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Trauma of the Sudden Death of a Child: The Impact on Couple Relationship

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The Trauma of the Sudden Death of a Child: The Impact on Couple Relationship

by

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABBREVIATIONS

FOO	Family of Origin
GT	Grounded Theory
MFTs	Marriage and Family Therapists
MFT	Marriage/Marital and Family Therapy
PTSD	Posttraumatic Stress Disorder
SIDS	Sudden Infant Death Syndrome

ABSTRACT OF THE DISSERTATION

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by

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A traumatic life event such as the death of a child can be very devastating and confusing for many couples and people tend to respond in different ways to such trauma due to different factors such as gender differences. Research studies have traditionally focused on the personal effects of trauma on individual family members, whereas less attention centered on the systemic outcomes and consequences that trauma has on family functioning especially from the couples' perspective. Previous research has indicated that parents who lost their children to sudden death are likely to have serious mental distress and some disruption in functioning. However, there remains an important gap in the current literature regarding the causes and outcomes of interpersonal and relational issues that confront a couple dealing with such trauma. The purpose of this qualitative study is to examine the adjustments that may occur in couple relationships following the sudden death of a child. Findings from this study revealed that strategies used by participants (individually and as couples) when dealing with the sudden death of a child contributed to their relationships becoming stronger or deteriorating following the loss. These findings would be an important contribution not only to the existing literature but in conceptualizing, diagnosing, and implementing interventions with bereaved parents.

CHAPTER ONE

INTRODUCTION

When a family experiences a traumatic life event, there is a considerable amount of distress and confusion and family members are likely to respond in different ways to the trauma. The family unit may move from being in a place of hope, comfort, refuge, and support (Brown, 2008; Olson, Fine, & Lloyd, 2005) to one that is in disarray that often results in broken relationships (Ahrons, 2007; Figley, 1983). One of the most traumatic events is the death of a loved one. This loss is not only exigent but it also can affect the dynamic of the family system. The traumatic event can result in emotional wounds and the effects create major lasting damage and stress on different family members (Shaley, 2005). It can be deleterious to the general well-being of individual members, weakens the stability and structure of the family system, changes the relationships within the different subunits, and ultimately threatens the marital longevity of the couple (Catherall, 2005; Shaley, 2005).

Though it is likely that everyone will experience the loss of a loved one sometime during a lifetime, each individual is affected and responds to it in different ways (Stebbins & Batrouney, 2007). This is especially pronounced if the outcome of the loss is compounded by other issues such as a sudden death, evidence of intentional harm, or when a young, and possibly only, child dies. According to the National Center for Health Statistics (2008), over 10,000 children from age one to fourteen die each year with the leading causes of death being accidents (unintentional injuries) and congenital malformations (for children 1 to 4 years old) or cancer (for children 5 to 14 years old). The United Kingdom (UK) Office for National Statistics (2008) also reported that over

13,000 children 14 years old and below die each year in the UK (England and Wales) with about 8,300 of these children being less than one year. They also reported that between 200 and 300 babies die suddenly and unexpectedly and about 300 older children die due to accidents, assault, or suicide. The prevalence and incidence of the death of children (e.g., 14 years and below) is much higher in some other places such as impoverished and war-torn countries (UNICEF, 2009).

Rando (1996) and Dikjstra (2000) found that such occurrences, in association with the sheer nature of death, can be extremely stressful and produce more negative physical and emotional outcomes for parents. Studies show that traumatic events, such as a death or debilitating illness in the family, can affect how people relate to themselves and to those that are close to them (Campbell, 2003; McDaniel & Doherty, 2003). For instance, a child may struggle academically or exhibit behavioral problems; a mother may suffer major depression; a father may feel helpless and ridden with guilt; and a couple may experience serious discord in their relationship. Some parents may become impatient and less available emotionally and physically to their children and to each other due to the strain on their relationship. There might be some struggles with roles, identities, and balance within the couple/parent unit and in the family as a whole (Landau & Hissett, 2008).

The way that family members handle and work through traumatic experience individually and in their family relationships may depend on different factors. Some of these factors are coping styles and how problems have been dealt in the past (Vigil & Geary, 2008) and the impact of the event on the family's overall well-being and stability especially due to the seriousness of the problem (Woznick & Goodheart, 2002). Other

factors include the meaning the family gives to what is happening to them (Nadeau, 2001) and the types of support and resources available and their willingness to utilize them (Brown, 2008). Thus, when studying the impact of traumatic experiences on family relationships, it is important to understand what is happening to the members of the family, in addition to also understand how their perceptions, factors within the family relationships, and the dynamics of the family units can influence the extent that the trauma affect them.

Several studies have explored different areas of family relationships while trying to understanding family dynamics and trauma (e.g., Bascoe, Davies, Sturge-Apple, & Cummings, 2009; Filinson, 1986; Meredith, Abbott, Lamanna, & Sanders, 1989; Modry-Mandell, Gamble, & Taylor, 2007). Catherall (2005) reviewed theory, research, and practice that are mainly used when looking at trauma and family systems to present a guide for therapists to better work with traumatized families. Studies have focused more attention on gaining better understanding on why and how traumatic life events affect family, its dynamics, and the relationships within the family (Bengston, Acock, Allen, Dilworth-Anderson, & Klein, 2005). Coontz (2000) reported that families were first treated as "natural, taken-for-granted" conditions or as groups of interpersonal relationships that are too individualized that they discount past systemic assessments. Coontz noted that with time, studies done by experts from different disciplines such as sociologists and anthropologists challenging widespread assumptions about family life and examining the impact of family issues on society.

The emergence of studies and clinical work on the diagnosis and treatment of trauma and chronic stress such as posttraumatic stress disorder (PTSD) also brought

about studies that focused on the different ways trauma and stress can affect individuals and families (Boss & Sheppard, 1988; Butler & Satz, 1988; Figley, 1995; Lavee, McCubbin, & Olson, 1987; Rosenheck, 1986). Significant number of studies have been done that focus on the personal effects of trauma of individual family members (Courtois, 2004; Figley, 1985, 1988), but fewer studies have been centered on the systemic issues and consequences that trauma has on individual lives and family relationship functioning (Nelson Goff & Smith, 2005). It also seems that far less attention has been paid to issue of trauma from couples' perspectives (Nelson Goff et al., 2006; Schwerdtfeger et al., 2008), which can in turn contribute to research and clinical understanding the lived experiences of these couples. Therefore, the literature on the impact of trauma such as the sudden death of a child is still in its infancy especially when seeking better understanding of the causes and consequences of interpersonal and relational issues as a couple (and family) deals with this particular trauma.

The plethora of literature on trauma alluded to issues such as disconnectedness, disruption, and disintegration of family/couple relationships caused by trauma (Harkness & Zador, 2001; Horowitz, 1997; Johnson & Williams-Keeler, 1998; Mills, 2001; Nelson Goff, Crow, Reisbig, & Hamilton, 2007; Nelson Goff, Peterson, Berg, Williams, & Clark, 2006), while others report on the resiliency and togetherness that can also occur (Landau, 2007; Landau & Saul, 2004; Rubin & Malkinson, 2001; Walsh, 2003). However, in this qualitative study the focus is on trying to understand how the trauma of a sudden loss of a loved one can irrevocably alter the relationship of a primary subunit in a family system. Specifically, by exploring couples' relationships following the

traumatic loss of a child, the goal is to gain a more in-depth understanding of this topic by examining the rich description of the experiences of the couples in this study.

Definition of Terms

The following are descriptions of terms that are used in this study:

Trauma: The trauma that is used in this study is in reference to psychological trauma. It is an experience in which an individual perceives an event to be traumatic or the individual subjectively experiences a threat to life, bodily integrity, or sanity (Pearlman & Saakvitne, 1995). Pearlman and Saakvitne also define it as an enduring condition in which the individual is overwhelmed by his or her ability to integrate the emotional experience. The circumstances of the event can include abuse of power, betrayal of trust, entrapment, and, as in the case of this study, the feelings of helplessness, pain, horror, confusion, and loss. Trauma is also extensive enough to incorporate one-time events such as a natural disaster, enduring events such as incest or other situations of long duration or chronicity, or a combination of both such as the sudden death of a child. Psychological trauma can also mean wounding that occur due to an intrusion or breaking-through of a hypothetical stimulus barrier. This can also mean an incision in the person's life course or a break in an existential sense. Sar and Ozturk (2005) defines trauma as a threatening experience and a socio-psychological process that goes beyond the traumatic event to include the process being turned from adaptive to a maladaptive one. Thus, in the social dimension, trauma refers to a change, suspension, or even ceasing of what was before the loss of a sense of belonging. Thus, trauma is defined in the study in terms of

the individual perceiving the event as traumatic, having issues with integrating with the emotional wounding and experiences, and/or the maladaptive nature of the process.

A Child: The definition of a child can vary from geographical area to another and in different context (Jha, 2009). According to Raman (2000), the experience of childhood is socially constructed as a result of a complex interplay of historical, social and cultural factors. Though literature suggests that the age of the child is irrelevant to the grief process of the parents (Rando, 1993), the deceased children whose parents are participating in this study will range in age from birth to late teen. Thus, a child is defined in this study as anyone who is 18 years old or younger and under the care of the parents. This also means that the couples that will participate in this study should have had an active role in the child's life.

Sudden Death: For the purpose of this study, Straub's (2001) definition of sudden death will be used. This type of death is seen as one that occurs suddenly or unexpectedly. Thus, the children whose parents are participating in this study are ones that died instantly or succumbed to some fatal harm that occurred within a period of three days. Walsh (2005) defined a sudden and unexpected death as any type of death that was not caused by or anticipated to be caused a known or prolonged illness for which the child was under a physician's care at the time of death. This type of death in children, especially infants, is usually not anticipated as a significant possibility 24 hours before the death (Fleming, Blair, Bacon, & Berry, 2000). Sudden death of a child can be due to several different factors including the result of accidents, Sudden Infant Death Syndrome (SIDS), homicides, suicides, and undetermined circumstances or unexpected health reasons such as infection or congenital malformation.

Grounded Theory (GT): According to Corbin and Strauss (1990), grounded theory is a methodological approach that is used in a research to systematically examine qualitative data while generating a theory. Concepts used in GT include categories, codes, and coding with research steps that include data sampling, data analysis, and theory development. The procedures of GT are designed to generate strong well-integrated set of concepts from the data to describe and explain the phenomenon being studied. Data analysis begins with the first interview and memos (theorizing written ideas about concepts that are emerging and how they relate to each other) and hypotheses are being generated from the beginning. Thus, grounded theory's end result would be a theory of why something occurred, not solely a description of what occurred.

Overview of the Study

The sudden death of a child can be a very overwhelming and painful event for the family members, especially the parents. Sudden loss of a child, perhaps due to violent circumstances, can present unique challenges that can become more traumatizing for these parents more than for parents whose children did not die suddenly (Murphy, Johnson, & Lohan, 2002). The ongoing difficulties encountered can seriously affect the coping mechanisms for the family members and most especially for the couples. Sanders (1980) found that out of the different kinds of losses, adults are more likely to have a higher intensity of reaction and grief to the death of a child. The loss can be so remarkable and unexpected that it changes the couple's relationship. There is an intense stress for the parents and they are faced with dealing with possible physical and psychological difficulties that will test their functioning and coping resources. Many of

these grieving parents are not as equipped to deal with the intense grief that is unexpected, insidious, and possibly unending. Some marital partners may become emotionally alienated from one another or become indifferent toward their marriage or relationships whereas others' connections are likely to grow stronger as they support each other through the grieving process (Barrera et al., 2007; Bohannon, 1990; Gottman, 1994; Rosenblatt, 2000; Schwab, 1992, 1998).

Grief and bereavement literature have focused on studying the effects of the death of a loved one on family members (Wijngaards-de Meij et al., 2008). Some have looked at areas such as gender differences on the coping styles of the parents (Schwab, 1996), impact on family members' functioning (Lohan & Murphy, 2007), and the effect on general wellbeing or on one specific area such as the sexual relationship of the couple (Hagemeister & Rosenblatt, 1997; Nelson Goff, 2006). Green (1990) found that the circumstances surrounding the sudden death of a child can produce different adaptive challenges for the bereaved parents such as psychological and physical distress and marital issues. Some research findings have also indicated that couples who lost their children are a highly vulnerable group to health problems and affective disorders (Li, Laursen, Precht, Olsen, & Mortensen, 2005) and have higher mortality rate than their non-grieving counterparts (Li, Precht, Mortensen, & Olsen, 2003). The death of a child can also lead to emotionally drifting apart from each other which may possibly lead to separation or divorce (Dyregrov & Dyregrov, 1999; Schiff, 1977). To many couples, the trauma of losing a child will bring about many negative emotions that are associated with loss such as guilt for not protecting the child (Gilbert, 1997) or living longer than the child (Wheeler, 2001). Though the tragic sudden death of a child can significantly affect

the couple personally and within their relationships, many of the family and relational studies conducted on this area have focus mainly on the effects of the death and associated symptoms on individuals.

The majority of research studies and clinical work has focused mainly on grief issues with these couples, with less attention given to understanding how and why these problems penetrate and alter the couples' relationships. Clinical studies focus mainly on treating the symptoms associated with bereavement. Neimeyer (2001) pointed out that previous grief work was mostly done by using the understanding of bereavement in predominantly symptomatic, stress-oriented, and pathological terms. Some treatments then took on the uncomfortable role of assimilating dominant psychological theories such as psychodynamic and cognitive-behavioral to come up with interventions such as "cognitive coping strategy" for dealing with bereavement stress. Though the field of Marriage and Family Therapy (MFT) emphasizes on systemic approach to conceptualizing and working with clients (Rigazio-DiGilio, 2000), there appears to be a need for Marriage and Family Therapists (MFTs) to further investigate the impact that the trauma of losing a child tragically can have on the couples' relationships especially using the couples' experiences. As much as it is important to study grief and bereavement among couples, this study seeks to further examine how parents who have experienced the sudden death of a child report on the impact of this trauma on their couple relationship.

The following is the outline of the subsequent chapters in this study. Chapter one will be the overview, objectives, and rationale for this study. In chapter two, there will be a presentation of the conceptual framework that will guide the study. Chapter three will

be devoted to the review of the literature and the research relevance to the topic at hand. This will lay the background to the analysis and interpretation that will be made with the later in the study. In chapter four, there will be a detailed presentation of the methodology, procedure, instrumentations, and analyses for the study. This will be followed by chapter five which would have the presentation and discussion of the results found in the study. Finally, in chapter six, the conclusion that includes the limitations and the potential contributions of this study to theory development, future research, and clinical practice will be outlined.

