their child without having conflict in the relationship, and often found their partner was extremely supportive and would engage in this behaviour with them.

This acceptance was not present in all of the participants' relationships. For instance, in Stacey's interview, she had explained that she had kept the pictures of their deceased daughter at their home and continued to hang her stocking at Christmas. While Stacey felt like this was a way she could include their daughter in their lives, her husband found it distressing. Stacey also recalled that when their divorce was being finalized, it had been one of the reasons her partner had stated he did not remain in the relationship. This study has found evidence for continuing bonds, as many participants stated they communicated with the memory of their deceased child after his or her death. This study also found that in many relationships, both members of the couple attempted to maintain a bond with their deceased, and that the relationship between the couple strengthened when partners were supportive of one another's efforts to maintain such bonds. In some cases, partners were unsupportive of continuing bonds, which sometimes caused the participants to doubt the legitimacy of their grieving behaviour and had the potential to harm the couple's relationship with one another.

Themes of grieving differences were strong. While this study did find that the majority of women were expressive grievers and in the interviews they described that the majority of their male partners to be instrumental grievers (the amount of women participants who were expressive grievers were 88%), there were other aspects of the interviews that suggested the relationship between gender and grieving was not as straight-forward as would first appear. For instance, when asked about the reasons for the conflict between couples, many participants (who all appeared to grieve expressively) explained they were frustrated because after their child's passing, their partner resumed normal daily life and did not appear to be grieving. Upon further questioning, many shared stories of how the instrumental griever had expressively grieved (or grieved outwardly), but had not shown anyone this. In these cases, their partners (who were

instrumental grievers) explained that they had been grieving and gave examples of how. These personal accounts were in contrast to the research finding that instrumental grievers do not outwardly show sadness (Creighton et al., 2013) and support critiques that methodological instruments used to study bereavement have not done enough to tap into instrumental grieving (Badenhorst et al., 2006; Lang & Gottlieb, 2007; Oliver, 1999). These examples from the interviews support the argument that men are more likely to instrumentally grieve (Creighton et al., 2013), but adds to the literature by finding this grief is often hidden.

While not explicitly investigating the reasons why individuals grieve the way they do, the finding that the instrumental grievers frequently failed to express this grief to others such as their partner is consistent with arguments claiming that grieving may be socialized, or that individuals may be reacting according to how society suggests one should act. Findings are consistent with research finding women have been taught to be responsible for the emotional realm and men for the more pragmatic aspects of life (Cancian, 2004; Marshall, 2010). These findings do not only suggest that men are more involved in the pragmatic aspect of the relationship, but also that society sends message to men to embody the term called hyper-masculinity, that men need to control their emotions (Vokey et al., 2013), and research demonstrating men do not express feelings of sadness surrounding death to others (Creighton et al., 2013). This was demonstrated by tendencies for participants to report men refrained from expressing emotion. Through the interviews, it was apparent the participants felt the instrumental partners did have emotions about their child's death, but that they were unlikely to show or talk about these emotions. Thus, the current study suggests that some, typically men, displayed 'hidden grief,' or the idea that some grievers are more likely to maintain a tough outward appearance, despite feeling same or similar emotions as expressive grievers.

In addition to this, the findings support research that has suggested studies may not be adequately capturing grief in instrumental grievers. For instance, if some men are unlikely to show their grief to their romantic partner, who they have a close relationship with, it would likely be particularly problematic for them to show their grief in a research setting. These findings give support to recommendations suggesting that bereavement researchers need to reconceptualize grief to include aspects more congruent with instrumental grief. This may mean considering dimensions such as anger, withdrawal, becoming more quiet, or focusing on others more. These findings also suggest that bereavement researchers may need to develop more sophisticated methods for assessing grief by having interviews where responses can be probed for more depth, or using non-directive data collection methods.

The findings from the study also relate to the posttraumatic growth literature (Davis, 2008; Calhoun & Tedeschi, 2001). The results supported the findings that in some instances, individuals experience growth in other areas of their life following a traumatic event, as this was true for four of the participants (50%). Some of the individuals who experienced this growth did personal evaluation about what they wanted out of life. As Calhoun & Tedeschi's (2001) model suggests, processing of a deep, fundamental assumptions led to change. For instance, Sophie's story of Frank's change involved a deep behavioural shift. His choice to spend time with friends rather than family had been the source of conflict for years between him and Sophie. It was not until Braiden actually passed away that Frank began to question these choices. Similarly, Trish had the same conflict with Steven for years. When he took her to counselling, thinking of her deceased son, she had a new thought: *'life is precious, what do I want?'* Experiencing her son's passing she realized that she did not want to live with the relationship conflict they had been experiencing and so she began the journey of working the relationship problems out with Steven.

Andrea and Trevor deepened in their love for their partners because they received the support they needed. All of these are examples of people who looked inward and saw something that they had not seen prior to their child's passing. As stated, these experiences support the findings that if assumptions are re-evaluated and processed, growth can occur, thus showing support for the notion of accommodation as a mechanism for change.

The findings from this study confirm the research in this area; however, a possible question that may be asked is why is it that some individuals go through this process while others do not. Surely Stacey and Caitlyn also experienced difficulties in their relationship with their significant other and yet they did not experience posttraumatic growth with their partner. This begs the question, what stimulates posttraumatic growth in some and not in others?

Counselling Implications

Based on the findings, there are a number of suggestions that can help inform counselling interventions for bereaved parents which include: (a) informing individuals that they could experience more conflict in their relationship; (b) having a discussion about communication with couples; (c) informing that there are certain types of behaviour that can influence the relational dynamic; (d) ensuring couples take time for one another; and (e) suggesting it is perfectly normal and healthy for them to access emotional support in addition to their partner such as friends/family, counselling, or support groups.

Firstly, as participants reported that their relationships were changed, it would be imperative for counsellors to inform bereaved individuals that they may experience increased conflict with one another. The counsellor should be clear that it is not inevitable that they would experience conflict, but rather that it could be a possibility, and is normal if it happens. This may make it less likely the couple would personalize the conflict and help the couple to feel less

alarmed. Informing them may also increase the chances s/he may inquire about resources if they do experience conflict. Based on this it would thus be important that counsellors inquire whether parents are experiencing difficulties.

A second recommendation would be for the counsellor to be aware that communication is an important issue to address with the couple. If the couple reports increased tension, the counsellor should inquire about their communication. The counsellor should not assume that the individuals are grieving in a certain way based on their sex; however, she or he should inquire about any differences in grieving reactions. If the couple discloses large grieving differences, the counsellor should provide education and a discussion around communication. She or he should inform them that often anger can build if one partner perceives the other is not grieving or sad about the loss. The counsellor would ideally want to facilitate a conversation where the instrumental griever can explain that s/he has been sad about the loss and the ways in which s/he has been affected. The counsellor would want to inquire whether the instrumental griever has become angry or sad because their partner is so sad. If so, the counsellor should facilitate a discussion about communication styles and verbal intimacy to introduce techniques such as listening in a non-judgemental manner, and providing empathic responses (Reis & Shaver, 1988). It may be that the individual might not comprehend how not actively changing the situation can make the person feel better, while employing listening skills can, and so the counsellor should facilitate a discussion about why these skills can be successful (Reis & Shaver, 1988).

Further, it would be important to have a discussion with couples about how comfortable they are with communicating their feelings. If they are not entirely comfortable, it would likely be best for counsellors to encourage small changes on both partner's behalves, with them slowly

learning that the instrumental griever may need to share slightly more than s/he were used to, and the expressive griever learning that s/he may not be able to share as much with their partner as s/he would expect. Pivotal to this would be that they need to respect differences in their grieving, but additionally, that having a balance of joint and individual grieving (Hooghe et al., 2011) can lead to small changes and deviations from what is comfortable, may result in large improvements in relationship quality.

Additionally, interventions for couples who are experiencing a loss after conflict should address specific behaviours that can make one another feel supported or unsupported. Counsellors or support workers should inform couples that the behaviours that can help their partner to feel supported includes not rushing them to participate in normal activities. As grief is a process, individuals need time to express their emotions and grieve their loss. This does not involve being as one used to be, and rushing a person to participate in events would likely cause resentment and anger. With time, individuals become involved again; however, this should be done at their own pace and when they feel emotionally ready.