Objectives

There is a large body of literature that has examined parent's psychological anguish and bereavement issues following the sudden death of a child. Instinctively, it does make sense to imagine that each traumatized parent would have serious mental distress and there will be some disruption of individual and family functioning. Nevertheless, it appears that few studies have done regarding the effect of the trauma felt by these parents on their relationship as marital partners. Much of trauma and profound loss studies focus on individual symptoms (Prigerson & Jacobs, 2000; Slaughter, 2005) with very little attention to examining the impact on the partner's relationship satisfaction or other aspects of their relationship functioning.

Some of the studies have focused on identifying and treating the psychological concerns and in the outcome of the family functioning following the trauma. For instance, Li et al. (2005) found that bereaved parents are more at risk than non-bereaved parents to have severe affective disorders and being hospitalized. Sanders (1980) also

found that as a result of different kinds of losses, adults are more likely to have a higher intensity of reaction and grief to the death of a child. There is an intense stress for the parents and they will have to deal with possible physical and psychological difficulties that will test their functioning and coping resources. For many, if not all, of these parents, recovering, acclimatizing, and adjusting to such life-altering loss becomes a life-long and sometimes painful process (Moules, Simonson, Fleiszer, Prins, & Glasgow, 2007).

Many a times, the death of a child may bring about other concerns and losses for these parents. This may include their hopes and dreams for the child and themselves as parents, parent-child relationship issues with any other children they may have, and functioning difficulties for themselves and the family as a whole (Dyregrov, Nordanger, & Dyregrov, 2003; Rubin & Malkinson, 2001; Rosenblatt, 2000). The couple may start experiencing problems with their life outside their family including work and social network. Also, they may not be willing to utilize any resources available to them or may not know how to access those resources. The outcome of the grief may also affect different aspects of the parents' relationship as a couple and may be implicated in many of these couples' divorcing (Das Gupta et al., 1999; Dijkstra & Stroebe, 1998; Lehman, Wortman & Williams, 1987).

Given that the death of a child is a significant traumatic event in the lives of these couples, research on how and why this trauma has impacted the couples' relationship is rather limited. Though significant research has been devoted to grief, loss, and interventions issues, there appears to be a scarcity of studies that have looked at a comprehensive nature of the issues that arise from the loss of a child on couples'

relationship. Even when grief resolutions include the effect on functioning and relationships (Oliver, 1999), some researchers tend to overlook the bigger picture of identifying and trying to understand the evolving and enduring alteration to the couples' relationships. Thus, this study seeks to present information about the impact of the trauma of the sudden death of a child on the relationships of couples using qualitative methods such as individual and couple interviews. This is done by exploring the adjustments or changes in couple relationships as experienced and reported from the perspectives of the participants in this study.

Rationale

Relatively little is known about the impact of the trauma of the sudden loss of a child on couple's relationship. Though bereavement research has focused mainly on the grief effect on individual family members and impact on family functioning (Rosenblatt, 2000), it is important to understand how dealing with the shared stressor can affect the couple's relationship. Thus, this study seeks to provide in-depth information about the impact of the sudden death a child on couples' relationships. Perhaps, by understanding the individual, and especially the shared perceptions, meanings, and language that exist within a couple's system when dealing with such trauma, important empirical information about why couples' relationships grow stronger or fall apart may be gained. This can also be beneficial to research and clinical practice of MFTs by being able to have more clearly articulated services and preventive strategies that can be beneficial to these parents and the community as a whole.

Furthermore, review of the literature suggests that some factors can affect the impact of losing a child on the parents (Rubin & Malkinson, 2001). For instance, it has been found that gender differences may determine the way that each parent is affected (Polatinsky & Esprey, 2002; Vance et al., 1995, 2002). A study by Hagemeister and Rosenblatt (1997) also looked at the connection between the death of a child and the sexual relationship of a couple. Oftentimes, it is also found that the effect of losing a child is compounded by other stressors that the couples already have prior to this trauma and the stressors such as financial concerns that come with not only losing their children but also the burial (Oliver, 1999). Although the death of a child can affect individuals in so many different ways, oftentimes many different combination of issues can come together to alter the relationship between these couples as they go through this shared experience. When this area of concern continues to be unrecognized by the couples and even the mental health professionals whom they may have sought help from to deal with their grief, there is an increasing likelihood of relationship problems. Thus, this study will contribute to knowledge in the empirical literature and further inform clinical practice about the effect of such loss on couples' relationships.

There are also some potential ethical implications of interfering with the lives of the bereaved participants in a study such as this one (see Balk, 1995; Coyle & Wright, 1996). Rowling (1999) and Coyle and Wright, in their studies, found that participants in research that deal with sensitive topics such as grief and loss have found it to have some therapeutic function in the interviews. Though there may be some potential for the participants to be further traumatized (Hutchinson & Wilson, 1994), the study will give the participants the opportunity to recognize some of the ways that the sudden death of

their children has affected each person individually and also how their trauma may have reshaped their relationships. The interview may also be cathartic for some of the participants as it may be the first time that they may have been able to voice their loss and its effect on them and their relationships. Thus, it may allow them to recognize their strengths and limitations and possibly seeking appropriate professional help if needed. Participating in this study may also help identify those factors that affected individual and relational resiliency, whether resources were beneficial, and what other protective factors assisted the couples through their grief. Studies have shown that there can be some benefits in having a shared sense of community for individuals who experience the loss of a loved one (Hiltz, 2001; Janowiak, Mei-Tal, & Drapkin, 2001; Tonkins & Lambert, 1996). By giving these couples the voice to identify the impact of this type of trauma on their relationships, this study will inform future research in grief and couple relational functioning. It will also contribute to a greater knowledge base from which MFTs can draw to improve diagnostic and therapeutic interventions gathered while identifying specific needs that may exist within this population.

CHAPTER TWO

THEORETICAL FRAMEWORK

> "Think often of the bond that unites all things in the universe, and their dependence on one another. All are, as it were, interwoven, and in consequence linked in mutual affection. . ." Marcus Aurelius (*Meditations* VI, 38)

This study will examine how and why the trauma from the sudden death of a child can affect a couple's relationship. Research studies (Barrera et al., 2007; Parkes, 1998; Spooren, Henderick, & Jannes, 2001) have shown that there is a significant parental mental and physical distress following the sudden loss of a child. These studies show that it is likely that couple relationship would go through some changes due to the distress reported by the individual parents. In this study, a view of the systems theory (von Bertalanffy, 1968) and cybernetics (Bateson, 1972) will be used as the overarching theoretical frameworks. Gregory Bateson's anthropological contributions beginning in the 1920s and 1930s influenced the early days of cybernetics (a systems idea), during his work with the Macy conferences, influenced and served as inspiration for first and second waves of systems theory (Bale, 1995).

The general systems theory of Ludwig von Bertalanffy described and extended the work that started on systems theory in the 1930s and 1940s, enabling systems thinking got to be recognized as a model effort at scientific integration and theory formulation within different disciplines (Laslo & Krippner, 1998). This led to different systems models including the one that sees the world not only as whole but also as a complex interrelationship. The development of systems ideas (for instance cybernetics) and the application of these concepts within an existing discipline like psychology and

family systems therapy (Laslo & Krippner) contributed to better understanding of the commonalities and connections between relationships and groups such as with couples and families.

Systems theory provides a useful framework to study couples in that a couple's relationship can be observed as a networking system of interacting patterns, roles, rules, and communication. The theory proposes that individuals cannot be understood in isolation from one another since an individual is part of different systems (Bengtson et al., 2005; Constantine, 1986; Whitchurch & Constantine, 1993). Hence, families and couples are systems of interconnected and interdependent individuals and need to be understood in connection to the systems. This theory is a relevant framework in that it provides a useful lens for viewing the shift that may be seen in a couple's relationship due to the impact of the trauma of their child's death. Systems theory, in general, tends to bring to the mind the concepts of interdependency, totality, unison, stability and continuity. It also brings about the realization that people affect and are affected by each other. Thus, people grow and find meaning in life as they interact with one another as members of systems, families and communities (Bengtson et al.; Whitchurch & Constantine).

In a system, when one part is affected, the other parts of the system will be affected too (Felmlee & Greenberg, 1999). Thus, when parents suddenly lose a child to death, they are not only affected individually. The impact of the trauma also affects their spouses, their relationships, and other systems such as their families and work environment in which they exist. These parents are engaged in their relationships as a couple with all the changes and challenges that are associated with it. Thus, the trauma

of the death of their child becomes a shared experience. Systems theory helps provide a basis for understanding these couples' abilities to adjust to the changes and challenges of dealing with the death. For instance, the sudden death of a child may necessitate changes in roles and relationship between the couple.

Gilbert (1997) noted that couples who are grieving the death of a child tend to exist in an interactive system of confirmation and disconfirmation and they may hold different views in terms of the cause of death. They are likely to blame self and each other, grieve in different ways and levels, and may cope differently. It is also likely that they may not be able to communicate these issues with each other, which may contribute to them not being able to or know how to provide each other with mutual validation and support when needed. This may also lead to being present physically but absent psychologically (or vice versa) to each due to being overcome with own distress. By pointing out the changes that relationships constantly go through and how systems need to exchange information in order to understand their internal and external environments, systems theory also stresses communication patterns, actions, and reaction that create and reinforce a systemic environment (Blom & van Dijke, 2007; Mikesell, Lusterman, & McDaniel, 1995; Olson, 2000). Thus, when there is a problem within a couple unit, the system may resist change because individual partners preserve own emotional balance.

Family rules may be assessed by a couple and are amenable to change (Satir, 1988). The couple may also inadvertently set up rules and patterns for themselves that are not working very well especially in light of the trauma they have suffered. Sometimes each partner may be demanding too much of the same thing from the other's service, protection, care. The couple may sometimes adopt complementary roles (Epstein

& Baucom, 2002; Moultrop, 2005). For instance, the husband can become emotionally distant while taking charge of the family functioning, whereas the wife may become very depressed and ineffectual within the home. Thus, the husband, who may become overbearing and emotionally distant, responds to his dependent or melodramatic wife by becoming more overbearing. The overbearing (or overprotective) husband may feel that the wife is not fully capable and need to be sheltered whereas the wife may feel stifled or loss sense of self-efficacy.

Systems theory often employs the concept of the communication bind, a situation that results when a couple sends mutually contradictory messages to each other (Bateson, 2005; Bateson, Jackson, Haley, & Weakland, 1956). This is often seen with one partner sending the messages in words while the other uses silent communication of emotion. The partner is likely not to acknowledge the contradiction or respond to the underlying intentions which then maintain the double bind in the relationship. An example would be in the case of a couple who is struggling with the effects of the death of their child. A very depressed wife may ask the husband for comfort and intimacy but then stiffens at his approach. When the husband withdraws, she may become upset and sees him as being cold and uncaring. The husband is likely not to respond to the accusation in order to maintain peace. Eventually couples who are communicating or failing to communicate in this way find it difficult to say what they mean, understand what the other person means, or even distinguish real from simulated feelings.

Another example showing communication bind might be that a wife who has to be strong in order to continue to take care of the household is constantly angry at her passive husband, whose passivity only increases. The couple may not even understand

the function of their contributions to their relationship problems. The passive partner might learn about his need to suppress rather than productively express anger or sadness. That might only be the way he learns to function following a child's death in order for the family to go on. The behaviors of some of these couples may be a way that helps them cover their own sense of helplessness and intense guilt. An emotionally distant husband might be more comfortable in that role instead of confronting his overwhelming emotion, whereas, a wife's dependence might be a way for her to avoid managing her own anxieties. To make matter worse, the couple is likely not to be communicating well (Heylighen & Joslyn, 2000) while their problems and behaviors continue to take deeper roots into their lives and within the couple and family systems.

With the trauma of the death of a child comes an intense stress on each parent which in turn can put strain on the couple system. As different challenges and changes are brought about by the grief, the couple may try to adjust to a certain level of functioning in an attempt to maintain stability (Olson, 1991; Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). Their roles as parents and partners may need to change to meet the needs of all involved and they may have to renegotiate their interaction patterns with each other and with other systems. If the balance in the couple's relationship is threatened, then the family's homeostasis can be vulnerable as well. A couple is faced with the dually stressed role of coping as the physical and emotional providers of support to each other (and to the family) and as needing support to cope with the trauma (Rogers et al., 2008). Different couples respond to and cope with the death of their children in different ways (Lohan & Murphy, 2007). It is worth noting that it is within these intimate relationships that coping efforts are shaped. Through the time of dealing with the effects

of the trauma, there are likely to be efforts made within the couple system to adapt and redefine roles that may help the couple (and family) feel like they are regaining order and balance.

Another system-focused theory that applies to this study is the Circumplex Model which integrates three vital domains of marital and family systems: cohesion, flexibility, and communication (Olson, 1991). Thus, this midrange theory uses family cohesion, the degree of the emotional bonding, family togetherness and adaptability, and the flexibility of the family members to change roles, rules, and power relationships in response to stresses to the family to describe the different types of marital and family systems (Olson; Olson, Sprenkle, & Russell, 1979). Cohesion focuses on the functioning structure (roles and patterns) of the couple/family unit, whereas adaptability can be used to assess its process (regulatory actions, control, and communication functions). There is also the ways in which the couple/family express emotions especially as seen within the communication patterns, and the couple/family's attitude about itself (family pride) especially in relations to the outside world (Grotevant & Carlson, 1989). Thus, by examining the overall level of togetherness, emotional bonding, adaptability, attitude, and communication patterns of the couples who are dealing with the sudden loss of their children, we can also better understand how this tragedy can affect the quality of their relationship. This also means that the circumplex model extends systems theory of seeing couple's relationship as a networking system to show what is really happening within the systems especially when presenting with different issues such as dealing with the sudden death of a child.

The Circumplex Model's premise is that "couple/family with balanced cohesion and adaptability will generally function more adequately across the family life cycle than will those at the extremes of these dimensions" (Olson et al., 1989, pp. 66). The model projects the likelihood that couples with balanced levels of cohesion and flexibility will function better and have more positive communication skills than couples with extreme levels. This means that the structure of the couple/parenting unit can be characterized on the area that it falls in the cohesion and adaptability spectrum. Thus, couples that report moderate levels of cohesion and adaptability are more likely to function higher than those who have extremely high or low levels of cohesion and adaptability when dealing with the sudden loss of a child. When the couples are located in the middle of the cohesion and adaptability dimensions, they are considered to be balanced, thus they are more likely to be supportive, open to new ideas and opinions, sharing responsibilities, flexible in their roles, spend time together, and are more likely to take care of each when faced with trauma. On the other hand, the couples can be extreme in cohesion and adaptability which, when faced with adversity, they can be rigid, more individualistic, and have difficulty in exchanging opinions or openly and freely sharing emotions and thoughts (Olson & DeFrain, 1994).

Olson and colleagues (1989) noted that balanced couples or families, when dealt with situational stress (such as the sudden death of a child) and developmental changes, will change their cohesive and adaptive nature whereas extreme families will fight the change over time. Thus, couples considered balanced units are able to change because they have more variety in their behavioral ranges and are more flexible and use more positive communication skills when compared with extreme families. This suggests that

couples who can better adapt their roles and patterns, communicate well, and better cater to their relationship are affected by trauma are more likely to adapt and manage the effects of the stressors better than those who did the opposite things. These couples are also flexible enough to roll with changes that may occur without buckling to the stresses. Unbalanced couple and parenting systems will have a harder time changing from their extreme structure to adapt to the change or impact of trauma, which in turn will contribute to the stress (Olson, 1993; Olson, Sprenkle, & Russell, 1979).

Spousal or partner support has been found to be beneficial in dealing with stress of trauma (Beach & Gupta, 2006). Some studies (Cohen, Underwood, & Gottlieb, 2000; McGuire & Kiecolt-Glaser, 2000; Uchino, 2006) have demonstrated that even on the physiological level, several body systems like cardiovascular and endocrine systems are affected by social support. Groth, Fehm-Wolfsdorf, & Hahlweg (2000) also found that marital status and social relationships affect health in general. Family cohesion and active involvement with family, friends, and religious or social organizations are very important coping resources. Within a couple or family system, there is normally a need to maintain a steady, stable state. But when changes and challenges come, the system is faced with the static pressure of maintaining stability or the innate pressure to make adaptive changes in the systems (Olson & Gorall, 2003). The way that the system responds to these stressful pressures will likely determine if the system will fall apart or move towards an appropriate state of order and balance. Thus, whether or not the couple demonstrate resiliency in the face of the trauma of losing their child can be instrumental in how their relationship survives the trauma.

An advantage of using systems theory is that it has a lot to offer to the understanding of relationships. It is also primarily used to point out how people in relationships can try to cope with turmoil and changes both inside and outside. It also allows for researchers to look at larger pictures, patterns, and networks of relationship. It is easy for grief and loss or couples therapists to work with bereaved couples without understanding of the systemic needs of these couples. Systems concepts can be used to better understand the pain, chaos, awkwardness, and risks that are foreseeable and important for relationships to grow over time. By understanding the systems concept, there can be an understanding of how relationships can get out of balance and become unhealthy especially when dealt with some traumatic event.

CHAPTER THREE

REVIEW OF THE LITERATURE

Traumatic Life Experiences

Traumatic life experiences can range from unemployment of a bread-winning family member to divorce, a life-threatening illness, or even the death of a family member. Any of these events can have major negative effect on familial relationships and the unit as a whole. For instance, divorce has been found to not only affect the couples and children in the family but it is also associated with strains or changes that are seen with the relationship bonds within the family such as co-parenting, parent-child, and even sibling relationships (Amato, 2000; Malcore, Windell, & Seyuin, 2009; Milevsky, 2004). Parents may become impatient and less available emotionally and physically due to the strain of the divorce, whereas the children may act out or pick sides due to being angry and distressed by the divorce (Ahrons & Tanner, 2003; Amato & Booth, 1996; Kelly, 2000; Milevsky, 2004).

When a traumatic life event occurs, there may be some concerns about how family members are able to express or conceal information (Lutz, Hock, & Kang, 2007). This is important to understand in terms of how some people in families respond to family life events. For example, depending on the rules, coping, and communication patterns within a family, the parents may have certain schema for organizing, interpreting, and releasing information that they share within the family, and even outside the family systems (Pearson, 1989). The family can also be a resource exchange system in time of distress. Family members are likely to seek those that they have good relationship with in order to feel secured and for self-confirmation especially in times of

trauma. Individuals may feel different things when going through trauma, ranging from feeling depressed to being powerless and dependent on others. Depending on the functionality, communication patterns, and coping styles within a family, the system can respond in certain ways to changes and adaptability in the face of crisis (Lohan & Murphy, 2007; McCubbin & McCubbin, 1988).

The Impact of Trauma on People's Lives

When trauma occurs in people's lives, it is likely to be very stressful and probably life-changing. A significant loss not only has consequences for the individuals, but can also affect the systems and those in close relationships with the individuals (Mills, 2001). There are some major concerns that may arise when people suffer a significant trauma in their lives. These include having symptoms of avoiding thoughts, feelings, and sensations that are associated with the trauma (Bonanno, Wortman, & Neese, 2004; Pettit & Joiner, 2006; Ullman, Townsend, Filipas, & Starzynski, 2007). Thus, by avoiding reminders of the trauma (and possibly treatment), these individuals may feel that they are in control of their grieving and can continue with their functioning. In many cases, prolong avoidance may lead to secondary symptoms (such as depression and severe anxiety), especially when troubling and disabling reminders cannot be avoided or there is a post-traumatic re-experiencing of symptoms (Orcutt, Pickett, & Pope, 2005; Tiet et al., 2006).

Some researchers (Greenwald, 2002; Marsee, 2008; Moretti, Osbuth, Odgers, & Reebye, 2006; Vernberg et al., 1996) have found that another issue that may arise from suffering a traumatic life event is when individuals are out-of-character and become

aggressive toward themselves or toward others. This can be as a result of their becoming frustrated when they are unable to control the post-trauma symptoms or regulate their own emotions. They may feel that the symptoms are controlling their lives or that the trauma happening to them was unfair. They may not know how to cope with or express such severe symptoms or even their angry feelings. The anger and aggression may affect their functioning and relationships with others (Kalichmari, Gore-Felton, Benotsch, Cage, & Rompa, 2004; Williams, 2006). Some individuals may feel guilt or shame for the trauma happening and may even blame or second-guess their part in the trauma (Ullman, Townsend, Filipas, & Starzynski, 2007). This may happen as they are trying to make sense of their experiences and may not really have someone else to hold accountable for the trauma. For instance, some parents who lost their children to neighborhood violence, instead of blaming those who killed their children, will blame themselves (or each other) for having their family in a bad neighborhood, for not protecting their children, and even for allowing them to go outside their homes at a certain time (Ullman et al.). Self-blame can also cause distress for these individuals especially when the media and others place some responsibility on them for the trauma. Unfortunately, this may further strengthen these individuals' hesitation to reach out to others or to seek appropriate help (Pettit & Joiner, 2006; Rayburn et al., 2005; Ullman et al.).

Many people who go through trauma may have serious problems in their relationships with others close to them (Broman et al., 1996). This may be due to not feeling close or trusting of these people especially if they blame them for somewhat causing the trauma. They may feel detached from others especially when they do not want to or not know how to expressing their feelings and pain. They may feel

overwhelmed and numb, thus, they may have a hard time putting energy in their relationship with others. When this happens, their relationship with others suffers especially those close to them, such as their spouses and their children. They may start avoiding contacts with others such as family dinners or other social events and family gathering, especially if such events remind them of the trauma or may create tension in the relationships (Aoun, 2004; Stroebe, Hansson, Stroebe, & Schut, 2001). Primary symptoms of the trauma, such as depression, may even affect these individuals' interests and participation in the pleasant and fun things that they use to do (Gil-Rivas, Prause, & Grella, 2009; Gudmundsdottir, Beck, Coffey, Miller, & Palyo, 2004; Sattler et al., 2006). The withdrawal can lead to loss of support, friendships, and intimacy, which may in turn worsen the symptoms that are afflicting the individuals.

Many individuals affected by trauma do have problems with their identities especially when the effects of the trauma have changed important aspects of their lives (Berntsen & Rubin, 2007; Curtiss, Klemz, & Vanderploeg, 2000). Some of them are likely to struggle with survivor's guilt or they may question their own reactions during and after the trauma. Their roles and way of life may also drastically change following the trauma. This can be seen when an individual is no longer a parent due to the loss of a child or an individual who has becomes divorced after a breakup. Some individuals will feel permanently damaged as a result of the trauma and this may affect their self-esteem and general quality of life. They may also feel that they are not good for anyone including their spouses, children, or social group (Barrera & Jovcevska, 2006; Li et al., 2003; Moules, Simonson, Fleiszer, Prins, & Glasgow, 2007).

Some individuals may have significant health and psychological problems following the trauma (Gudmundsdottir et al., 2004; Sattler et al., 2006). These can be caused by prolonged physical agitation or arousal from anxiety. They are likely to avoid medical care and turn to certain habits to cope with the post-traumatic symptoms. They may begin to abuse alcohol and drugs and those who take prescribed medications for health problems may even begin to abuse them in order to avoid the emotional and physical turmoil of dealing with the symptoms. Using substance abuse to cope with upsetting trauma symptoms may lead to more problems for these individual such as relational or employment concerns (Li, Precht, Mortensen, & Olson, 2003).

Dealing with the Effects of Trauma on a Family

As mentioned above, traumatic experience within a family can affect the psychological health of one or more members of the family and can lead to several symptoms, such as depression, anxiety, sleep disturbance, or even guilt which may become straining on family relationships (Berntsen & Rubin, 2007; Dikjstra, 00; Moules et al., 2007). This may in turn affect dynamics within the family, including communication, intimacy, sense of trust, and the overall sense of psychological well-being for family members and the family system as a whole (Boss, 2002). When there is a lack of social support in a family, members are likely to be more negatively affected by traumatic life events. There can also be gender and power differences in terms of the impact of the traumatic event and the coping behaviors seen with different family members (Anderson & Imle, 2001; Lewis, 2001). There is a biological component to the differential trauma responses of men and women due to hormonal reasons (Mueller,

2005), though a clear biological difference between the sexes is still unknown (Rasmussen & Friedman, 2002). Gender role norms can also play a part on how men and women response to, and display emotional expression when dealing with trauma; it is more acceptable for women to be more expressive of negative and inward focused affect than is allowed of their male counterparts (Pierce, Newton, Buckley, & Keane, 2002). Consequently, when faced with families who have been exposed to such major traumatic events, MFTs should seek to understand not only the symptoms being presented but also the role of the trauma in the family system, dynamics, and relationships in order to fully work with the family. They also have to understand that some serious issues may emerge while working with these families and it is important to know how to deal with any concerns that come up in therapy.

The impact of trauma on a family system can lead to the family members coming together to support each other, disconnecting with each other, or being impulsive in their behaviors. The family members may also become too involved with each other's well-being (enmeshment) which can lead to emotional constriction and discord within the family and identities entangling in unhealthy ways (Olson & Gorall, 2003) . Olson & Gorall also reported that on the other hand, some family members are too disconnected especially when they avoid sharing their emotions, experiences, and stress about the trauma in order to save each other from the pain of their trauma. The family members may also start exhibiting impulsive behaviors that will lead to confusion in the family. By not genuinely dealing with the pain of the trauma, these family members may start acting out, blaming each other for other things, becoming angry and abusive, emotionally abusive, fighting and arguing a lot especially with minute problems, and even taking out

the pain on themselves such as cutting and sexual promiscuity. These family members can have deep emotional wounds but become efficient in joining together to avoid more pain by not causing problems all over again (Olson & Gorall). Thus, when, for instance, the father begins to abuse alcohol and yelling at the children, the mother may come up with ways for her and the children to not get in his way and excuse his behavior because of the pain of the trauma. Family members may start tiptoeing around a bedridden, depressed mother one year after the loss of her child while pretending everybody else is doing well so that she will not worry about them too.

As a result of these ways of dealing with the trauma by the family, the effects of the trauma continue to be deep-rooted within the family and may start to erode its functional systems. It may even become like a bomb that is at risk of exploding when nudged and may affecting many things about the future of the family and its members. Family members who may want to deal with the issues may be cutoff, those that act out may become scapegoats or black sheep to distract the family from the real problems (Nichols & Schwartz, 1996). Some of these deep-rooted problems may severely damage the family members' own relationships and may even be passed down to future generations.

The Impact of Trauma on Couples

When couples who have suffered a traumatic life event seek professional help, there are usually some behavioral or relational problems that are affecting them and the family. Trauma can change a couple's relationship as well as the structure of the family. There can be shifts in roles, changes in responsibilities, and possible gaps that may need

to be filled in the family (Appleyard & Osofsky, 2003; Lohan & Murphy, 2007). For instance, Hodges (1993) discussed the transition that a family had to experience following the trauma of a car accident that the family was involved in. With the son being in coma for the rest of his life and having to be taken care of round-the-clock at home, the family had to go from reacting in a crisis to proactively reorganizing their family life, roles, and responsibilities to incorporate a member with a chronic illness and establish a new homeostasis for the family. When trauma occurs, the couple system is likely to be the one that the emotional resources and the overall stability of the family depend on (Halford, Lizzio, Wilson, & Occhipinti, 2007). The way that the couple copes individually and as a unit can be based on factors such as cultural and religious beliefs, support systems, previous experiences with trauma and social economic status. Other factors can also include age, couple and familial roles, the type of trauma, as well as other unresolved issues that may exist between the couple and within the family system (Keesee, Currier, & Neimeyer, 2008).

As mentioned earlier, the effects of the trauma can cause the couple to realign roles, develop new identities, and work on re-establishing balance in the family (Shapiro, 1996). This may be difficult for many couples especially when there are other factors complicating the process such as financial issues, the individual experiences of the trauma, or even being a primary support provider for the partner (Revenson, Abraído-Lanza, Majerovitz, & Jordan, 2005). There might also be some form of grieving that may come with different types of trauma. Separation, divorce, ambiguous loss, death, mental illness, and loss of financial, employment, or social status can also bring about grief for a couple and the family (Baker, 2001; Baum, 2006; Beck & Jones, 2007; Bills,

2003; Boss, 1999; Griffin, 2001; Mercer & Evans, 2006). The success or failure of the couple to deal with the effects of the traumatic experience is likely to affect not only their relationship but other relationships that they form and the ways that they will cope with future problems. Furthermore, the availability of the couple to each other and the support from other family members can also be important to how the couple deal with the effects of the trauma and in alleviating their overwhelming burdens.