Another behaviour that can be helpful is to discuss the daily tasks that need to be done and to see if they can be shared. For instance, if one person does not have the energy to clean the house or mow the lawn every week, maybe one person can take those tasks on one week while the other person does it the next. Having a partner take over a task for a week can bring up positive feelings of feeling supported, while conducting a task for a partner can be a means of showing support for their loved one; thus, beyond simply getting mundane chores done around the house, it can be a way of communicating care and support for one another. Alternatively, it may be possible for the couple to have a family member or friend to temporarily help with certain responsibilities to make their workload easier. Other things couples can remember is that

it can help to make caring gestures towards the other such as giving gifts of things that the other considers important, such as cards, items reminding the other of the deceased love's for them, or other items that may be important uniquely to that person.

Counselling interventions should involve a discussion of behaviours that are typically unsupportive. Specific behaviours related to this include pressuring the person to resume normal activities when they are not yet ready and not communicating that they are emotionally exhausted to their partner. It would be important for the counsellor to discuss the couple's feelings about activities that incorporate the child's memory into their family, as while it has not been an issue for most families, it can lead to disagreements in others.

Counsellors should inform bereaved parents that grief is extremely consuming, and while being 'in sync' with one another constantly is impossible, couples need to make a conscious effort to check-in and nourish one another. Many of the couples discussed that in the time after the death, their grief consumed them. They often referred to a lack of energy, and explained that they had nothing in them to give. Paying attention to their partners was difficult, as many participants explained being out of touch and not connected with their partner. While this would likely be inevitable due to the tremendous emotion the loss would bring, being consumed and out of touch with one's partner for too long negatively impacts the relationship. The counsellor should be explicit that they may only want to grieve (or one person may only want to grieve privately), but despite this, they should set aside some time during the week to connect. Initially this may not be any more than a time for them to cry together, but it should begin to include a check-in about how one another have been feeling. Doing so can help couples understand one another's perspective better, and give them needed time to lean on one another and provide support. Even if the support is minimal, the participants in the study reported that being held and

heard were some of the most valuable types of support their partner provided. These types of gestures likely require minimal effort and communicate caring and concern.

Since a recommendation has been to include time to grieve privately and time to grieve together, connecting in a manner such as this could be considered joint grieving. It should not be conducted with the intention of forcing one another to share feelings people have been uncomfortable about, but rather a time to remind one another that while their emotions are their own, they are not completely alone in their grief. The quote on the first page comes from a mother's experience of her grief with her husband. She described them on separate rafts to illustrate that while they were going through the same storm (the death of their child), they experienced the storm slightly differently, creating a dynamic that made it difficult to connect and help one another. The counsellor can try to make the couples aware that while connecting with one another cannot take away the intensity of the pain, it can help them to reduce feelings of isolation and remind them their partner is a support system they can access.

Many of the participants discussed that they benefited from accessing support systems other than their partner. The loss of a child affects both partners simultaneously and thus, both partners are undergoing intense turmoil simultaneously. This, again, can be illustrated through the analogy of the raft, where both individuals in the dyad undergo an intense storm of the death and may not be of any help to the other. While couples do need to connect, there will inevitably be times when they both feel intense grief and cannot hear their partner's pain. As such, bereavement counsellors should inform couples that they do not need to rely only on their partner for support. Some individuals may have friends or family who can offer support, while others may find support in other places. As participants frequently reported that friends and some family felt at a loss of what to say, and research has demonstrated that bereaved couples

often become isolated from their support networks (Helmrath & Steinitz, 1978), extra support networks may be mandatory for bereaved parents. If informal supports such as friends and family fail, bereaved parents should be encouraged to make contact with support groups, individual bereavement counsellors, or couple counsellors.

Predictably, as all the participants were recruited from a support group, all explained the support group was a very helpful tool for them. As mentioned, many participants felt that it was validating for them to see they had reactions very similar to the other parents, particularly for some who had not been supported by their friends or family. Other participants appreciated the support groups because they provided a place to talk about their child, hear from other parents who were going through the same experience, or a place to see other parents who had been through what they were going through, which they often explained provided a sense of hope. Some spoke about feeling reassured when they saw other group members for whom it had been some time since their loss and noticed that they did not look as dishevelled as the participant. While support groups were listed as an important source, bereavement counsellors were also discussed. Caitlyn had explained that for her, being told that people grieve differently had been a tremendous help for her. She began to interpret some of her husband's behaviour differently and felt she was not as angry at him as she had been previously. She continued with her one-on-one sessions and found it helpful for her to talk about her daughter and to receive support that way. Also as mentioned, Jessica described her counsellor as a rock in her life and Trish explained that she felt supported because the counsellor was non-judgemental, cared for her, and helped her feel centered. Thus, these bereavement interventions were frequently deemed helpful by the participants.

As many of the participants mentioned, their partners did not always find the extra support very helpful. As these individuals were not a part of the study, it was not possible to get more information on their perspective; however, it seems sufficient to say that bereavement counsellors should not force individuals to access outside support systems. Rather, the counsellor should acknowledge the consuming nature of grief and explain that it is normal for many people to access outside help. The counsellor should explain this has typically been found to be beneficial for some, but not necessarily for all.

Study Limitations

As previously discussed, all the individuals who volunteered were expressive in their grief and not instrumental. As a result, a limitation of this study was that the view-points of expressive grievers may give a skewed view of the results, favouring communication over non-communication in bereavement. The examples and experiences were all from an 'expressive' perspective and there was no way to discuss the interpretation of the participant's experience with their partner. While this was the case, the participants did not only speak primarily of their experience. Intertwined in the interviews were stories of their partner, things s/he said, their reactions, and past conversations they had jointly had. Unfortunately, the stories came from one participant in the dyad, and not their partner, so it is not possible to draw firm conclusions about the other partner based on an interview with one partner. When conducting and interpreting the interviews, the researcher attempted to consider a balanced approach in the study, particularly when it came to communication. It is a clear limitation of the study that both partners were not interested in participating. While conducting the study, both partners were always asked to participate; however, in every case one individual stated they would, while the other declined. (In cases of separation or divorce, only one partner was asked to participate). In some cases, the

individual who agreed to be interviewed stated their partner would not likely want to participate, and the interviewer was unable to directly ask this individual in person. This is suggestive of other research stating that sometimes partners will protect one another, a concept in the literature known as protective buffering (Manne et al., 2007). This may have been occurring here; however, due to the inability to contact both partners, it is unknown for sure. Another important consideration is that if the participant's partners were instrumental grievers, they may have felt uncomfortable to participate and discuss their feelings surrounding the death. As some of the conclusions have been limited because of the researcher's ability to only interview one individual, it is important to try and interview both partners. When considering future research in this area, researchers should be aware of recruitment difficulties, attempt to increase both partner's comfort level in participating, and aim to include both members of the dyad as much as possible.

A second limitation of the study was that the ages of the participants were also skewed, as the range was particularly narrow. While there were no limitations put on age, the participants who volunteered were all in their fifties, sixties, or seventies and no one in their twenties, thirties, or forties participated in the study. This was an unexpected finding, as the researcher placed no restrictions on the participant's age. The participants were contacted blindly through a number of support groups across the lower mainland, and the researcher had planned on including participants of a variety of ages. The fact all of the participants were above fifty potentially had large ramifications given the nature and complexity of the topic. Gender roles have changed drastically in the last thirty and forty years, and the perspectives from participants aged fifty and over may have been quite different from participants in their twenties and thirties. Specifically, participants above age fifty would likely be more likely to report traditional forms of gender

behaviour, thus potentially explaining why the researcher found a trend of traditional gender experiences in the results. Unfortunately, the researcher could not control for age, and this remains a study limitation. Future research should target individuals from a wider age bracket in order to ensure the participants are speaking about their experiences within the current modern climate.

An additional limitation of the study was that there was not a variety of ethnicities represented in the sample. Again, while the study was open to all nationalities, participants were entirely Caucasian. Since this was the case, the researcher made no claims about the cultural variations of grieving and did not comment about how culture impacted the phenomena under investigation.

In the study's introduction, it was pointed out that the bereavement literature has been critiqued because most participants are recruited from support groups. One potential limitation of this recruitment strategy is that these individuals may report more positive and supportive experiences than other bereaved parents. Recruiting from such groups is also criticized because these individuals seek out social networks where they connect and communicate with others. It is possible that individuals who do so may be qualitatively different than those who do not seek out the support offered by being a part of such a group. These individuals may value relationships more, may feel more comfortable sharing their grief, and may be more likely to grieve expressively than instrumentally. This current thesis study shares these limitations, since all participants were recruited from bereaved parent support groups. While attempts were made to recruit bereaved parents from alternative locations, these were unfortunately unsuccessful. As such, the study's recruitment strategy is a limitation, and also may have impacted the value the

participants placed on communication. This is particularly important considering the results indicated the participants were expressive grievers and valued communication about grief.