Theories of Grief and Loss: Relational Implications

Several studies have been done on the issue of grief and loss culminating to different types of viewpoints and theories that are used to describe the diverse responses and coping mechanisms that people used to deal with loss. Many of these theories are been used in research and as guides in clinical work to better understand and deal with grief and loss issues. Kubler-Ross (1969) came up with a five-stage theory of grief that described the dying process. These are denial, anger, bargaining, depression, and acceptance. This theory has also been used when trying to understand the process that many individuals whose loved ones died go through (Kubler-Ross & Kessler, 2005). Bowlby and Parkes' (1970) theory of grief explained grief as a response to losing a relationship of attachment. Parkes (2001) also described phases of grief which extended Bowlby's (1969, 1973) attachment theory. These include numbness, yearning and searching, disorganization and despair, and reorganization. Though patterns of grief responses can be informative, it is still very important to understand the uniqueness of grief experience (Aiken, 2001; DeSpelder & Strickland, 2002; Felming & Robinson, 2001; Silverman, 2000). There are several factors that can contribute to the responses

that people have to loss including cultural and familial background, individual personalities, developmental level, relationship with the deceased, and availability of social support (DeSpelder & Strickland; Corr et al., 2000; Worden, 2002).

Worden (2002) and Rando (1993, 1995) identified some tangible ways of mourning and coping with loss. Worden's four tasks of mourning include accepting the reality of the loss, working through the pain of grief, adjusting to an environment in which the deceased is missing, and emotionally relocating the deceased and moving on with life. These stages allowed for better understanding of how people can adaptively cope with losing someone in a more action-oriented way. Rando also identified the six processes of mourning as recognizing the loss, reacting to the separation, recollecting and re-experiencing the deceased and the relationship, relinquishing the old attachment to the deceased and the old assumptive world, and readjusting to move adaptively into the new world without forgetting the old, and reinvest.

Freud (1917) also wrote on the issue of grief and mourning. He emphasized that people are likely to be stuck mourning because of the attachment that they have formed with the person that died. It is then important that the individual heal and move on to other relationships by cutting off the emotional ties from the person who died (Baker 2001; Bowlby, 1980; Bonanno et al., 2005; Doran & Hasen, 2006; Silverman, Nickman, & Klass, 1996; Worden, 1991). When an individual seriously deviates from these observed patterns of grief and loss responses and processes, there may be some concerns for possible pathology such as being in denial or avoiding the issue of death or abnormally reacting to the loss (Kalich & Brabant, 2006; Wortman & Silver, 1989). These may lead to other problems that may obscure the grieving process such as

maladaptive, unresolved, or prolonged grief (Bonanno et al., 2005; Turner, Weiling, & Boss, 2002). On the other hand, some postmodern approaches to grief and bereavement work encourage the bereaved individual to continue to maintain the relationship with the individual who has passed in order to better process the grief issues (Hedtke, 2002; Hedtke & Winslade, 2004).

Some of the grief and loss processes can have implications for relationships in that there is usually a need for the individual to redefine self and relationship with others following a significant loss. Grief states may appear in bereaved individuals in different ways and lead to a predictable consequence in terms of the loss of a close relationship. The loss of different levels of relationships (such as parent-child) can lead to different levels of grief response. Weiss (2001) noted that because work relationships are usually of serious emotional important, when there is a loss of such relationship, there is usually severe distress that is produced.

The Trauma of the Death of a Child

Death is inevitable. Just as life begins, so will it one day come to an end. Thus, it is likely that everyone will experience people dying around them especially loved ones. The impact of death of a loved one on surviving family members have been extensively studied (Amour, 2006; D'Epinay, Cavalli, & Spini, 2003; Raphael, 2001) but most of the studies focus on the impact of these loss following an anticipated or chronic illness (for example, Saldinger & Cain, 2004). Most research on the effects of sudden loss found that it is more difficult to cope with and is more likely to result in those affected having long-term physical and psychological problems. For instance, Murphy, Johnson, and

Lohan (2003) found in their study, that for many parents whose children died suddenly and violently (such as accident or suicide), their self-esteem play a major part in distress and traumatic symptoms reduction than specific coping skills. Mathews and Marwit (2004) also found that parents whose children died suddenly and violently are more likely to have negative views about fairness in the world and may have lower self-esteem than parents who children died following a prolonged illness. In addition to the devastation of experiencing the death of a child, many parents can be more affected if they felt that they are responsible in the sudden death of their children by means of something that could have been prevented, such as in the case of Sudden Infant Death Syndrome (Mohana, 2006).

Sudden Infant Death Syndrome (SIDS)

When an otherwise healthy infant under the age of one year old dies unexpectedly and suddenly and complete review of medical history, autopsy, and any other necessary investigation cannot determine any known cause, SIDS is usually diagnosed (Mohana, 2006; Willinger, James, & Catz, 1991). The definite cause of SIDS is still fully understood and ascertained, but some relationships has been found between SIDS and social background, poverty, prematurity, parental smoking, pre-existing symptoms of illness in the baby, and the baby's sleeping position (Vance, Boyle, & Naiman, 2002; Vance, Boyle, Naiman, & Thearle, 1995). Though the incidence of SIDS dramatically dropped in the 1980s and 1990s following campaigns that focused on educating people about placing babies to sleep on their backs to reduce cot deaths (Sidebotham, Fleming, & Blair, 2005), this type of sudden death of a child is still a reality.

The grief that the parents feel may show in different ways. Besides the grief of suddenly losing a child, some parents feel extremely guilty for either not preventing the death or possibly being at fault for it (Vance, Boyle, & Naiman, 1996). This can worsen if others, including their partner, blame them for the death (US Department of Health & Human Services, 2004). Some may feel angry or have serious physical symptoms from the grief, while others may suffer from severe psychological problems such as depression. If neglect is suspected to possibly contribute to the circumstance of the SIDS occurring, the parents are likely to be faced with the legal ramifications and the possibility of jail time (Foundation for the Study of Infant Deaths [FSID], 2005).

As researchers continue to work to understand more about SIDS and how to prevent it, studies are also being conducted to examine the impact that it has on those affected. Vance et al. (2002) conducted a study over a 30-month period with 194 mothers and 143 fathers who lost their infants to SIDS, neonatal death, or stillbirth to see if there is a gender difference in the impact of such loss. They found that the mothers had more anxiety and depression than control groups who had live babies at each assessment point (4 times throughout the study) whereas the fathers were more depressed and anxious than the control groups only at 2 months but also had significantly more alcohol use at 2 and 30 months. They also found that the bereaved mothers were significantly more depressed and anxious than the bereaved fathers, though when alcohol use was added as a part of the stress, no significant difference was noted. Vance et al. (2002) noted that this is also important to clinical practice in that there can be a possibility of gender difference in term of such couples and families in therapy.

Individual Differences and Impact of Loss on Functioning

Many bereavement researchers have focus their studies primarily on the immediate or short-term effects of the loss of a loved one. Many of the findings focused on the family members' immense personal distress, problems with daily functioning, and major disruptions in family cohesiveness (Goodenough, Drew, Higgins, & Trethewie, 2004; Stroebe Hansson et al., 2001; Parkes, 1998). This can be especially more problematic in accounting for parents who may not entirely allow themselves to completely go through the process of grieving in other to move on and take care of other responsibilities (Cook, 1988; Doka & Martin, 2000; Knapp, 1986). There are some individual differences that have been studied in how grieving parents respond to the trauma of losing a child (Guinther et al., 2003). Gilbert (1997) also found that when taking into consideration marital couple as individuals who are dealing with a child's loss in addition to being an interactive grieving system, it is better understood how these parents' assumptions, perceptions, and beliefs can also be affected as part of the "self" identity as well as part of the "partner' identity. Thus, the individual differences in experiencing these losses may create a support system or it may be an unsupportive and difficult atmosphere for these couples. Moriaty, Carroll, and Cotroneo (1996) found in their study that bereaved mothers tend to have more severity in their symptoms than the bereaved fathers and that bereaved couples have higher mental distress than a healthy non-patient norm group but lower than outpatient or inpatient psychiatric norm groups. Other differences were also found in how the grieving parents deal with the loss of their children. Cook (1984, 1988) reported that fathers tend to feel more responsible for managing the grieving of other family members, especially their wives. They also tend to

want to grieve privately whereas the mothers, who are more reminded of the child's loss from their routine, tend to want to discuss their feelings about the death (Koppelman, 2001; Martin & Doka, 2000).

Olson and Gorall (2003) described family adaptability in terms of the amount of changes that are seen in the family's leadership, role relationships, and the rules that govern these relationships. Thus, the focus of this adaptability for family system is to examine how it is able to balance stability and changes. By looking at family cohesion, emotional bonding formed between the couples and family members, a traumatic life event such as the death of a child can affect the couples' emotional bonding, boundaries, decision making, and general functioning as a couple and as parents can be better understood. Such stressful event can motivate the couple's (and family) relationship to change to another system type in order for them to adapt, though extreme couples/families will remain "stuck" in the unbalance system which in turn can lead to perpetuating further stress on the relationship.

The Personal and Relational Impact of the Death of a Child

The death of a child has a severe impact on the network of relationships within and beyond the family. The most affected relationships usually are those between the parents and also their relationships with any other children within the family (Stevens-Guille, 1999). The focus here will be on the individual and the relational impact of the death on couples.

Impact of the Death on Individuals

When a loved one dies, each member of the family responds differently. The death of a child is a life-changing traumatic event that takes physical, cognitive, and emotional toll on the parents. Physically, the parent's reactions may include fatigue, sleep disturbance, hyperarousal, and somatic problems. Cognitive effects may include not being able to concentrate, worrying a lot, and having intrusive thoughts and memory difficulties. Emotionally, the parent may feel shock, anger, helplessness, irritability, or a feeling of loss of control (Hecker, 2007). The parents' responses to this devastating trauma can be influenced by their life experiences, personality, coping skills, family and cultural background, age, gender, social support, and belief systems (Corr, Nabe, & Corr, 2000; DeSpelder & Strickland, 2002; Worden, 2002). A parent may feel severely wounded by the death of a child especially as children are usually seen as an extension of their parents. The parent may feel a sense of loss of self, meaning, and purpose in life (Gray, 2000). Some may even turn to serious substance abuse (Bendt, 2000; Doka & Martin, 2000; Gray) in other to suppress the pain or mask their depression. Out of their despair and urgent desire to be with the deceased child and to end their relentless pain, some parents may entertain the thought of death (Gray; Laakso & Paunonen-Ilmonen, 2002).

There is a wide range of potential repercussions of the trauma of losing a child on individual parents. Aho, Tarkka, Astedt-Kurki, and Kaunonen (2006) reported that though the death of child can bring both positive and negatives changes to the grieving fathers, they are more likely to also have mental disturbance, unemployment, and financial problems. Boelen, Stroebe, Schut, and Zijerveld (2006), in a study with

bereaved individuals (including those who lost a child) in the Netherlands, found a correlation between these individuals having some manifestations of continuing bonds with the deceased (such as memories or the deceased's belongings) and continued distress and there it is also a predictor of poor outcome over time. The result of a study conducted by Monk, Houck, and Shear (2006) showed that individuals, such as parents whose children died, who developed a debilitating reaction to the grief (also known as complicated grief) tend to struggle with simple daily life activities. They found that these individuals are more likely to neglect their social and active events (such as partaking in meals, going outside, and starting work) while increasing passive or solitary activities (such as taking naps and not having personal contacts with others).

In 2006, The Compassionate Friends (USA) researchers conducted a survey on the impact of the death of a loved one on individuals. They found that there are variety of distress seen in individuals and families. Individual reactions differ depending on the type of loss, the person's level of resilience, previous experience, time and timing of the death, individual and interpersonal characteristics, effect on external events, and social/cultural influences. The results of the survey concur with other studies (e.g., Dyregrov, Nordanger, & Dyregrov, 2003; Lewis et al., 2006; Murphy, Johnson, Wu, Fan, & Lohan, 2003) that have found similar results.

Other factors that can affect how individuals are affected by the death of a child include age of the parents and age of the deceased children (Li et al., 2005; Packman, 2006; Slaughter, 2005). There might be some differences in how each individual parent copes with death which can be an additional stress to the couple's relationship (Dijkstra & Stroebe, 1998). There are also gender differences found in how each parent deals with

the impact of the death of a child. Moriarty, Carroll, and Cortroneo (1996) reported that there are gender differences between the parents' psychological distress following the death of their children. They found that the mothers are significantly more likely to be psychologically distressed (including higher scores on somatization, obsessive-compulsive behaviors, depression, anxiety, phobia, and interpersonal sensitivity) more than the fathers. Mirowsky and Ross (1995) also maintained that women indisputably have more problems due to the effects of the trauma of death.

Wijngaards-de Meij et al. (2008), in their study suggested that men's adjustment process following the loss of a child is related to both their own coping strategies and their wives' coping strategies. Thus, if a wife is having a hard time orienting towards rebuilding her life (restoration-oriented coping), then the man is likely to have higher levels of depression and grief. On the other hand, results showed that the women's adjustment process does not relate to their husbands' coping strategies. The authors suggested that this may be due to women having the tendency to be more loss-oriented (concentrating on and dealing with the loss experiences itself with respect mostly to the deceased person), which does not involve the partner but focuses all action and feelings around the parent-child relationship. This is important in that for the couples to rebuild their lives and relationships and move on following the loss, they need to do it together as partners. If one is preoccupied with the loss and not motivated to work together for their future, it may become difficult for them to rebuild their lives together. This also means that the extent in which a parent receives support from the partner can also play a part in the impact that the death of a child has on the parent.

A parent is likely to feel more anger, guilt, sadness, despair, unsafe/unsecured, and other physical and emotional symptoms about the death of a child, even more than any other type of death (Sanders, 1989; Wijngaards-de Meij, 2005). As noted earlier, the way that the child died may also affect the parent in unexpected ways. For instance, the suicide of a child may be kept secret by the family or may not be allowed to discuss between the parents or within the family. This may cause the parent feeling isolated and disenfranchised, which may lead to being depressed for longer than expected. Allen, Calhoun, Cann, and Tedeschi (1994) found that blaming and the issues of responsibilities become more significant when there is a suicide. Thus, it is likely that parents may feel that they could have prevented the suicide or may have contributed to it, thus, grieving may become far more complex and severe for the parent especially when not being able to discuss this with others.