Directions for Future Research

Based on this research, a direction for future research would be to better understand the experiences of instrumental grievers. A clear limitation in this study was that it seemed only expressive grievers participated, as well there were more women than men involved. The fact that only one male participated means that there is a lack of male perspectives on grieving. This is a clear limitation, given that gender differences are a theme throughout the literature. Since there were mainly women in the study, a large part of the male perspective on the topic is absent. Also, the fact that purely expressive grievers participated means the results are skewed to only these participant's perspectives. The literature illustrates that expressive and instrumental grieving is quite different and so it would be much more beneficial to learn about instrumental grievers experiences. Those who likely would have been considered instrumental grievers did not participate in this study, and it would have been beneficial to have a variety of perspectives in the research. It was this researcher's experience that those with this characteristic would be more challenging to recruit; however, gaining information from this group's perspective would be extremely beneficial because it would provide the second-half of the information about gender and grieving differences.

As mentioned in the theoretical implications section, an additional direction for future research would be to consider the methodological concerns with measuring male bereavement. It seems that instrumental grief is conceptually different, and the measurements used to assess grief are more accurately measuring expressive than instrumental grief. This seems to be resulting in a well-defined understanding of grief from someone who is expressive, but a lack of

insight into those who grieve differently. Future research should re-evaluate assessment tools, and consider constructing ones that ‘tune in’ to instrumental bereavement. This area of research should also specifically seek to understand grief in men, as much of the research in this area focuses on women’s reactions and grief.

Future directions should also consider evaluating the effectiveness of a balanced approach to grief, which includes communicating with one’s partner, as well as time to grieve privately. Research should evaluate interventions that aim to help individuals respect their differences within one another, but also to incorporate small changes in their respective grieving styles.

Conclusion

This study sought to understand the experiences of bereaved parents’ relationships with one another and extend the research on the area of grief after a child’s death and whether the death impacts the parent’s relationship dynamics. A phenomenological, modified-Giorgi approach was utilized as this was seen as a method that would provide rich descriptions to inform others about the parent’s perspectives. Main findings of the study were that the relationships changed in some way, that conflict in some relationships was present because of perceived grieving differences, frequently influenced by gender, and that communication was an important part of many participant’s relationships. The participant’s relationships also changed in many other ways, as sexuality was reduced, and many participants reported more conflict. It appeared there were certain things partners could do to reduce conflict, which included sharing their grief, giving gifts, reducing the workload, and remembering the deceased child together. Certain behaviours which increased conflict included forcing individuals to participate in regular activities, not receiving help for addictions, and in some cases, continuing bonds with the child.

A major finding in this study was the information about grieving differences between partners. As discussed, there has been mixed results, with some studies finding that women are more likely to grieve expressively, or share their grief with others, while men are not (Dyregrov & Matthieson, 1987; Kavanaugh, 1997; Schwab, 1992; Wing et al., 2001). The literature demonstrates that women are typically more likely to be expressive and to take on the role of managing relationships within families (Marshall, 2010), while men are more likely to behave instrumentally, meaning that they are more likely to provide emotional support for others (Creighton et al., 2013). The participants in the study expressed a need for communication with their partner, as it often appeared misunderstandings developed when partners ceased to communicate. The majority of the participants became angry with their partner if they believed their partner had not really grieved their child's passing, and had quickly 'gotten over' the death. It appeared that conversations about grieving helped couples understand one another more. As a result of the participant learning their partner was grieving, they no longer were angry at one another. It appears it is important for couples to communicate with one another about what they are going through after a death. Based on this information, counsellors doing interventions with bereaved parents should ensure they are helping the couple understand one another's perspective. It is then important for the counsellor to prompt individuals to share about their internal world and to help individuals initiate conversations with one another. As many of the participants were unaware about the impact of grief on themselves or their relationships, it would likely be beneficial for the counsellor to educate couples about how grief can affect the relationship, to provide information about hidden grieving, and also about things they may do to prevent or reduce conflict.

The results also indicated counsellors could help individuals communicate in ways that could be most effective. Participants' responses corresponded well to Reis and Shaver's (1988) model of intimacy, with many of them indicated that feeling heard, validated, and cared for were particularly important to them. When they experienced these things, participants reported feeling safe and comfortable with their partner. Those who felt their partner provided these types of skills reported a higher quality of relationship, and some stated that while the grieving process was awful, they were able to get through it better than those they knew who did not have support. Indeed, participants who did not have this type of support from their partner reported less relationship satisfaction and were more likely to divorce or report prolonged grief. Based on these interviews, it would be beneficial for counsellors to educate individuals about certain types of communication skills that may make it easier for couples to feel heard and validated by one another.

Another important finding from the study informs the literature on gender differences and grief. This study happened to find that the majority of the women were expressive grievers and the majority of their male partners appeared to be instrumental grievers. Literature on the topic has indicated it is not appropriate to refer to grieving differences as gender, as there is wide variety in how individuals will behave, regardless of their gender (Doka & Martin, 2010). Also, the one male participant in this study did identify himself as an expressive griever. It is important to note that one cannot be certain of how individuals will grieve, and counsellors should be aware not to assume behaviour based on gender. Rather it seems important for counsellors to discuss hidden grieving, and to explore and process whether there is shame around grieving. While counsellors may be able to have some insight into tendencies a person may

have, these tendencies should be inquired about rather than assumed, in order to accurately develop a picture of the couple's interactions.

REFERENCES

- Alam, R., Barrea, M., D'Agostino, N., Nicholas, D. B., & Schneiderman, G. (2012). Bereavement experiences of mothers and fathers over time after the death of a child due to cancer. *Death Studies, 36*, 1-22. doi:10.1080/07481187.2011.553312
- Applebaum, M. (2012). Phenomenological psychological research as science. *Journal of Phenomenological Psychology, 43*, 36-72. doi:10.1163/156916212X632952
- Attig, T. (1991). The importance of conceiving of grief as an active process. *Death Studies, 15*, 385-393. doi:10.1080/07481189108252443
- Attig, T. (2004). Meanings of death seen through the eyes of grieving. *Death Studies, 28*, 341-360. doi:10.1080/07481180490432333
- Bandura, A., Ross, D. R., & Ross, S. A. (1961). Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology, 63*, 575-582. doi:10.1037/h0045925
- Badenhorst, W., Riches, S., Turton, P., & Hughes, P. (2006). The psychological effects of stillbirth and neonatal death on fathers: Systematic review. *Journal of Psychosomatic Obstetrics & Gynecology, 27*, 245-256. doi:10.1080/01674820600870327
- Barrera, M., D'Agostino, N. M., Schneiderman, G., Tallett, S., Spencer, L., & Joveska, V. (2007). Patterns of parental bereavement following the loss of a child and related factors. *Omega, 55*, 145-167. doi:10.2190/OM.55.2.d
- Bohannon, J. R. (1990-91). Grief responses of spouses following the death of a child: A longitudinal study. *Omega, 22*, 109-121. doi:10.2190/QCX3-36WQ-KJTQ-3N1V
- Bonanno, G. A., Boerner, D., & Wortman, C. B. (2008). Trajectories of grieving. In M. S.

- Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 287-307). Washington, DC: American Psychological Association.
- Bonanno, G. A., & Field, N. P., (2001). Examining the delayed grief hypothesis across 5 years of bereavement. *American Behavioral Scientist*, 44, 798-816. doi: 10.1177/0002764201044005007
- Calhoun, L. G., & Tedeschi, R. G. (2001). *Posttraumatic growth: The positive lessons of loss*. In R. A. Neimeyer (Ed.), *Meaning construction and the meaning of loss* (pp. 157-172). Washington, DC: American Psychological Association.
- Cancian, F. M. (2004). The feminization of love. In M. S. (Ed.), *The gendered society reader* (2nd ed., pp. 352-363). New York, NY: Oxford.
- Chrisler, J. C., & McCreary, D. R. (Eds.). (2010). *Handbook of gender research in psychology*. New York, NY: Springer.
- Christ, G. H., Bonanno, G., Malkinson, R., & Rubin, S. (2003). Bereavement experiences after the death of a child. In M. J. Field & R. E. Behrman, (Eds.), *When children die: Improving palliative and end-of-life care for children and their families* (pp. 553-579). Washington, DC: The National Academies Press.
- Churchill, S. D. (2000). Phenomenological psychology. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (Vol. 6, pp. 168-173). Washington, DC: American Psychological Association.
- Churchill, S. D. (2006). Phenomenological analysis: Impression formation during a clinical