A parent's grief transcends just sorrow and emotional turmoil. Some parents may have such tremendous stress reactions that may severely change their physiological function, thus making them vulnerable to illness and exacerbate any preexisting physical problems. It is also likely that the parents' perceptions and thoughts are affected which may lead to possibly making impulsive and potentially harmful decisions and becoming more at risk for accidents. There is also more likelihood of spiritual crisis in which the guiding assumptions and values are called into question. Many may question God or even feel so angry that they lose their faith in him (Resick & Davis, 2003). Finally, although the pain of loss may be universal, cultural heritage and influences and current support systems have much influence on the way one expresses and copes with stress. Parents' grief is not only their personal, intra-psychic experience but also an interpersonal

process. A child's death affects not only the parents and other family members, it also extends to their relationships. In turn, the way that the parents' response to each other's predicament can affect their relationship as couples (Rando, 2000).

Impact of the Death on Couple's Relationship

Losing a child is a very painful and possibly overwhelming event for a couple. Not only will the couple have to deal with the impact of the death on their individual lives and with others in the family, they also have to deal with any changes that may happen to their relationship as a couple. Researchers have found that some couples' relationships can be stressed beyond repair following the death of their children (Helmrath & Steinitz, 1978; Lehman, Lang, Wortman, & Sorenson, 1989; Murphy et al., 2003) and possibly lead to breakups and divorce (Lehman, Wortman, & Williams, 1987). Serious strain in marital relationships can lead to separation and divorce (Murphy et al.), especially if couples had marital problems prior to their child's death (Riches & Dawson, 1996).

On the other hand, some studies point out that marital discords, relationship problems, and divorces are not overly common in couples whose children died. Though it may seem to make sense that couples who lose their child are more likely to divorce, research has shown that such is not commonly the case. Seligmann (2000) noted that when a couple has an intimate connection, they are more likely to look after themselves when faced with stress and trauma. It is certain that losing a child can be stressful to a couple's relationship, but research is also showing that in some cases, such loss and grief may bring the couple closer together and strengthen their relationship (Miles & Crandall,

1983) especially when there is good communication between the couple (Kamm & Vanderberg, 2001). Kamm and Vanderberg reported that when couples are more positive about communicating their grief, they are more likely in the longer term to show less severe grief reactions and have greater marital satisfaction than other couples. McCubbin and Patterson (1983) and Kosh (1985) found that, in general, death may enhance communication and closeness among surviving family members. Many cases of couples dealing with the death of a child show that the marital bond is strong enough to withstand this major ordeal and may even be strengthened.

Thus, couples' relationships appear to either improve or worsen considerably as they cope with the death of their children. The point is that, in some ways, a couple's relationship is likely to be altered in part as a direct effect of the trauma and also as roles may shift in the family, responsibilities change, and gaps need to be filled. The process of grieving can be very challenging for the couple and can even be more complicated if the death of the child is very sudden. The grieving experience of such loss can be atypical for the couple (Broman, Riba, & Trahan, 1996), thus, it can complicate the relationship.

Gender differences in coping with trauma can also play a major role in the impact on couple's relationship (Badr, 2004; Riley, LaMontagne, Hepworth, & Murphy, 2007). In a study conducted by Tamres, Janicki, and Helgson (2002), they found that there are gender differences in the way that men and women cope with different stressors, such as bereavement. The study found that women are more likely to use the most coping strategies than their male counterparts. The overwhelming grieving style of each parent can also affect the couple's relationship. For instance, several researches (such as Colsen

2001; Doka & Martin, 2000; Dyregov & Matthiesen, 1987; Gray, 2000; Rando, 1983) report that men are more likely to feel obligated to be the support for their wives and others and be able to pick up the pieces and move on. They may try to internalize their own pain especially if it is perceived as a weakness to express own the loss, thus, they are more likely to grief privately or not at all (Klass, 1999). Conversely, it is more understandable and probably encouraged for women to grief and cry endlessly while openly expressing their emotions. They are more likely to seek friends and others, especially others who have also suffered major death of a loved one, who will better understand them (Stroebe, Stroebe, & Schut, 2001).

Tradition and cultural expectations can also affect the different grieving processes that are seen between men and women (Shapiro, 1996). This is significant in that in many cultures and societies, it is traditionally and culturally acceptable for men to meet the expectations and role of being "manly" and not showing their feelings and emotions following a child's death (Aho et al., 2006) whereas falling apart in grieving for a deceased child is considered "womanly" and appropriate for the mothers (Sheehy, 1994). Gottlieb, Lang, and Amsel (1996) also suggested that it is explicable for men to become more angry and aggressive when grieving whereas women can become depressed and withdrawn when faced with such loss. The loss may also cause some men to have self-destructive thoughts and behaviors including substance abuse and suicidal thoughts (Bendt, 2000) as they are perceived to possibly have more difficulty with the loss (Laakso & Paunonen-Ilmonen, 2002). Their self-destructive behaviors can in turn lead to increased morbidity rate (Aho et al.; Gray, 2000).

When men and women grieve too differently, it may present intrapersonal and interpersonal problems for the couple (Dosser, Balswick, & Halverson, 1986). The couple may not have the chance to explore their grief together, which in turn may bring some misunderstandings and other problems into their relationship. As time passes, the couple may lose themselves in their own personal grief while maintaining their roles in order for the family to remain functioning. For instance, the husband may return to work soon after in order to support his family while maintaining the look of someone who is moving on (Aho et al., 2006), whereas the wife may feel stuck in the grief alone and depressed. This, in turn, may also affect the couple's relationship with the husband feeling inadequate as a protector while the wife feels like he is withdrawing from mourning with her.

Dosser et al. (1986) found that personal emotional expressiveness can also affect how each parent mourns the loss of a child. When one partner may want to talk more about the death or go to grief therapy as a couple and the other does not, this is likely to cause some discord in the relationship. Emotional expressiveness (or in many cases, inexpressiveness) may also be seen when defensive strategies are used to minimize and deflect the impact of the death (Young, 1995). Individual religious or cultural beliefs about death and mourning can also affect the couple's relationship. People usually believe that their children will outlive them, thus, when faced with the children's untimely death and the existential strike on their values and meanings, parents tend to want answers from a higher power about the senseless loss (Braun & Berg, 1994). Thus, the conflict that comes up between the couple may be due to not being able to understand each other's personal grieving and coping styles or their inability to agree and work

together on dealing with the grief (Cook, 1988). This is likely to permeate other aspects of the couple's relationship and possibly amplifying other problems that they struggle with, sometimes with increased intensity.

Different aspects of a couple's relationship can be affected due to the effects of losing a child. Problems with sexual intimacy between partners are common and may take a while to resolve before their sexual relationship is fully restored (Mills, 2001). In a study of the sexual relationship of bereaved parents, Hagemeister and Rosenblatt (1997) found that many couples reported having a break or decline in their sex life following the death of a child. Consistent with social constructivist perspectives, the meanings couples give to their sexual life, the death, and their grief becomes central in their understanding of the break or decline. That is, they may have the belief that sex is too painful because it was how the child had been made. The meanings that couples used in discussing intimate touching and the decline or break in sexual relations can also be used by some couples in talking about extramarital affairs and grieving during sexual relations used in discussing touching and the decline or break in sexual intercourse.

Another very important area of couple's relationship that can be affected by the trauma of the death of a child is communication. Basically, communication is central to the functioning of any relationship (Goff et al., 2006) and in the case of couples who are going through such an ordeal, it can be a good measure of their relational health. For instance, a wife may assume that her husband is not taking time to mourn with her because he does not understand his need to channel his emotion into action. The husband, on the other hand, may think that his wife is stuck in her grief by not letting go instead of being too emotional and constantly talking about it. Open communication

about the trauma can go a long way to increase relationship functioning (Goff et al., 2006), thus, by not communicating with each other in understanding each other's different grieving styles, the couple is likely to start growing apart. When a couple is able to truly start communicating with each other, they can be able to start making the proper adjustments on the dimensions of cohesion and flexibility in order to maintain levels suitable to their situational demands and developmental needs and also that of the family as a whole (Olson & Gorall, 2003).

The death of a child can cause some changes to the parents' emotional, physical, financial, spiritual, and social relationships (Bertman, Sumpter, & Greene, 1991; Rando, 1993, 2000). Having to physically and emotionally deal with the devastating effects of the death of a child can be strenuous on a couple's relationship (Barrera et al., 2007). For instance, as the full effects of the loss and grief start to grip the family and couple, the husband may become less available emotionally and may occupy himself with other things such as his work. This may frustrate and anger the wife who may feel abandoned leading to outburst of anger and arguments between the couple putting more strain on their relationship. Anger and rage, which are common in grieving, are usually displaced between couples and they may become irritable toward each other for even trivial things.

Parents are usually the ones responsible for managing and maintaining the household and promoting the welfare of the family. But when they are overwhelmed by their grief, they may be unable to function adequately in their usual roles, and experiencing relational conflicts, their family naturally experiences varying degrees of disorganization and disequilibrium (Lohan & Murphy, 2007; Wolchik, Ma, Tein, Ayers, & Sandler, 2008). Surviving children are a source of comfort, but their presence may not

mitigate their parents' distress. For the initial few weeks after the child's death, relatives, friends, and neighbors may offer not only emotional support but assistance with household chores and child care. When they return to their own lives and routines, couples are usually left alone to face the new reality of having to live with the void left by the deceased child. Much of the time parents may feel like they are in a daze and later are likely not to remember how they managed to get through those early days of bereavement.

Although some couples may question their faith or express anger toward God or a higher power who they feel has betrayed them (Cook & Wimberley, 1983), for many, religious faith serves as a major source of comfort and strength and appears to lessen the intensity of grief (Brotherson & Soderquist, 2002; Cook & Wimberley; Hedayat, 2006). Parents may participate in support groups, seek professional help, or make frequent visits to the cemetery in order to cope. Some parents become connected with other bereaved parents through the internet support programs. Parents' dominant coping strategies are likely to change in the course of their bereavement. Many parents will transform their tragedy into something positive and find new meaning in life through their work, including work that changes the condition that contributed to their child's death, volunteer work to help others in need, and the establishment of scholarship funds in their child's name. Some parents whose child died due to murder or the negligence of others have transcended their tragedy through their courageous and generous acts of forgiveness (Murphy et al., 2003).

Impact of the Death on Couple's Family

The family is a social system in which members are interdependent and interact with one another in organized, predictable, and repetitive patterns. It is not a collection of individuals in isolation, but consists of individuals and their relationships. Because of interdependence among members, one member's behavior or whatever happens to one member affects the entire family. The family makes continuous adjustments in response to internal and external demands and tries to maintain its equilibrium. The family, like individuals, develops over time. While every family experiences stresses as it moves through different phases of development, events that occur out of sync with normative development, such as the premature death of a member, disrupt the process and produce added stress (Lohan & Murphy, 2006; Whitchurch & Constantine, 1993).

Though a couple is probably affected the most by the death of a child, the loss is also a family affair. Each individual grieving is part of a family and other relational systems that have roles in the impact of the death and the grieving process. Thus, to be able to better understand how an individual or couple goes through the grieving process and the effect that the death has on different relationships, it is also important to discover the individual through the filter of the family experiences and perceptions. This is because the family is very crucial in the formation of individual meanings and each subsystem of a family has its own meanings (Nadeau, 1998). Thus, a parent is likely to go through the grieving process differently with her other children than she would do with her husband or with her own family of origin. Thus, in understanding trauma (such as death of a child) impact and response with an individual, it can be better done by

looking at the contextual relational level that include other systems that make up the individual's life to better understand the whole process.

Bowen (1976) described death as an "emotional shock wave" that is experienced in the family and goes from generation to generation. Death that were previously experienced in a family (whether in current family or in previous generations) will directly and indirectly affect how the family copes and adapts in general. The child's role and relationships in the family (as a sibling and as a child) are also missed by the others. The impact of the death on each family member can also vary depending on the quality and extent of the relationship. For example, though every parent is devastated when they lose a child, there may be differences seen in the reactions of a mother who just lost an only child and may not be able to have another and a mother who lost a child but have to be move on in order to take care of her other children. There might also be difference found with a young boy who just lost an older (only) brother who he looks up and who protects him than an older sister to several other siblings.

The Cost of Trauma of a Child's Death on Society

The death of a child affects a couple beyond their relationship and family. There are costs and social impact not only to the family to also to the broader society (Stebbins & Batrouney, 2008). Some couples may be too depressed or less motivated to return to work, or they may struggle to manage their finances. James and Friedman (2003) in their study from the Grief Recovery Institute (GRI) reported that when a family member dies, there are costs not only to the immediate family as there is also an economic cost to the community as a whole. They reported that the death of a loved one can cost about $37.6

billion to the American community. Thus, there is a loss of productivity and errors at work.

Due to the impact of the loss of a child on a couple, they will likely need some time off from work to grief and recover from the impact of the loss. Many a times, the cost of healthcare (if the child was sick), funeral, and adjusting to new life without the loved one, might bring some financial stress to the family which is likely to exacerbate the problems that already exist (Corden, Sloper, & Sainsbury, 2002). Other economic cost to the society due to the traumatic event, such as the death of a child, include the medical expenses that can be acquire after receiving healthcare insurance. The financial burdens that the family faces go beyond medical care to cover possible mental health for the family and other services. The family also has to bear the burden of any possible legal expenses (Corden et al., 2002).

Many of these expenses can be very overwhelming and even impossible for many couples to take care of and they may not be able to work (Corden et al., 2002). When this occurs and the couples are having a hard time meeting these expenses, they are likely to receive some form of immediate assistances from others such as the extended family member, community groups (such as church, school, and neighborhood), and the government agencies. On the other hand, when there is insensitive treatment by administrative agencies, this may become an addition stress to the couples (Corden et al.).

There are also medical and mental health costs due to traumatic events such as the loss of a child. Bereaved individuals, such as the parents of a deceased child, are more likely to show increased health care need due to the physical and psychological effects of the trauma (Bennett, 1998; Stack, 2007; Walker, Newman, & Koss, 2004). The personal

and social costs of such traumatic event can also stem when professional interventions are not properly or adequately used with these couples. Thus, more research studies (such as this study) and education are important in educating professional on not only learning about the impact of the traumatic events, such as the death of a child, on family members, but also on not underestimating the cost to the bereaved and society as a whole due to medical and mental health issues that result from dealing with such trauma. Being able to further understand the effect of the death of a child in a social and systemic context can also facilitate a more comprehensive, creative, and cost-effective approach. This approach can be used to preventing and minimizing the long-term adverse emotional, social, economic, and family outcomes.