- assessment interview. In C. T. Fischer (Ed.), *Qualitative research methods for psychologists: Introduction through empirical studies* (pp. 79-110). San Diego, CA: Elsevier Academic Press.
- Churchill, S. D., & Richer, R. (2000). Phenomenology. In A. E. Kazdin (Ed.), *Encyclopedia of psychology* (pp. 168-173). Washington, DC: American Psychological Association.
- Churchill, S. D. & Wertz, F.J. (2001). An introduction to phenomenological research in psychology: Historical, conceptual, and methodological foundations. In K.J. Schneider, J.F.T. Bugental, & J.F. Pierson (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research and practice* (pp. 247-262). Thousand Oaks, CA: Sage Publications.
- Clements, M. L., Stanley, S. M., & Markman, H. J. (2004). Before they said "I Do": Discriminating among marital outcomes over 13 years. *Journal of Marriage and Family*, 66, 613-626. Retrieved from <http://www.wiley.com/bw/journal.asp?ref=0022-2445>
- Encyclopedia Britannica (n.d.). *Columbine*. Retrieved from <http://www.britannica.com/EBchecked/topic/1528263/Columbine-High-School-shootings>
- Coltrane, S. (2004). Household labor and the routine production of gender. In M. S. Kimmel (Ed.), *The gendered society reader* (2nd ed., pp. 186-206). New York, NY: Oxford.
- Creighton, G., Oliffe, J. L., Butterwick, S., & Saewyc, E. (2013). After the death of a friend: Young men's grief and masculine identities. *Social Science & Medicine*, 84, 35-43. doi:10.1016/j.socscimed.2013.02.022.
- Davis, C. G. (2008). Redefining goals and redefining self: A closer look at posttraumatic

- growth following loss. In M. S. Stroebe, R. O. Hansson, H. Schut, W. Stroebe, & E. Van den Blink (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 309-325). Washington, DC: American Psychological Association.
- Davis, C. G., Wohl, M. J. A., & Verberg, N. (2008). Profiles of posttraumatic growth following an unjust loss. *Death Studies, 31*, 693-712. doi:10.1080/07481180701490578
- DeFrain, J., Martens, L., Stork, J., & Stork, W. (1990-91). Learning about grief from normal families: SIDS, stillbirth, and miscarriage. *Journal of Marital and Family Therapy, 17*, 215-232. doi:10.1111/j.1752-0606.1991.tb00890.x
- de Witt, L. & Ploeg, J. (2006). Critical appraisal of rigour in interpretive phenomenological nursing research. *Journal of Advanced Nursing, 55*, 215-29. doi:10.1111/j.1365-2648.2006.03898.x
- Dijkstra, I., van den Bout, J., Schut, H., Stroebe, M., & Stroebe, W. (1999). Coping with the death of a child: A longitudinal study of discordance in couples. *Gedrag & Gezondheid, 27*, 103-108. Retrieved from <http://hetexpeditiehuis.nl/>
- Directions Research (2006). *When a child dies*. Retrieved from http://www.compassionatefriends.org/pdf/When_a_Child_Dies-2006_Final.pdf
- Doka, K. J., & Martin, T. L. (2010). *Grieving beyond gender: Understanding the ways men and women mourn* (2nd ed.), New York, NY: Routledge.
- Drew, D., Goodenough, B., Maurice, L., Foreman, T., & Willis, L. (2005). Parental grieving after a child dies from cancer: Is stress from stem cell transplant a factor? *International Journal of Palliative Nursing, 11*, 266-273). Retrieved from <http://www.ijpn.co.uk/>
- Dyregrov, A., & Gjestad, R. (2011). Sexuality following the loss of a child. *Death Studies, 35*, 289-315. doi:10.1080/07481187.2010.527753

- Dyregrov, A., & Matthiesen, S. F. (1987). Similarities and differences in mothers' and fathers' grief following the death of an infant. *Scandinavian Journal of Psychology*, *28*, 1-5. doi:10.1111/j.1467-9450.1987.tb00900x
- Fagot, B. I., Leinbach, M. D., & O'Boyle, C. (1992). Gender labeling, gender stereotyping, and parenting behaviors. *Developmental Psychology*, *28*, 225-230.
- Feeley, N., & Gottlieb, L. N. (1988). Parents' coping and communication following their infant's death. *Omega: Journal of Death and Dying*, *19*, 51-67. doi:10.2190/2BAO-N3BC-F8P6-HY3G
- Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, *3*, 6-25. Retrieved from <https://ejournals.library.ualberta.ca/index.php/pandpr>
- Fischer, C. T. (2006). Introduction, XV-XLII. In C. T. Fischer (Ed.), *Qualitative research methods for psychologists*. Burlington, MA: Elsevier.
- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist*, *18*, 12-23. doi:10.1027/1016-9040/a000124
- Freud, S. (1994). The ego and the id: Part III (abridged): The ego and the superego (ego ideal). In R. V. Fankiel (Ed.), *Essential papers on object loss* (pp. 52-58). New York, NY: New York University Press. (Original work published in 1923)
- Gilbert, K. R. (1989). Interactive grief and coping in the marital dyad. *Death Studies*, *13*, 605-626. doi:10.1080/07481188908252336
- Giorgi, A. (2006a). Concerning variations in the application of the phenomenological method. *The Humanistic Psychologist*, *34*, 305-319. doi:10.1207/s15473333thp3404_2
- Giorgi, A. (2006b). Difficulties encountered in the application of the phenomenological method

- in the social sciences. *Análise Psicológica*, 3, 353-361. Retrieved from http://www.scielo.oces.mctes.pt/scielo.php?pid=0870-8231&script=sci_serial
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology*, 43, 3-12. doi:10.1163/156916212X632934
- Goodenough, B., Drew, D., Higgins, S., & Trethwie, S. (2004). Bereavement outcomes for parents who lose a child to cancer: Are place of death and sex of parent associated with differences in psychological functioning? *Psycho-Oncology*, 13, 779-791. doi:10.1002/pon.795
- Gottlieb, L. N., Lang, A., & Amsel, R. (1996). The long term effects of grief on marital intimacy following an infant's death. *Omega*, 33, 1-19. doi:10.2190/T2C9-FKLLK-0R4F-2VMB
- Gregory, B. T., Armenakis, A. A., Moates, K. N., Albritton, M D., & Harris, S. G. (2007). Achieving scientific rigor in organizational diagnosis: An application of the diagnostic funnel. *Consulting Psychology Journal: Practice and Research*, 59, 79-90. doi:10.1037/1065-9293.59.2.79
- Halling, S. (2005). When intimacy and companionship are at the core of the phenomenological research process. *Indo-Pacific Journal of Phenomenology*, 5(1), 1-11. Retrieved from <http://www.ipjp.org/>
- Helmrath, T. A., & Steinitz, E. M. (1978). Death of an infant: Parental grieving support and the failure of social support. *The Journal of Family Practice*, 6, 785-790. Retrieved from <http://www.jfponline.com/>
- Herman, J. (1997). *Trauma and Recovery*. New York, NY: Basic Books.

- Hines, M., Golombok, S., Rust, J., Johnston, K. J., Golding, J., & the Avon Longitudinal Study of Parents and Children Study Team. (2002). *Child Development, 73*, 1678-1687.
doi:10.1111/1467-8624.00498
- Holt, M. L., Devlin, J. M., Flamez, B., & Eckstein, D. (2009). Using the Holt Relationship Intimacy Questionnaire (HRIQ): What intimacy means to you and your partner. *The Family Journal, 17*, 146-150. doi:10.1177/1066480709332631
- Hooghe, A., Neimeyer, R. A., & Rober, P. (2011). The complexity of couple communication in bereavement: An illustrative case study. *Death Studies, 35*, 905-924. doi:
10.1080/07481187.2011.553335
- Iervolino, A. C., Hines, M., Golombok, S. E., Rust, J., & Plomin, R. (2005). Genetic and environmental influences on sex-typed behavior during the preschool years. *Child Development, 76*, 826-840. doi:10.1111/j.1467-8624.2005.00880.x
- Im, E.-O., & Chee, W. (2006). An online forum as a qualitative research method. *Nursing Research, 55*, 267-273. doi:10.1097/00006199-200607000-00007
- Joseph, S., & Linley, P. A. (2008). Positive psychological perspectives on posttraumatic stress: An integrative psychosocial framework. In S. Joseph, & P. A. Linley (Eds.), *Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress* (pp. 3-20). Hoboken, NJ: John Wiley & Sons.
- Kamm, S., & Vandenberg, B. (2001). Grief communication, grief reactions and marital satisfaction in bereaved parents. *Death Studies, 25*, 569-582.
doi:10.1080/074811801753184291
- Kaplan, D. M., Smith, A., Grobstein, R., & Fischman, S. E. (1976). Family mediation of stress. *Social Work, 18*, 60-69. Retrieved from <http://sw.oxfordjournals.org/>

doi:10.4135/9781412958479

- Karney, B. R. (2009). Vulnerability-stress-adaptation model. In H. T. Reis & S. Sprecher (Eds.), *Encyclopedia of Human Relationships* (pp. 1675-1678). Thousand Oaks: Sage Publications. doi: <http://dx.doi.org/10.4135/9781412958479.n553>
- Kavanaugh, K. (1997). Gender differences among parents who experience the death of an infant weighing less than 500 grams at birth. *Omega*, 35, 281-296. doi:10.2190/TL62-Y9MD-2U68-BH1T
- Kelly, M. B. (2012). Divorce cases in civil court, 2010/2011. *Juristat*. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2012001/article/11634-eng.pdf>
- Kilbourne, J. (2000). *Killing us softly 3* [DVD]. Available from <http://www.mediaed.org>
- Klass, D. (1986-87). Marriage and divorce among bereaved parents in a self-help group. *Omega*, 17, 237-249. doi:10.2190/T8L3-UVD8-J2RD-TLLB
- Klass, D. (1997). The deceased child in the psychic and social worlds of bereaved parents during the resolution of grief. *Death Studies*, 29, 147-176. doi:10.1080/074811897202056
- Klass, D. (2006). Continuing conversations about continuing bonds. *Death Studies*, 30, 843-858. doi:10.1080/07481180600886959
- Klaassen, D. W. (2010). Spiritual and relational dimensions of parental grieving. (Unpublished doctoral dissertation). University of British Columbia, Vancouver, BC.
- Knafo, A., & Spinath, F. M. (2011). Genetic and environmental influences on girls' and boys' gender-typed and gender-neutral values. *Developmental Psychology*, 47, 726-731, doi: 10.1037/a0021910
- Knobloch, L. K., Ebata, A. T., McGlaughlin, P. C., & Ogolsky, B. (2013). Depressive symptoms,

relational turbulence, and the reintegration difficulty of military couples following wartime deployment. *Health Communication, 28*, 754-766.

doi:10.1080/10410236.2013.800440

Kreicbergs, U., Valdimarsdottir, U., Onelov, E., Henter, J.-I., & Steineck, G. (2004). Anxiety and depression in parents 4-9 years after the loss of a child owing to a malignancy: A population-based follow-up. *Psychological Medicine, 34*, 1431-1441.

doi:10.1017/S0033291704002740

Lang, A., & Gottlieb, L. (2007). Parental grief reactions and marital intimacy following infant death. *Death Studies, 17*, 233-266. doi:10.1080/07481189308252620

Laurenceau, J.-P., Barrett, L. F., & Rovine, M. J. (2005). The interpersonal process model of intimacy in marriage: A daily-diary and multilevel modeling approach. *Journal of Family Psychology, 19*, 314-323. doi:10.1037/10893-3200.19.2.314

Leaper, C. (2000). Gender, Affiliation, Assertion, and the interactive context of parent-child play. *Developmental Psychology, 36*, 381-393. doi:10.1037//0012-1649.36.3.381

Leaper, C., Anderson, K. J., & Sanders, P. (1998). Moderators of gender effects on parents' talk to their children: A meta-analysis. *Developmental Psychology, 34*, 3-27. Retrieved from <http://www.apa.org/pubs/journals/dev/index.aspx>

Li, J., Precht, D. H., Mortensen, P. B., & Olsen, J. (2003). Mortality in parents after death of a child in Denmark: A nationwide follow-up study. *Lancet, 361*, 363-67.

doi:10.1016/S0140-6736(03)12387-2

Lichtenthal, W. G., Cruess, D. G., & Prigerson, H. G. (2004). A case for establishing complicated grief as a distinct mental disorder in DSM-V. *Clinical Psychology Review, 24*, 637-662. doi:10.1016/j.cpr.2004.07.002

- Lipper T., & Prager, K. J. (2001). Daily experiences of intimacy: A study of couples. *Personal Relationships, 8*, 283-298. doi:10.1111/j.1475-6811.2001.tb00041.x
- Manne, S., Ostroff, J., Rini, C., Fox, K., Goldstein, L., & Generosa, G. (2004). The interpersonal process model of intimacy: The role of self-disclosure, partner disclosure, and partner responsiveness in interactions between breast cancer patients and their partners. *Journal of Family Psychology, 18*, 589-599. doi:10.1037/0893-3200.18.4.589
- Marshall, T. C. (2010). Gender, peer relations, and intimate romantic relationships. In J. C. Chrisler, D. R. McCreary (Eds.), *Gender research in social and applied psychology*. (2nd ed., pp. 281-310). New York, NY: Springer Science.
- McBride, C. M., & Toller, P. (2011). Negotiation of face between bereaved parents and their social networks. *Southern Communication Journal, 76*, 210-229.
doi:10.1080/10417940903477647
- Meert, K. L., Thurston, C. S., & Thomas, R. (2001). Parental coping and bereavement outcome after the death of a child in the pediatric intensive care unit. *Pediatric Critical Care Medicine, 2*, 324-328. doi:10.1097/00130478-200110000-00007
- Mikulincer, M., & Shaver, P. R. (2001). Attachment theory and intergroup bias: Evidence that priming the secure base schema attenuates negative reactions to out-groups. *Journal of Personality and Social Psychology, 81*, 97-115. doi:10.1037//0022-3514.81.1.97
- Mills, B., & Turnbull, G. (2004). Broken hearts and mending bodies: The impact of trauma on intimacy. *Sexual Relationship Therapy, 19*, 265-289.
doi:10.1080/14681990410001715418

- Mitchell, A. E., Castellani, A. M., Herrington, R. L., Joseph, J. I., Doss, B. D., & Snyder, D. K. (2008). Predictors of intimacy in couples' discussions of relationship injuries. An observational study. *Journal of Family Psychology, 22*, 21-29.
doi:10.1037/0893-3200.22.1.21
- Miyabayashi, S., & Yasuda, J. (2007). Effects of loss from suicide, accidents, acute illness and chronic illness on bereaved spouses and parents in Japan: Their general health, depressive mood, and grief reaction. *Psychiatry and Clinical Neurosciences, 61*, 502-508.
doi:10.1111/j.1440-1819.2007.01699.x
- Moerer-Urdahl, T., & Creswell, J. W. (2004). Using transcendental phenomenology to explore the "Ripple Effect" in a leadership mentoring program. *International Journal of Qualitative Methods, 3*, 19-35. Retrieved from
<https://ejournals.library.ualberta.ca/index.php/IJQM/index>
- Murphy, S. A. & Johnson, L. C. (2003). Finding meaning in a child's violent death: A five-year prospective analysis of parents' personal narratives and empirical data. *Death Studies, 27*, 381-404. doi:10.1080/07481180390208621
- Murphy, S. A. (2008). The loss of a child: Sudden death and extended illness perspectives. In S. Margaret, R. Hansson, H. Schut, W. Stroebe, & E. van den Blink (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 375-395). Washington, DC: APA.
- Nahla, M., & Lantz, M. (2006). When older adults suffer the loss of a child. *Psychiatric Annals, 36*, 877-880. Retrieved from <http://www.healio.com/psychiatry/journals/psycann>
- Najman, J. M., Vance, J. C., Boyle, F., Embleton, G., Foster, B., & Thearle, J. (1993). The

- impact of a child death on marital adjustment. *Social Science & Medicine*, 37, 1005-1010. doi:10.1016/0277-9536(93)90435-7
- Nelson Goff, B. (in press). Clinical application of the couple adaptation to traumatic stress (CATS) model: A pragmatic framework for working with traumatized couples.
- Nelson Goff, B. S., & Smith, D. B. (2005). Systematic traumatic stress: The couple adaptation to traumatic stress model. *Journal of Marital and Family Therapy*, 31, 145-157. doi:10.1111/j.1752-0606.2005.tb01552.x
- Nixon, J., & Pearn, J. (1977). Emotional sequelae of parents and sibs following the drowning or near-drowning of child. *Australian and New Zealand Journal of Psychiatry*, 11, 265-268. doi:10.3109/00048677709159576
- Nolen-Heksema, S. (2001). Ruminative coping and adjustment to bereavement. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care*. (pp. 545-5621). Washington, DC: American Psychological Association.
- Oliver, L. E. (1999). Effects of a child's death on the marital relationship: A review. *Omega*, 39, 197-227. doi:10.2190/1L3J-42VC-BE4H-LFVU
- Patistea, E., Makrodimitri, P., & Panteli, V. (2000). Greek parents' reactions, difficulties and resources in childhood leukaemia at the time of diagnosis. *International Journal of Cancer Care*, 9, 86-96. doi:10.1046/j.1365-2354.2000.00204.x
- Perez, V. W. (2005). The relationship between seriously considering, planning, and attempting suicide in the Youth Behaviour Risk Survey. *The American Association of Suicidology*, 35, 35-49. doi:10.1521/suli.35.1.35.59267