Overview of Mental Health Implications

MFTs and mental health clinicians are in the unique position of understanding the meaning of the loss of a child to these couples. The severe impact of the death of a child on the parents has been recognized in mental health and medical literature for many years. As better understanding of such loss on the systemic fabric of the family unit continues, the mental health researchers and clinicians continue to work on how to best help these couples and families deal with such loss. This study will add to the literature by encouraging the understanding the trauma of losing a child in the interrelated context of the parent unit as a couple.

Couple's Assessment of Mental Health

When a couple loses a child, their relationship is affected in some way as they try to regain balance in their lives. The couple's reactions to the loss can range from absence of over expression of distress all the way to major depressive or suicidal cycles (Vance et al., 2002). Generally, women tend to be more open about their feelings more than men, thus, they are more likely to seek out others such as their girlfriends, sisters, or mothers to open up to and express what they are feeling (Laakso, & Paunonen-Ilmonen, 2002). Traditionally, men usually do not express their feelings and may feel that they need to look pass their feelings, act like men, and move on with their responsibilities (Aho et al., 2006; Doka & Martin, 2000). The psychological distress that stem from the grief is usually not perceived as pathological as it is seen more as a natural life event.

The couple's consideration of their mental health following the death of their child is important in that it can play a part in how they perceive the impact of the trauma, how they deal with the trauma, and the type of treatment and support that they receive when needed. Some studies (such as Tait & Silver, 1989; Wortman & Silver, 1989) suggest that bereaved individuals may try to hide their true level of distress in order not be seen as abnormal and there is a stigma attached to seeking help or sometimes to maintain friendly relationships within the family or other systems. For instance, a wife whose husband has "moved on" from grieving may not be able to voice her continued distress in order to keep a harmonious relationship with him. A husband whose cultural background dictates that he not show strong distressful emotions will hide his depression and grief so not be labeled as abnormal (Doran & Downing Hansen, 2006). The couple is likely to be less available emotionally to each other or to the other family members. This

may also lead to not being able to make a request for psychological assistance when it may is truly needed.

Couple's Exposure to and Willingness for Mental Health Services

The bereaved parents are likely to suffer from different psychological symptoms such as depression, anger, and anxiety and may or may not seek psychological help in dealing with the trauma of the loss and the symptoms produced (Murphy et al., 2002). Shortly after the death of a child, most families are more likely to seek some form of acknowledge or even therapy (especially group therapy) from medical and mental health teams in dealing with the grief that comes with the loss. It is also likely that considerable emotional and physical support will be provided to them soon after the loss of their child (Koocher, 1994). For instance, a couple may receive brief counseling provided through the medical team, a minister from the hospital or their own minister, or even the funeral home. They may also be encouragement from others for them to join a grief and loss group or attend family counseling.

As times continues, it is likely that the support that the families are receiving will decline as other people resume their lives (Osterweis, Solomon, & Green, 1984). The loss of some of the social support from outside sources may affect the family's coping with the loss in a positive (possibly by bringing the family further together to support each other) or negative (they may drift apart) manner. This timing is also important to note in that the first few months following the death of a loved one, the family members are likely to still be in shock of the loss and still dealing with everything from hospital and funeral details and other issues related to the loss. Following the time, especially

after the social support has decreased, some couples may not seek additional psychological assistance because they may feel that they should recover from their distress on their own and not wanting to be label with a diagnosis (Koocher, 1994). Thus, when conducting research or putting together mental health delivery programs that deals with working with grieving couples and families, it is important to also include consideration for cultural issues that may affect the meaning of the death, the inclination to seek assistance, and the access to services for these population.

Relevance of Study

Research on grief/loss and bereavement has grown rapidly within the past couple of decades. Many of these studies (such as Craib, 2003; Hardison et al., 2005; Stroebe & Schutt, 2001; Wijngaards-de Meij et al., 2005) have focused on the emotional responses and the psychophysiological impact of the death of a child on individuals, couples and families. Unfortunately, though the effects of such traumatic event on each individual will also affect the different family relationships in some way, it appears that fewer studies have been focused on the impact of such trauma on relationships within the family especially the couples. Rubin and Malkinson (2001) presented a comprehensive overview of how the loss of a child can severely upset the lives of those that are affected for many years to come. As more practical work are focusing on grief/loss and bereavement issues, recent research are beginning to make some effort to be more defined in looking at the impact of the death of a child to the family unit and to the parents. As the need to better understand how and why such trauma affect family

members and their different relationships the way they do, the need for more research, as such this one, increases.

This study is pertinent to trauma, grief/loss, and relationship research due to its focus on the specific effect of trauma on interpersonal and relationship functioning in couples. The study will contribute to better understanding and continuing research on the inquest of partner relationships following the death of a child. It will also bring some insight into the processes of short term and long term impact of such loss on couples' relationships. Most importantly, the study will also bring to light for further research on how couples deal with serious existential questions about life and death, their struggles to communicate with, understand, and be partner with each other, and the meaning of life and the death of their child.

CHAPTER FOUR

RESEARCH METHODOLOGY

In this study, a qualitative research approach seems well-matched to further the current understanding of how the trauma of the sudden death of a child affects a couple's relationship. Qualitative methodology is particularly well suited for developing an open-ended line of inquiry because it utilizes an inductive approach to data collection and analysis (Glaser, 1998; Glaser, 1992; Glaser & Strauss, 1967). This is vital in that it helps ensure that the information gathered is not limited by the questions asked, which tends to be overlooked in the case of deductive, quantitative methods used in many studies (Moon, Dillon, & Sprenkle, 1990). A qualitative researcher can search inductively for common factors from the lived experience of the couples rather than deductively forming hypotheses then seeking to confirm these hypotheses. The researcher also needs to be open-minded, empathic, and reflexive while asking broad, open-ended questions, so that the participants are giving voice to their experiences at length with no right or wrong answer to the questions asked (Valentine, 2006). Research has found that taking the grieving couples back over their distressing experiences (which this methodology employs) can be beneficial to them as they experience "positive" and non-regretting participation (Dyregrov, 2004). This is linked to their positive experience of giving them the voice to tell their story while increasing their awareness on the topic without discounting their pain of talking about their traumatic loss.

In this chapter, the research questions that guided this study are outlined. This is followed by the discussion of the elements of grounded theory methodology (Glaser, 1998; Glaser, 1992; Glaser & Strauss, 1967) that is used in this study, and their unique fit

for answering the questions to be asked. The participants and methods of data collection and analysis are also discussed and the chapter ends with a discussion of the role of the researcher. The qualitative techniques used are of the grounded theory methodology (Strauss & Corbin, 1998) in order to search for commonalities and differences in the experiences among the participants. Grounded theory offers a systematic approach to inductively and deductively analyze raw data from participants. This is also different from its qualitative counterparts such as phenomenology which focus on explaining the subjective meaning-making process of an event or ethnography (culture) in that it seeks to find meaning in the data and combines this into discrete categories which are then conceptually linked together to form a theory. Thus, using grounded theory should result in a theory of why something occurred, not solely a description of what occurred.

Qualitative researchers are committed to multiple perspectives, revealing differences, and making visible what has not been seen (Denzin & Lincoln, 2003). Rich contextual details can provide the means for multiple interpretations (Hill & Thomas, 2000). The traditional model of research usually starts with the researcher applying a theoretical framework phenomenon being studied. In using grounded theory, theory development becomes an interaction between the participants' and the researchers' interpretations. The central constructs pertain to participants' perspectives thereby making direct quotations the basic data source in this qualitative study (Hill & Thomas, 2000; Morse & Richards, 2002). The first step in conducting this research is usually data collection, through a variety of methods, instead of first developing a hypothesis. After these data are collected, analysis is conducted in which the research makes a series of

codes from key points in the data which are then grouped into similar concepts and turned into categories. These categories then become the basis for creating a theory.

When doing the analysis in the study, direct quotations are the basic data source, as in all qualitative research (Morse & Richards, 2002). A pure form of grounded theory, in which the research start with no assumptions about the data, will not be used in this study as there are some assumptions already made about the data (such as that there is likely some alteration to a couple's relationship due to the trauma of losing their child). Some of the techniques that will be employed include constant comparative method, categorizing, coding, delineating and connecting categories. This can be developed in two ways. First, "constant comparison" of the data can be used to develop categories. Constant comparison analysis is a creative process of comparing and using all the different kinds of data and methods in analysis, to develop theory and explanation grounded in the data and to drive the direction of inquiry during the research process (Strauss & Corbin, 1998). The goal is to differentiate between conceptual similarities, refine the discriminative power of categories, and discover patterns (Tesch, 1990). This includes data being constantly analyzed and compared with the new data that are coming in. The cycle of comparison and reflection on 'old' and 'new' material can be repeated as many times as needed until "saturation" is reached. A saturation point is usually reached when more new information can no longer be extracted from the data that has been collected (Glaser & Strauss, 1967).

Second, additional data can be collected using theoretical sampling, in which new observations are guided by the pursuit of analytically relevant concerns (Charmaz, 2003). This allows for decisions to be made on the data that will be gathered next and where to

obtain them based provisionary theoretical ideas. It will also make it possible for questions that arise from the analysis of and reflection on previous data, such as assigning segments or finding relations between categories, to be answered (Boeije, 2002). Although the data will be examined as they are been collected, the theory will likely be continually modified as more data are obtained within the time allocated for the study to better refine and define the evolving theory.

The nature of qualitative research transforms issues of validity, reliability, and generalization from specific, rigorous ideas about "reality" to more interpretive, fluid goals of being trustworthy, authentic, compelling, and effective (Janesick, 2003). Qualitative research is particularly suited to the task of exploration of what has been set forth, because it is important to understand the perspectives and experiences of the couples' own accounts on the topic. It is hoped that the information in this proposed study will provide valuable input to researchers and clinicians concerning this area of inquiry.

Description of Participants

A convenient sample of twenty-one individuals participated in this study. The 13 females and 8 males are individuals, couples, and ex-couples who are residing in the greater Riverside-San Bernardino counties (Inland Empire) in Southern California were interviewed for the study. There were eight couples interviewed (six married, one divorced, and one divorced but is currently dating again). The remaining five individuals are females (one divorced and remarried but has been widowed for three years, one individual female who is divorced from the father of her deceased child but remarried to

her current husband, one divorced from the father of her deceased child and remains single, and two married participants who reported that their spouses declined to participate in the study). The sample was obtained using the theoretical technique, which ensures the representativeness of concepts that are indicative of the phenomenon under study (Strauss & Corbin, 1998).

The characteristics of the sample and information about the child who died suddenly are presented in Table 1. The participants' age range was from 25 to 69 with the average age of 50. In terms of the participants identified race/ethnic groups, twelve (54%) reported being White, three Black (14%), five Hispanic (24%), and one Asian-American (5%). All participants (100%) finished high school and nineteen participants (90%) attended some college with twelve of them (57%) holding college degrees. The age range for the children at the time of death (TOD) who died suddenly is from 6 hours old to 18 years old. All participants (100%) reported that they are Christians with ten of them (48%) noting attending church services on a regular basis. The causes of the child's death included premature birth (PMB at 23 weeks and at 26 weeks), car accident (car accid), hit-and-run car accident (H&R), sudden death due to sports head injury causing aneurysm (Br. Aneur), drowning, SIDS, Sleep Apnea, and drug overdose (OD). The time since the child's death ranges from 3 years to 15 years with the average time being 6.5 years. The demographic characteristics of the sample and information about the child who died suddenly are presented in Table 1.

Though this was a couple study interviewing partners, the interview participants/key informants were sought on an individual level in order to see how they converge and diverge in regards to the issue being studied. When saturation occurred

Table 1

Information about Study Participants

Participants n=21	Age	Race/ Ethnicity	Marital Status	Child's Age @TOD	Cause of Death	Time since death(yrs)
1.Female/Couple	43	White	Divorced*	18yrs	Car accid	6
2.Male/Couple	54	White	Divorced*	18yrs	Car accid	6
3.Female/Couple	54	White	Married	12hrs	PMB	8
4.Male/Couple	59	White	Married	12hrs	PMB	8
5.Female/Couple	31	Black	Divorced	8yrs	H&R	5
6.Male/Couple	32	Black	Divorced	8yrs	H&R	5
7.Female/Couple	25	Hisp.	Married	3.5yrs	Apnea	3
8.Male/Couple	27	Hisp.	Married	3.5yrs	Apnea	3
9.Female/Couple	35	Black	Married	18yrs	OD	2.5
10.Male/Couple	44	White	Married	18yrs	OD	2.5
11.Female/Couple	52	White	Married	3mos	SIDS	7
12.Male/Couple	52	White	Married	3mos	SIDS	7
13.Female/Couple	29	White	Married	16hrs	PMB	3
14.Male/Couple	29	Hisp.	Married	16hrs	PMB	3
15.Female/Couple	39	White	Married	35hrs	HeartDef	10
16.Male/Couple	45	White	Married	35hrs	HeartDef	10
17.Female	42	White	Divorced^	4yrs	Drowning	15
18.Female	34	Asian	Divorced	8yrs	Car accid	5
19.Female	69	White	Widowed#	15yrs	Br. Aneur	15
20.Female	49	Hisp.	Married	18yrs	Car accid	10
21.Female	36	Hisp.	Married	15yrs	Car accid	3

*Married, Divorced, and dating again
^Divorced but remarried to another partner
#Married, divorced, remarried to another partner, and widowed

among couples, individual parents who are no longer together as couples and a widow were also recruited for the study. As categories emerge from the data, more participants were sought to add to the sample in order to further increase diversity in useful ways. This is done so to strengthen the emerging theory by defining the properties of the categories, and how those mediate the relationship of category to category. It is important to hear their own stories in order to gain broader insight to the full extent of the effect of trauma on couples. A variety of individual characteristics, such as age, racial composition, socioeconomic status, and religious and spiritual experiences were allowed. The length of time since the child's death was no less than one year and no more than 15 years. This appears to be a good length of time in terms of having the benefit of getting information from couples at different stages of time and life course without the experience being too new or too far off. Participants whose children died less than one year before the study were not sought because it is likely that these parents may not have reached a stage in their grief process where they could be as reflective with respect to their experiences. Ethically, it may also be too soon and the trauma of the death may be too fresh for them to address in a research setting. Other exclusion criteria were couples whose children's death were not sudden (such as following a prolonged illness), couples who suffered miscarriages, history of child abuse by the parents, and parents who were together as live-in couples for less than one year. These questions were asked of people who were interested in participating in the study and those that did not meet the criteria were not included in the study.