- Phillips-Pula, L., Strunk, J., Pickler, R. H. (2011). Understanding phenomenological approaches to data analysis. *Journal of Pediatric Health Care, 25*, 67-71.
doi:10.1061/j.pedhc.2010.09.004
- Popenoe, D. (2004). Modern marriage: Revising the cultural script. In M. S. Kimmel (Ed.), *The gendered society reader* (2nd ed., pp. 170-186). New York, NY: Oxford.
- Rando, T. (1987). The unrecognized impact of sudden death in terminal illness and in positively progressing convalescence. *Israel Journal of Psychiatry and Related Sciences, 24*, 125-135. Retrieved from
[http://www.researchgate.net/journal/03337308_The_Israel_journal_of_psychiatry_and_re
lated_sciences](http://www.researchgate.net/journal/03337308_The_Israel_journal_of_psychiatry_and_related_sciences)
- Raver, C. C., & Spagnola, M. (2003). 'When my mommy was angry, I was speechless': Children's perceptions of maternal emotional expressiveness within the context of economic hardship [Special issue]. *Marriage and Family Review, 34*, 63-88.
doi:10.1300/J002v34n01_04
- Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In S. Duck, D. F. Hay, S. E. Hobfoll, & W. Ickes, & B. M. Montgomery, (Eds.), *Handbook of personal relationships: Theory, research, and interventions* (pp. 367-389). Oxford, England: Wiley.
- Rolfe, G. (2006). Validity, trustworthiness, and rigour: Quality and the idea of qualitative research. *Journal of Advanced Nursing, 53*, 304-310. doi:10.1111/j.1365-2648.2006.03727.x
- Rosenblatt, P. C. (2001). A social constructionist perspective on cultural differences in grief. In

- M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 285-300). Washington, DC: American Psychological Association.
- Rosof, B. D. (1994). *The worst loss: How families heal from the death of a child*. New York, NY: Henry Hold and Company.
- Rubin, S. S., & Malkinson, R. (2001). Parental response to child loss across the life cycle: Clinical and research perspectives. In M. S. Stroebe, R. O. Hansson, S. Wolfgang, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 219-240). Washington, DC: American Psychological Association.
- Rubinstein, G. (2004). Locus of control and helplessness: Gender differences among bereaved parents. *Death Studies*, 28, 211-233. doi:10.1080/07481180490276553
- Schut, H., Stroebe, M. S., van den Bout, J., & Terheggen, M. (2001). The efficacy of bereavement interventions: Determining who benefits. In M. S. Stroebe, R. O. Hansson, S. Wolfgang, & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 705-737). Washington, DC: American Psychological Association.
- Schwab, R. (1992). Effects of a child's death on the marital relationship: A preliminary study. *Death Studies*, 16, 141-154. doi:10.1080/07481189208252564
- Schwab, R. (1996). Gender differences in parental grief. *Death Studies*, 20, 103-113. doi:10.1080/07481189608252744
- Simpson, M. A. (1979). *Death, dying, and grief: A critically annotated bibliography and source book of thanatology and terminal care*. New York, NY: Plenum Press.
- Sobel, A. A., Resick, P. A. & Rabalais, A. E. The effect of cognitive processing therapy on

- cognitions: Impact statement coding. *Journal of Traumatic Stress*, 22, 205-211.
doi:10.1002/jts.20408
- Statistics Canada (2009). *Mortality, summary list of causes (84F0209X)*. Retrieved from
<http://www.statcan.gc.ca/pub/84f0209x/84f0209x2009000-eng.pdf>
- Steeves, R. H. (2002). The rhythms of bereavement. *Family and Community Health*, 25, 1-10.
doi:10.1097/00003727-200204000-00004
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23, 197-224. doi:10.1080/074811899201046
- Stroebe, M., Schut, H., & Stroebe, W. (2007). Health outcomes of bereavement. *Lancet*, 370, 1960-1973. doi:10.1016/S0140-6736(07)61816-9
- Ströker, E. (1993). *Husserl's transcendental phenomenology*. Stanford, CA: Stanford University Press.
- Surkan, P. J., Kreicbergs, U., Valdimarsdottir, U., Nyberg, U., Onelov, E., Dickman, P. W., & Steineck, G. (2006). Perceptions of inadequate health care and feelings of guilt in parents after the death of a child to a malignancy: A population-based long-term follow-up. *Journal of Palliative Medicine*, 9, 317-331. doi:10.1089/jpm.2006.9.317
- The Associated Press. (2012, December 14). 20 children among dead in Connecticut school massacre. *CBC News*. Retrieved from
<http://www.cbc.ca/news/world/story/2012/12/14/connecticut-school-shooting.html>
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialist in Pediatric Nursing*, 16, 151-155. doi:10.1111/j.1744-6155.2011.00283.x
- Timeline of deadly school shootings. (2012, September 23). *CBC News*. Retrieved from

- <http://www.cbc.ca/news/world/timeline-of-deadly-school-shootings-1.707498>
- Toller, P. W., & Braithwaite, D. O. (2009). Grieving together and apart: Bereaved parents' contradictions of marital interaction. *Journal of Applied Communication Research, 37*, 257-277. doi:10.1080/00909880903025887
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work: Research and Practice, 11*, 80-96. doi:10.1177/1473325010368316
- Turton, P., Badenhorst, W., Hughes, P., Ward, J., Riches, S., & White, S. (2006). Psychological impact of stillbirth on fathers in the subsequent pregnancy and puerperium. *The British Journal of Psychiatry, 188*, 165-172. doi:10.1192/bjp.188.2.165
- Ulrika, K., Valdimarsdottir, U., Onelov, E., Henter, J.-I., & Steineck, G. (2004). Anxiety and depression in parents 4-9 years after the loss of a child owing to a malignancy: A population-based follow-up. *Psychological Medicine, 33*, 1431-1441. doi:10.1017/S0033291704002740
- Uren, T. H. & Wastell, C. A., (2002). Attachment and meaning-making in perinatal bereavement. *Death Studies, 26*, 279-308. doi:10.1080/074811802753594682
- van der Dennen, J. M. G. (1992). *The nature of the sexes: The sociobiology of sex differences and the "battle of the sexes."* Groningen, Netherlands: Origin Press.
- Vokey, M., Tefft, B., & Tysiaczny, C. (2013). An analysis of hyper-masculinity in magazine advertisements. *Sex Roles, 68*, 562-576. doi:10.1007/s11199-013-0268-1
- Weiss, R. S. (2008). The nature and causes of grief. In M. S. Stroebe, R. O. Hansson, H. Schut & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 29-44). Washington, DC: American Psychological Association.

- Wing, D. G., Burge-Callaway, K., Clance, P. R., Armistead, L. (2001). Understanding gender differences in bereavement following the death of an infant: Implications for treatment. *Psychotherapy, 38*, 60-73. doi:10.1037//0033-3204.38.1.60
- Wood, J. T. (2005). *Gendered lives: Communication, gender, and culture*. Boston, MA: Wadsworth.
- Wong, T. P. (2011). Positive psychology 2.0: Towards a balanced interactive model of the good life [Special section]. *Canadian Psychology, 52*, 69-81. doi:10.1037/a0022511
- Yelsma, P., & Marrow, S. (2003). An examination of couples' difficulties with emotional expressiveness and their marital satisfaction. *Journal of Family Communication, 3*, 41-62. doi:10.1207/S15327698JFC0301_03
- Zerach, G., Anat, B.-D., Solomon, Z., & Heruti, R. (2010). Posttraumatic symptoms, marital intimacy, dyadic adjustment, and sexual satisfaction among ex-prisoners of war. *Journal of Sexual Medicine, 7*, 2739-27489. doi:10.1111/j.1743-6109.2010.01784.x
- Zhang, J., & Zhou, L. (2011). Suicidal ideation, plans, and attempts among rural young Chinese: The effect of suicide death by a family member or friend. *Community Mental Health Journal, 47*, 506-512. doi:10.1007/s10597-010-9332-2
- Znoj, H. J., & Keller, D. (2002). Mourning parents: Considering safeguards and their relation to health. *Death Studies, 26*, 545-565. doi:10.1080/074811802760191708

Appendix A: Recruitment Poster

Counselling Research on Loss of a Child and Relationships

Have you gone through the loss of a child a year ago or more? There is a research project studying what characteristics in a spousal or romantic relationship are helpful or harmful to parents following their child's death. Participation involves one longer interview and a shorter follow-up discussion.

Research from this study will help generate information on counselling interventions for bereaved couples.



If you are interested in this study, I'd like to hear from you. Please contact Erin Buhr at 604-565-5296 or erin.buhr@mytwu.ca. Participants will have their name entered into a draw for a \$75.00 gift certificate to a local restaurant as a token of appreciation.

Appendix B: Verbal Recruitment – Script with Community Centre Employees

Hello, my name is Erin Buhr, I am a Counselling Psychology graduate student at Trinity Western University. For my Master's degree, I am conducting a research study on the relationship dynamics in couples following the loss of a child. The goal of this research is to inform counselling interventions of helpful things in a relationship that can support couples following their child's death.

The study involves parents who lost their child at least one year ago or longer. I'm wondering if you would know of any parents who lost their child at least a year ago who may be interested in participating in this study? There are some inclusion criteria, which I can go through now.

Participants in the study will be asked to participate in a two-hour long interview scheduled at a convenient time for them. A shorter, second meeting will then be schedule a few months after, where the researcher will review the transcript and initial findings from the conversation. Participants will have their names entered into a draw to win a \$75.00 gift certificate at a local restaurant. Their participation in this study is voluntary and they may withdraw from the study at any time and for any reason without penalty.

If you have any questions regarding this study, you can ask me now. I can also be contacted at a later date at (604) 565-5296, or erin.buhr@mytwu.ca.

Appendix C: Telephone Script

Page 1 of 2

Hello, this is Erin Buhr, a Counselling Psychology graduate student at Trinity Western University. I am the principle researcher of this study, and am conducting research on the relationship dynamics in couples following the loss of a child. Research shows that many couples have conflict between them following such a loss. The goal of this research is to find out what are helpful things in a relationship that can support people during their difficult times.

If you choose to participate in this study, your involvement will be greatly appreciated. You will be asked to participate in a two-hour long interview scheduled at a convenient time for you. A shorter, second meeting will then be schedule a few months after, where the researcher will review the transcript and initial findings from your conversation. If you experience any problems as a result of talking about your loss, I will help connect you with counselling services for this. For your participation in the study, your name will be entered to win a \$75.00 gift certificate at a local restaurant. Your participation in this study is voluntary and you may withdraw from the study at any time and for any reason without penalty.

There are certain criteria you have to meet in order to be eligible for this research. I will go over that now. The inclusion criteria are as follows:

- (a) Experienced the loss of a child
- (b) The loss occurred at least one year before the study
- (c) Were in a relationship with a significant other at the time of the loss
- (d) Not actively suicidal

(If individual meets the criteria): I will arrange for a time for the interview with you. The interview will be audio-taped and transcribed. Your responses are confidential, meaning I won't share any of your information unless a person is a part of the research study and also have agreed to keep your information private. In the transcripts and thesis any identifying information will be changed to protect your privacy. Following the study, the videos and audio files will be destroyed; however, the transcripts will be kept. They will continue to be kept secure so they can only be accessed for research purposes. All identifying information will be kept confidential unless required by law.

Before we have the first interview, I will have a form called 'informed consent.' This is a form for you to read, and you would need to sign it. It describes the purpose of the study, the benefits, risks, and confidentiality. If you agree with everything on the form, we can begin the interview. I will take time at the end of the interview to answer any questions you might have, and to debrief. At that time we will also set a time for the second meeting, where you will give me feedback about the transcript and themes. If you would like to see the formal results from the study, I will be more than happy to send them to you once they are completed.

Are you still interested in participating? If so, we can go ahead and set up an appointment for the interview. If you would like, I can send you a copy of the questions before you come in

Page 2 of 2

for the interview. You would not need to do a lot to prepare for the interview, other than think of what your relationship with your significant other was like in the time following the loss of your child.

Would you like my contact information in case you need to get a hold of me before the interview? It is (604) 565-5295, or erin.buhr@mytwu.ca

I will see you at the interview, thank you for your time, good-bye.

Appendix D: Screening for Suicide Ideation or Suicide Risk

1) I have thought about harming myself:

Yes No

2) I have tried to hurt myself or tried to commit suicide in the past:

Yes No

3) I have a plan of how I would harm myself:

Yes No

4) Someone in my family has committed suicide or tried hurting themselves in the past:

Yes No

5) One of my friends has committed suicide or tried hurting themselves in the past:

Yes No

6) I sometimes wish I would no longer exist and join my deceased loved one:

Yes No

Appendix E: Counselling Contact Information

This is a list of different resources available if you wish to receive grief counselling:

RESOURCE	CONTACT PHONE NUMBER	COST
Vancouver Crisis Hot-Line	(604) 872-3311	Free and available 24/7
South Fraser Regional Crisis Line	(604) 951-8855	Free and available 24/7
BC Bereavement Helpline	1-877-779-2223	Free and available 24/7
Fraser River Counselling Centre	(604) 513-2113	\$10 or free
Langley Hospice Society	(604) 530-1115	Support groups are free
Douglas Student Services David Lam Campus New Westminster Campus	(604) 777-6185 (604) 527-5486	Free for students
Kwantlen Polytechnic University Langley Campus Cloverdale Campus Surrey Campus	(604) 599-3213 (604) 598-6044 (604) 599-2044	Free for students
Surrey Hospice Society	(604) 543-7006	One on one support

Appendix F: Participant Consent Form

Page 1 of 2

Date of approval of REB: Sept. 5, 2012

Title of Study: Relational Dynamics in Couples Following the Loss of a Child.

Principle Investigator:

Erin Buhr, Graduate student of Counselling Psychology at Trinity Western University
(604) 565-5296 erin.buhr@mytwu.ca

Faculty Supervisor:

Dr. Derrick Klaassen, Assistant Professor of Counselling Psychology at Trinity Western University
(604) 513-2034 derrick.klaassen@twu.ca

The purpose of this research project is to learn about the dynamics and general experiences that couples go through within their relationship following the death of their child.

You have discussed the prospect of being involved with the research study and have conducted an initial screening to ensure you met the research criteria. You also read the research questions ahead of time and took time to decide whether you wanted to participate in the study. There will be a total of two interviews for this study. If both you and your partner are participating, you will be interviewed separately. The first interview is the longest, and will take between 1.5 – 2 hours (90 - 120 minutes). You will also have a second interview with the researcher, which will be more like a meeting. It will be approximately 3 months after the first interview, and the researcher will ask you to read through a summary of your first interview, and give feedback on whether the researcher has reported your findings correctly. This second meeting will take approximately 0.5 – 1 hour (30 – 60 minutes). At this time, you will have the opportunity to ask the researcher any additional questions you might have. The researcher will also ask if you are experiencing any negative effects due to the first interview, and check-in about your emotional well-being. She will give you a list of resources for counselling if needed.

The first interview will be audio-recorded and transcribed. The final project will only include general statements, and your name will not be associated with your response. Any data associated with your name not be incorporated in the final research project, and will be kept strictly confidential. Identifying information will be kept in case you need to be contacted, but it will be coded and kept under password protection. Once the study is complete, any information that ties you with your responses will be destroyed. There are a few specific exceptions to confidentiality, which include:

- (a) You say you are going to harm yourself, or someone else
- (b) You say a child is being hurt or abused
- (c) Information is requested by a court

All non-identifying information will be kept in case future research is conducted on the topic.

Page 2 of 2

Date of approval of REB: Sept. 5, 2012

Potential risks for being involved in the study may include becoming more emotional than usual shortly after participating in the interview. It is unlikely this should be disruptive to your day-to-day life, however, if this is the case, please contact the researcher. At the second meeting, the researcher will follow up with you about your emotional well-being, but do not hesitate to contact the researcher before this if needed.

Potential benefits from participating in the study are that you will contribute to the information researchers and clinicians use to help couples after the death of their child. This information can be used to better inform counsellors about potential interventions to help with couple dynamics.