Recruitment

Participants for the study were recruited using fliers posted in public buildings, classified advertising in newspapers, internet advertising, support groups, and through 'word-of-mouth' in which people (including participants) were asked if they know others who will be interested in participating in the study. Twenty-one qualified individuals, who responded to the advertisement or were referred to the study, volunteered to be interviewed for this study. In recruitment, the interview was described as an invitation for partners to 'share their story' about the 'how the trauma of the death of a child has impacted their relationship.' It was emphasized that the interest of the study will be to better understand any changes (if any) that may have occurred in all areas of their relationships while coping, dealing with, and managing their lives since the death of their child.

The participants were first contacted by telephone or face-to-face to further explain the purpose of the study and be formally invited to volunteer for the study. They were informed that the interviews will be done in three parts – one will be done together as a couple and the other two will be done individually. It was important to allow the participant to do individual interviews if they wanted in that there was a likelihood that some participants may have a hard time being forthright and open with their answers either to present themselves in a better light or say things that may be disconcerting to their partners. This can lead to some of them not being as honest as possible with their answers since they may not feel open enough to really voice their feelings, fears, perspectives, or concerns especially if they believe that it may be disconcerting to their significant other or ex-partner. By giving the participants the opportunity to do both the

couple and individual interviews, they had the opportunity to be very open and comfortable sharing their experiences. The implications of having the individual-couple levels also added to the richness of the study in that the analysis still centered around the same issues and the perception of couple relationship remained constant. All the interviewed were conducted once with the couples (except for one couple interviewed individually due to scheduling conflict) and once with the individuals who were divorced or widowed and their former spouses did not participate in the study. When the couples interviewed were given the opportunity to do individual interviews in order for them to expand on or talk about the topic without concerns about their partners' presence, they all reported that they had nothing further to add to the interview. This was unexpected and significant and may have occurred because the couples truly had nothing more to say or they may be concerned about how their partners may interpret their doing individual interviews or the subject matter may be too emotionally tasking for them to continue to discuss.

During the initial contact, the potential participants and interviewer agreed on the times and places that were convenient for the participants for the interviews to take place. When the meetings occurred, the participants were presented with the cover letter that explained the study, what the participants will be doing, terms of the interview, the rights of the participants, possible risks of study to the participants if any, contact/assistance information, and all the other information pertaining to informed consent. Confidentiality and anonymity pertaining to all the participants in using their responses for the study were also thoroughly explained. All participation volunteered for the study with each individual signing a consent form that no monetary compensation would be

given for participation in the study. Due to the sensitive nature of this study, the participants were debriefed after the interviews were conducted and provide them with information on how to access resources such as counseling services to address any unexpected concerns that may arise.

Data Collection

It was explained that the interview sessions will likely take approximately two hours depending on the flow of the process and the participants' responses. The average length of each interview session was approximately one hour (ranging from 45 minutes to 2 hours). The content of the consent form was discussed prior to the commencement of the interviews ensure that the participants were clearly informed and that they fully understand the content before signing the form. Each participant also completed a short demographic questionnaire. A verbal and written description of the study was provided outlining the purpose of the study. The semi-structured interviews, which were audio-taped, using a face-to-face method occurred between the interviewer and the participants.

The interview guide included questions were broad and open-ended with enough structure to ensure that data across participants would be comparable (Hill & Thomas, 2000). The interview questions addressed major issues reflecting the research questions. There were both general and probing regarding (a) pre-death couple relationships, (b) life style/roles and changes in these areas, (c) views concerning the death of the child, (d) post death changes in all areas of couple relationships, (e) marital status pre-and-post child's death and reason for any changes, (f) other changes in self and as a couple, (g) support system after the death of a child, (h) grieving process, (i) perceived problems;

perceived ability to solve problems, and (j) perceptions on overall change in relationship after the death of a child. The use of in-depth, semi-constructed interviews allowed for the collection of thick descriptions regarding the couples' relationships, in their own words. Transcribed audio-tapes included some verbalizations and vocalizations, including laughter, hesitancy, and stutters but non-vocalized affect was not transcribed. Field notes were also done after each interview about key issues noted and felt during the interviews and any emerging themes. The participants were given referrals to mental health services and two couples who described a symptomatology indicative of complicated grief and serious emotional issues were advised to seek psychological and psychiatric consultations with a follow-up communication to assure that their needs were appropriately met.

Data Analysis

Data analysis consists of transcription of the tapes, identification of categories through first–level coding, and identification of themes uniting the categories through second–level coding (Tutty, Rothery, & Grinnell, 1996). Interviews, transcription of the interviews, and data analysis were being conducted concurrently. Thus, these data were constantly being analyzed and compared with the new information coming in. There were some very slight modifications or additions to the questions in some of the cases throughout the process in order to integrate any new concept that emerged during the analysis (Rubin & Rubin, 1995). For instance, individual participants whose (ex)partners did not participate in the study were asked to report on what they know or can remember about their (ex)partners whereas participating couples were able to report about

themselves. Another example was that some questions about the child's life were modified to suite the experiences of the parents whose child only lived few hours or months after birth.

In transcribing from audiotapes, the verbalizations and vocalizations noted were included to try and represent the content of the interview in an accurate way. In-depth analysis was conducted both at the couple and individual levels with responses grouped in interrelated patterns and categories. The focus was on developing themes and core categories that reflect the relational impact of a child's death from the participants, which ultimately led to the working model used. Thus, a line-by-line axial coding scheme to develop emerging themes was used. In this way, emergent themes and categories remained grounded in the collected data (Strauss & Corbin, 1998). Though a researcher may also go back to participants to check the coding as needed (Strauss & Corbin), it was not necessary in this study. Some quotations from the transcripts were selected to illustrate the common themes and also the atypical responses. After categories were identified from the transcripts, codes that are specific to individual participants were identified including those that may not fit into a pattern across participants (Charmaz, 2003). This is important because part of the objective of this study was to allow the participants to their use own voices, thus, any single participant category that can be identified was retained and included in the final analysis (Morse & Richards, 2002). However, it was also important to separate those participants with uncommon complexities out from the sample and separately discuss the differences that were found. Overlapping categories were also identified and coded. These were collapsed to identify

the most common areas and themes across the participants. These data were always used as a reference point to return to throughout the analytic process (Glaser, 1998).

In addition to the coding, memo writing on the transcripts were also performed and these memos were used whenever necessary throughout research process. For instance, during the coding and categorizing stage of the study, it became important to be aware that own lenses that may cause certain things to jump out at and be noticed more than others. Memo writing was beneficial in keeping own biases in check by situating the interpretations that will be made and linking them back to direct quotes. Memo writing at the time of the coding process was also helpful in connecting the categories, assisting in identifying commonalities and themes, as well as identifying any uniqueness seen between participants (Strauss & Corbin, 1998).

One of the things that were considered for this study was to conduct a test with the preliminary analysis results from members of the participant group through focus groups. This could have aided in implementing different types of triangulation to ensure validity and for reaching saturation of the categories. Qualitative research demands that the researcher becomes "immersed" in the data, especially when the sample is small. This is because researchers use themselves as the instruments to analyze the data (Morse & Richards, 2002). Thus, personal experience and theoretical biases needed to be presented for consideration. Due to the hardship in obtaining needed participants in time for the study and the participants mostly committing to one-time interview, the process of preliminary analysis using a focus group was not utilized during this current study.

Research Questions

The following were the research questions used as focal points for this study (see Appendix E for interview questions):

(a) How does the sudden death of a child impact the parents individually and as a couple?

(b) Does the impact of the trauma of losing a child affect a couple's relationship?

(c) If the trauma of losing a child does affect a couple's relationship, in what ways and what areas of the relationship are affected?

Ensuring Validity of the Study

The nature of qualitative research transforms issues of validity, reliability, and generalization from rigorously defined concepts to ideas that are much more interchangeably defined. Some argue that reliability and validity are meaningless terms for qualitative research (Morse & Richards, 2002). Others have contended for other kinds of authenticity, credibility, and trustworthiness. This includes the need for the construction of an authentic and compelling narrative and stories from the participants about what happened in during the course of the study (Janesick, 2003). Qualitative inquiry does not have the goal of creating descriptions about reality, but of adding insight and understanding and of creating theory that provides explanation and even prediction (Morse & Richards). Qualitative research also brings to mind some questions such as to what extend the data collected actually reflect the sample's experience; or how much the researcher's account for the influence of own biases on the data; or about the generalization of the findings, that is if the study's results relate to the circumstance of others. These questions had to be considered while trying to maintain

validity/trustworthiness, reliability/ genuineness, and generalization/transferability of the data (Morse & Richards).

In the social constructionist approach, measures of validity include interpretive rigor. "Can our co-created constructions be trusted to provide some purchase on some important human phenomenon?" (Lincoln & Guba, 2003, pp. 275). One idea about this is to look at "authenticity criteria" of "fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity" (Lincoln & Guba, 2003, pp. 278). Another idea is a deliberately transgressive form, called "crystalline" that uses multiple perspectives to create a sense of validity. Richardson (1997) noted that there is no single truth, thus it becomes important to look and see how tests validate themselves. This idea was not employed in this study due to nature of the study, the time frame for the study, and because of it being a dissertation.

Qualitative research demands that the researcher become "immersed" in the data, especially when the sample is small. Since being a researcher also means being an instrument for the analysis (Morse & Richards, 2002), it was important to be aware of how own personal experiences, preferences, and theoretical biases would influence the patterns and themes. It was also very difficult, if not impossible, to truly relate to others' traumatic events even under ideal conditions (Caruth, 1995). Minimizing these effects was challenging but the data needed to reflect as close as possible to what the participants have said. It is also important to be aware and present to the readers about the possibility that the validity can also be affected by the composition of the researcher. In the case of this study, as the researcher, I am a 30-something year old married immigrant from West Africa with a young child but have never experienced the death of a child, though I

experienced the sudden death of a parent at a young age. Therefore, my own theoretical perspective and personal context likely influenced what I was reporting at the end of the study, despite every effort, such as keeping my own bias and interpretations out of the study and asking the participants to further clarify what they are reporting, that I was making to minimize this issue.

CHAPTER FIVE

RESULTS

Based on the examination of the study participants' accounts, the findings in this study are presented in three sections in terms of the core themes that characterize the process of couples dealing with the sudden death of a child, and the variables that affect its course. The three core themes are as follows: (a) how the couple processed trauma prior to the sudden death of a child; (b) the analysis of couple narratives of core categories fundamental to the grieving process and their relationship; (c) the outcome of the couple's relational life following the sudden death of the child. All the participants were evaluated in relation to these areas, which are the core categories (see Figure 1).

Further analysis of participants' accounts reveal five categories related to the core themes, reflecting significant areas that contribute to how the couples adjust in their relationship following the sudden death of a child. These categories are represented in Figure 1 as: (1) handling of grief/trauma in family of origin (FOO) of the participants; (2) dealing with grief/trauma in current family by the couple; (3) how the participants dealt with the sudden death of the child at individual and couple levels; (4) the grieving process at individual and couple levels; and (5) the relationship adjustment as couple afterwards.

Core Themes Related to Processing Trauma/Grief Prior

The analysis of participants' narratives revealed some areas that were fundamental to their memories of the following categories: (a) how grief/trauma was

handled in their FOO and (b) dealing with grief/trauma in current family prior to their children's sudden death.

Handling Trauma/Grief in FOO

The participants reported on the ways in which grief and trauma were handled in their families while they were growing up. All the participants reported feeling some form of exclusion, shielding, or simply the family not talking about loss or traumatic life events. It became obvious that the memory of experiences and interactions led to the perception that they were deficient and ill-equipped in handling grief and trauma during their formative years. The following are quotes from the interviews.

> "I grew up in a divorced family… We had a lot of things going on. Everybody was just trying to survive. We never really had the opportunity to deal with things". (married female).

> "My first experience was the loss of a foster sister who was raped and murdered. How we handled it was, they sent me away. I was 10… So I really didn't get the comfort… I can't tell you how I learned to cope with loss." (divorced male).

> "In my family, we really did not talk about things…. You know, everyone is different the way they deal with things like that." (married male)

> "As far as I can remember, it was never really talked about. When my mother passed away… I was shielded from the loss and no one ever talked to me about how I felt or what I thought because the thought I was too young to handle it." (divorced female).

> "We talked about certain things, then move on… You take it to God and leave it there." (married female).

The participants felt that as children, they were shielded from traumatic events in their families as they were considered too young to either to understand or handle the

emotional or psychological results. Thus, they felt that they did not learn how to deal with traumatic events in the families because they were not helped or encouraged to deal these traumas as children

Dealing with Trauma/Grief in Current Family

Another area of category that is fundamental to the theme of prior means of processing trauma is how each participant/couple dealt with grief/trauma prior to the sudden death of their child. The nature and quality of togetherness and support that the couple perceived in their family and with each other seemed to be a significant area and contributive to the couple's relationship outcome. Just about half or forty eight percent of the participants felt that they were adequately dealing with grief/trauma in their families.

One couple reported

> "We are a very close family. Personally, I try not to burden the kids with things… in the past when I had bouts of depression, I let the kids know that it is okay to seek help in and out of our home if needed. My husband and I talk about things… he does offer some good support."

"We try to talk about things as much as we can" was a common reply among most of the participants.

Another couple noted that their child's death was a first loss/trauma for them as a family

> "The only thing we have to go by together was the loss of (son). So it's more of a historical perspective… it may not be unique to others, but the dying was unique to us."

In some cases (14%), the absence, unseemliness, or lack of support may be felt in the relationship prior to the death of the child, which in turn may contribute to an increased sense of alienation between a couple when dealing with traumatic life event or grief.

An ex-wife, who lived apart from her husband most of their short marriage, felt that she and her ex-husband never dealt with any trauma or grief situation,

> "It was not discussed. We did not share. We had a lot of problems before (child's death), just like any other couple, but it got out of hand afterwards."

In this case, it appeared that the sudden death of their child made things worse in their relationship. Couples who experienced spousal distress and discord described their relationships as tense and a source of aggravation following the sudden death of their children.

According to a young couple

> "We had our issues before but it got worse after she died. We went from arguing a lot to becoming verbally abusive to each other… drugs and alcohol… cheating and separating. We have a lot of things that we are working through."

On the other hand, couples who shared a good relationship and felt more attuned with each other felt supported following the death of their children.

A wife shared about her husband

> "I see the difference in what we bring to the table. He is closed off and throws himself into work. I am not like that."

She noted that their being aware of the differences and doing something about it has worked for them over the years

> "When we have something going on, he may close off. But I have to sit him down sometimes and tell him that it is healthy for us to talk like this. We talked about going to counseling together after the third miscarriage and did it."