Your participation in this study is completely voluntary, and you may withdraw at any time without penalty. If you choose to withdraw, you can request the information you submitted up to that point for the study.

Upon completing the second interview, your name will be entered in a draw to win a \$75.00 gift card at a local restaurant. If you choose to withdraw after this time, your name will remain in the draw.

If you have any questions or desire further information with respect to this study, you may contact Erin Buhr at (604) 565-5296 (erin.buhr@mytwu.ca), or Derrick Klaassen at (604) 513-2034 (derrick.klaassen@twu.ca). If you have any concerns about your treatment or rights as a research participant, you may contact Ms. Sue Funk in the Office of Research, Trinity Western University at (604) 513-2034 or sue.funk@twu.ca.

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records. By signing this form you indicate that you are giving consent to participate in this study.

Participant's Name

Participant's Signature

Date

I have fully explained the procedure for the study to the above participant

Researcher's Name

Researcher's Signature

Date

Appendix G: Demographic Questions

General Information

First Name: _____

Date of Birth: _____

Ethnicity:

- Caucasian
- African Canadian
- Asian Canadian
- First Nations
- Other (please describe): _____

Education:

- High School
- College or Trade School
- Undergraduate Degree
- Masters Degree
- Doctoral Degree

Employment:

- Currently employed
- Currently unemployed

Gender:

- Male
- Female

Relationship Information

Relationship Type *at Time of Loss*:

- Dating
- Cohabiting (common-law)
- Married

Length of Relationship *at Time of Loss*:

- Less than 1 year
(please specify number of months): _____
- 1-5 years
- 5-10 years
- 10-20 years
- More than 20 years

Relationship Type *Currently*:

(Please check all that apply):

- In relationship with same partner
- In relationship with different partner
- Divorced/Separated
- Widowed
- Single
- Dating
- Cohabiting (common-law)
- Married
- Other (please specify): _____

Length of Relationship *Currently*:

- Less than 1 year
(please specify number of months): _____
- 1-5 years
- 5-10 years
- 10-20 years
- More than 20 years

Appendix H: Research Questions

Page 1 of 2

Interview Protocol:

Preliminary

The interviewer (Erin Buhr) will give an overview about what will happen in the interview (how long the interview will be, questions about the participant's child, then about the relationship).

The interviewer will explain the informed consent form and get required signatures, and give the demographic form.

Turn the two audio recorders on

Rapport-Building and Priming

Discuss whether the participants found the university okay, how they found out about the study. Can you tell me a little about your child? (E.g. How old was s/he at time of death, how did s/he pass away?) What was your relationship like with _____?

Research Questions

What was your relationship with your partner like before _____'s death?

Can you give me an example of this?

- Did you feel you had a stable relationship, or did you feel there were problems?
- What was good about the relationship?
- What were the problems?

What was your relationship with your partner like in the first months following _____ death?

Can you give me an example of this?

- Did you feel further away from him/her? How so?
- Did you feel closer together? How so?
- Did you feel your communication changed?
- Did you feel your sexual intimacy changed?
- How long was it like that for?

What were the things that were the most problematic or frustrating in your relationship with _____ during your grieving?

Can you give me an example of this?

What were the things that helped you the most, or made you happy, in your relationship with _____ during your grieving?

Can you give me an example of this?

Page 2 of 2

How would you describe your relationship now, after _____'s death?

Can you give me an example of this?

- Are there things that have improved?
- Are there things that have gotten worse?
- How would you say it's changed?

Is there anything else you would like to add about the grieving process and your relationship that we did not touch on?

Thank you so much for sharing your time and your stories with me, it is greatly appreciated. The interview is over now. You've made a valuable contribution to this research project. I'll be contacting you within a few months for the second meeting. If you have any questions or wish to speak to me for any reason at all, please feel free to contact me before that time.

Appendix I: Script for Member Checks

I would like to thank you very much for participating in the interview for this research study. How have you been doing since we last met? Has there been any impact on your wellbeing after the interview? If so, I can help connect you with a counselling service.

I'd like to see if you can take a look at the transcript. I'd like you to let me know if it seems accurate to you, and includes everything you spoke about in your interview with me. I'd also like to let you know that I have summarized your interview and generated main themes from what we discussed. I would like you to take a look at these themes now and see if they accurately reflect what you described to me during the interview.

Thank you again for your participation. Would you like to see the final version of the research/thesis? If so, I can send you a copy through email. I really appreciate your willingness to participate in this project, and share your experience with me.

Appendix J: Bracketing

Bracketing – Loss and Relationships

I am a 32 year-old woman who was born and raised with my parents and two brothers. When growing up, I often noticed some people experienced personal challenges, but had people in their life who seemed to help them cultivate happiness despite their difficulties. When contemplating a thesis topic, I remembered my interest in this and found myself questioning *what was 'it' about that relationship that helped them through their personal struggle?* I originally had not planned on researching the topic of grief specifically; however, after the opportunity to do so arose, the development of a thesis idea and proposal flowed so naturally, I realized it was a fit for me.

I initially had some hesitancy and fear about conducting a project on bereaved parents because currently I am neither a parent nor married, and so I am unable to speak directly to the experience of losing a child with a significant other. This has caused me to wonder whether the parents I interview would see me as inexperienced, whether they would take me seriously, and whether they would trust me with their reality of losing a child. Although I feel doubt rising within me, I do not want to let those be reasons not to conduct the research. To address my doubts, I plan to focus on the idea that this research may help other bereaved parents. I will also consider that when I think of what it could be like to lose a child I feel empathy and immense sadness. As such, I will attempt to convey these feelings of empathy to the parents and utilize the counselling skills I have learned while conducting the interviews. I also hope that I can provide a platform for them by being open to hearing their experiences, providing a space for them to talk, to share their voice, and their story.

While I have not experienced the loss of a child, I had a grandmother pass away, and have lost things in my life such as friends. I experience sadness when I think of my losses, particularly with my grandma because death is so permanent and irreversible. I'm worried that during the interviews, I might be reminded of the people in my life who are gone, and become sad while speaking with the participants. If the participant notices this, it could cause them to be worried they would have hurt me, or that I could not 'handle' their sadness, and so they might censor themselves around me. I think I need to take the time to honour and cherish my own memories of the important people who are gone and if I need to, cry and spend time grieving outside the interview. If I do get teary with the participant, rather than try to hide it, I should acknowledge my tears, explain that I'm okay, and continue with the interview. Hopefully the participant would see my reaction as a sign that I'm moved by their story, and they would continue on without censoring parts to protect my emotions.

In regards to relationships, growing up, I was taught that it's important to discuss one's thoughts and feelings with one's partner. When I was young, I saw that my parents talked about problems with one another, and still do that to this day. I'm certain seeing this style of relationship throughout my life has instilled the same sort of expectations within me about my own romantic relationship.

I acknowledge that during the interviews I could be reminded of people in my life who are no longer present and also think it's important for romantic partners to communicate together. I need to keep these things in mind to avoid imposing my views and experiences in the interviews.

Appendix K: Confidentiality for Transcribing Assistant

Confidentiality Agreement

I, _____, research assistant, agree to maintain full confidentiality in regards to any and all audio-recordings and documentation received from Erin Buhr related to her thesis on Relationship dynamics in couples following the loss of a child. Furthermore I agree:

(a) To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the review of transcripts, or any other materials associated with the study;

(b) To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Erin Buhr;

(c) To store all transcripts and study-related materials in a safe, secure location as long as they are in my possession;

(d) To return all transcripts and study-related documents to Erin Buhr in a complete and timely manner;

(e) To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices;

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I have access.

Research assistant's name (printed): _____

Research assistant's signature: _____

Date: _____

Appendix L: Confidentiality for Coding Assistant

Confidentiality Agreement

I, _____, research assistant, agree to maintain full confidentiality in regards to any and all audio-recordings and documentation received from Erin Buhr related to her thesis on Relationship dynamics in couples following the loss of a child. Furthermore I agree:

(a) To hold in strictest confidence the identification of any individual that may be inadvertently revealed during the review of transcripts, or any other materials associated with the study;

(b) To not make copies of any audiotapes or computerized files of the transcribed interview texts, unless specifically requested to do so by Erin Buhr;

(c) To store all transcripts and study-related materials in a safe, secure location as long as they are in my possession;

(d) To return all transcripts and study-related documents to Erin Buhr in a complete and timely manner;

(e) To delete all electronic files containing study-related documents from my computer hard drive and any back-up devices;

I am aware that I can be held legally liable for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the audiotapes and/or files to which I have access.

Research assistant's name (printed): _____

Research assistant's signature: _____

Date: _____