It looks like even in a marriage where there is a prior good relationship, there are differences in how the couple responds. More importantly, the couple's recognized this and made an effort to not let this become problematic in their relationship when faced with trauma.

These two subcategories (handling grief/trauma in FOO and in current family) were closely related in that the ways that grief/trauma were handled in the participants' FOO contributed to the ways that grief/trauma were handled personally and in their current family prior to the sudden death of their children. For some, it also meant that the loss of their children became the first major traumatic event that they personally were involved with and handle.

A mother of a 17 year-old who died after a head-on collision 6 years prior to the interview tearfully reported

> "There was no loss. My maternal grandmother died when I was in my early teens. But I didn't know her very well. I went to her funeral but it really didn't affect me… and then he (son) died. That was a different experience."

Some individuals reported that it was a catalyst for them to do something differently in their own families.

A married male participant reported

> "Loss or trauma was not dealt in a good way in my family… that pushed me to want my own family to be better. To deal with things as a family."

A couple noted that the inadequacy in their FOO dealing with grief/trauma with the children significantly affected them individually and as a couple. According to the husband

> "I wish I was more prepared to deal with something like this. Being shielded from things is not a good thing for a child because how are they gonna learn? I mean it nearly destroyed me and my marriage… I am really surprised we survived it."

His wife concurred

> "Our background did not do us justice… But I am stronger for it and I am trying to not make that mistake again."

The participants reported trying to be more cognizant of not being prepared to deal with traumatic events due to their upbringing. Some noted that this also made them to deal with things differently in their own families.

Core Themes Fundamental to the Couple's Grieving Process

The analysis of participants' narratives revealed some areas that were fundamental to their grieving process in the following categories: (a) how the participants dealt with the sudden death of the child at individual and couple levels and (b) the grieving process at individual and couple levels.

The sudden loss of a child led couples to redefine how they are able deal with grief/trauma individually and as a couple, how they perceive self and partner in their roles following the death, and the inter/intrapersonal processes that are part of grieving. The memories of inadequacy reported by the participants in dealing with grief/trauma events in FOO were associated with many of these participants also reporting that they felt that they were not prepared to deal with the sudden loss of their children. They also

reported that this may have produced profound positive or negative effect upon their grieving process, both individually and as couples.

Dealing with the Sudden Death of a Child

Going through the experience of sudden and unexpected nature of the death of the child can be traumatic to any parent. The subcategory from this area is on the initial reactions of the participants to sudden death of the child individually and as a couple. They described physical and emotional pain felt when they learned of the death. "Shock," "numb," "anger," and "denial" were the most common answers given as the feelings they first had when they initially learned that their children died.

A married mother of a child who died from SIDS reported

> "I was in shock when it happened. At first, I did not know what to feel. It took a while to get to being devastated especially after being home"

Another married participant noted that she felt

"shock. Disbelief… It was like an out-of-body experience."

A married father also reported that "it was such a shock."

It is also interesting to note that more male participants than their female counterparts reported feeling some anger about the death.

A divorced father stated that he was

> "Totally shock and confusion. I did not feel sadness or anything else until later. I think that it just did not feel real for a little while… I was angry that it was happening to us."

Participants reported feeling shock at the suddenness of this event was common.

A divorced female noted

"I was too shocked to register it or anything else."

Some participants (50%) described having some physical reactions such as body aches, chest pain, not being able to breathe, wanting to vomit, and racing heart rate.

A married mother reported that

> "It hit me like a ton of bricks. I was physically ill and just hurt all over as well."

Another married female participant said

> "I can still see my husband's face when he was on the phone. The blood just drained from his face and everything else is a big blur, just dark blur. When he said that our boy was gone, I literally felt my heart ache. Like it was breaking in pieces. So many emotions went through us. I remember that [husband] just held me up because I couldn't feel my legs."

Another married mother noted that

> "I was just in shock. I couldn't scream, I couldn't breathe. It was horrible."

A married female noted

> "I was so sick physically… I just couldn't function physically and emotionally for a long time."

The individual emotional and physical reactions that the participants felt when their first learned of the sudden death of their children were reported to partly set the tone for the grieving process for the couple.

The Grieving Process at Individual and Couple Levels

The ordeal of the sudden death of a child was described by participants as unimaginable, painful, and unrivaled by any other traumatic life events.

A divorced father stated

> "I could easily tell you without equivocation, that his loss was the most tragic in my life."

One mother stated that she felt "a loneliness that won't go away."

When asked, another father noted "It was very hard. Just too hard."

A married mother reported

> "I was depressed… a lot of times, I just wanna crawl into a hole and stay there."

A divorced mother reported that when it came to how she went through the grieving stage, it was "not very well."

A couple who separated and divorced following their son's death but is currently dating again reported on how each one dealt with the grieving process "(she) retreated." To which she answered, "ran." He continued

> "Whatever the physical distance was… you retreated into yourself. And I had a very sorrowful time after the loss… What came out of it is very unusual, I didn't realize what was happening… I regressed. I started listening to music 18 year olds would listen to. I was dressing differently… I didn't realize what I was going through… there was a time I became attracted to a 19 year old. Nothing ever came of it. But I look back… I had to understand that that is part of the grief of losing a son… it's something I went through."

The participants were reporting that this period was marked with physical and especially emotional difficulties that were remarkably different from other issues that they had to deal with in the past.

The grieving process was also described as being deep and long-lasting with several setbacks that occurred every time participants are exposed to events, objects, persons, situations, or events that remind them of their child.

A divorced mother noted

"Certain things have triggered it to where it's pronounced pain."

The divorced but currently dating father stated

> "We attended a service in church. All Souls' Day. And it was remembering those people who had died during the last 365 days. I couldn't contain myself."

Another divorced female reported

> "When I see other children her age, I always wonder when she would have been like now. Some days I get extremely sad thinking of her and what she would have been like now."

These participants were acknowledging that there are constant reminders of the experiences and memories associated with their children and their loss.

The impact of the death was also related to how trauma had been handled in their FOO and current family. This includes the lack of preparation and differences in dealing with trauma in FOOs, the difference in the way that each individual responded to the trauma, and the way that they handled trauma as a family and as a couple. A participant reported that her ex-husband's close family members went through several preterm labors and miscarriages which led to adopting children after several losses. She believed that this led to her husband wanting them to move on right away and try to have another child following the loss of their newborn daughter.

"He just wanted to move on and have another child."

Another participant who reported throwing himself into schoolwork and sports when trauma occurred in his FOO also noted that he immersed himself into work following the death of his daughter. A female participant who lost a teenage son recalled how she can tell that her husband was struggling with his emotions at a wedding where

the father of the groom was making a speech about their father-son bonding. "It was really hard for him there" she reported.

Most participants (89%) reported that the grieving process has been both individual and shared experience. They stated that this required the utilization of resources that are personal and between them and their partners. In terms of sharing the experience with their partners, a little more than eighty percent of the participants described it to be more positive and helpful whereas others (8%) perceived it more as a negative and not helpful experience. For instance, some of the couples who reported the shared experience with their partner to be positive also noted feeling comforted, listened to, understood, their experiences with the deceased child and grieving process not minimized, leaning on each other's strengths, and feeling connected to each other.

According to one of the participants who talked about the shared experience with her husband

> "I can count on him to share this with me. I can trust him with my feelings, my ups and downs, my tears, everything. Yes, we don't talk it out all the time, but sometimes words are not necessary. He gives me space, intimacy, comfort. I also know that he is hurting, and I always let him know that I am here."

Her husband echo the story she told about their shared at a wedding

> "When she held my hand (during the groom's father's speech on father-son bond), I felt the strength. She did not have to say anything. The look, the smile to acknowledge me, we were connected. We share moments like that all the time… though we are also dealing with it individually, we also pulled our strengths as a couple."

His wife added

> "You know, in that room, at that moment, I was the only one that understood, that know, that felt with him. We comforted each other and remembered together. That is what we do for each other and how we shared the experience… when everyone is so happy, we were the only two having that mixed emotions together."

Thus, couples who were aware of their shared experiences and worked with each other reported having a more positive experience and helping each other than those couple who did not share their experiences with one another.

Another participant, whose son died 6 years earlier, divorced her husband afterwards but reported that she was psychologically declining until she reconnected with her ex-husband whom she has relied heavily on (emotionally and otherwise) ever since,

> "I was giving up on life and entertained suicide. September (2009), I was suicidal. I had been on depression medication… I had lost my job and didn't have insurance and couldn't go to the doctor… I checked myself in… I called [ex-husband and they] kept a phone relationship going when I ran away to Missouri... we talked on the phone, sometimes as much as daily… he's just been there for me emotionally… I don't manage myself well… can't manage my finances, I have no self-control… developed a gambling habit… he is the only one that I could trust to tell I was suicidal."

A married father reported

> "It was hard on us. [His wife] immediately got us into counseling and grief group in our church… Sharing it not only helped us as a couple but also individually."

His wife concurred

> "There are times it felt like no-one else in the world can truly feel what you are feeling and sometimes it is hard to share. We cried together. We did our best to share the experience with each other."

One participant noted that they grieved

> "Definitely as a couple. We have our times individually and probably grieved in different ways but we have also grieved as a couple… we attended some couple's grief counseling to work on it. I have been so depressed sometimes when I just wanted him nowhere around me and he has had his issues too. But most of the times, we have done a good amount of it together."

Another participant noted

> "My husband allows me to open up to him. I know I can count on him to share this with me."

It appears that there was some amount of trust that came with sharing the experiences of the loss and life afterwards with a partner that the participants did not have with others outside the relationship. Recognizing and sharing with each other appeared to have been helpful for these participants.

On the other hand, there were participants (19%) who reported that they were not able to share the experience with their partners or that sharing the experiences with their partners were not a positive one. Some of them talked about their inability to deal with the trauma made it had for them to deal with it as a couple.

One participant stated

> "There is no question that we grieved alone... I definitely grieved alone… and I think she believes she was grieving alone. She was so isolated with all the sleeping it had to feel very alone for her. Then she decided to move out (which) proved to exacerbate the situation."

The couple who separated following the husband's drug and alcohol abuse and their constant fights reported that

> "As a couple, we had a rough road. We were not doing very well and really not doing well together…. It was just too hard and too painful and we were fighting a lot… we separated a couple of times."

They also reported that they felt that they grieved alone

> "We tried to do it together but the minute everyone left following the funeral, the bottom just fell off. We just couldn't do it and everything that happened has taken a toll on us by then."

It appears that the participants who felt that they mainly faced the grieving process individually reported more negative experience grieving as a couple.

One participant, whose marriage ended in divorce a year after the event, stated

> "It felt different for him. This was my experience, my child. Yeah, we did not talk about it. It was a surreal experience for me and I think I dealt with it the

best way I know how, by not talking about it… I did not process it with anyone especially my husband… I definitely grieved alone… As a couple, we never discussed it… We did not share (the experience of the loss)."

Her ex-husband echoed

"I just wanted us to continue to build our lives. I don't know how to deal with it. It was too hard but we continue to live our lives."

Findings show that when grieving as individual, there are different mechanisms used by the participants to manage the loss such as immersing self into other parts of one's life or doing other things in order to avoid dealing with the trauma issues.

For instance, a married father reported

"Running a company made me a bit tougher… sometimes I tried to manage this loss and what came with it."

Another married male reported

"I did not deal with it well. For a while, I self-medicated with alcohol and drugs. It just numbed everything and quiet the voices."

Another participant reported that he visits the gravesite a lot because it is cathartic for him whereas his ex-wife

"would fall apart if she got more than 50 feet to the grave."

All the participants described the pain caused by the sudden loss of their child. Some individuals may choose to cope with the sudden death of their child by trying to fill it or move away from it. For instance, one ex-couple reported struggle with the grieving process as a couple due in part to the husband wanting to ease their pain and have another child while the wife did not want that.

Almost twenty percent of the participants reported that they coped with their loss by focusing on their religious or personal beliefs. Statements such as ''It was God's

will,'' "I relied/leaned on [turned to] God", and ''my faith helped me'' were quite common. They held a comforting image of their child being close to God or up above.

One male participant stated

> "I am not very religious but if my baby is up there in the moon with God, I needed him as a medium to reach and talk to her. So that helped too."

Another participant recalled that she had what she called "spiritual crisis" following her son's sudden death and subsequent marital discord with her then husband. She also reported that this led to major "spiritual awakening" for her to start healing and survive. One of the couples reported that their faith, which was central to their relationship, helped them tremendously. The wife reported

> "We really felt lost when it happened. How do you cope with such a thing? Even when I don't feel connected to anyone, I feel the connection to God and that has really been my saving grace. That is really the glue for us and we use that to try and make our connection with each other stronger."

Gender differences were noted by the participants in going through the grieving process, though most of them (90%) reported that they do not believe it was a factor.

One female participant noted

> "I think that women tend to be more emotional, meaning [that they] show more emotion and talk more about it."

Her husband echoed

> "There is always gonna be differences in ways that people deal with such loss, as individuals and as males/females. Is it genetic, innate, societally constructed, taught in families? I don't know. Probably all of them… you will probably see the differences in the ways that men and women do it."

A female participant reported that from her own experience, she did not see any gender difference

> "I think I internalize everything as much as he did, so there was no gender difference that I could see. As the person who carried the baby and felt

everything, there is likely to be more feelings, thoughts, issues about it outwardly. But we did not have differences in coping based on gender. He did it his way and I did it mine."

Another participant stated

> "Men and women tend to deal with things in different ways. I was a new nursing mother at the time. Wow, the hormones. But I think that our individual differences were more prominent than gender issues."

Though some of the participants may think that gender differences did not play a part in their grieving process, they acknowledged that gender differences do exist in the way that people deal with such trauma.

It is noteworthy that half of the men interviewed noted that part of the gender difference stem from socially-constructed stereotypes in which the father is expected to not be too emotional and be able to deal with the loss better than their female counterparts.

The husband of the last participant mentioned above noted

> "Society also plays a big part on how a man should cope with loss than a woman. Can you imagine me calling my company and telling them I have to take a month or so off to deal with my loss. But if my wife can't get out of bed and call, they are likely to encourage her more. I am not saying that is a bad thing but the gender differences come from every angle."

Another participant noted that he still gets ask about how his wife is doing and coping more than he is asked about himself

> "I also get the feeling from the way that I am usually asked about me that I should be doing okay."

Another male participant reported that from his experience

> "As a man, it can be hard sometimes to really convey what you are feeling. Sometimes I don't even understand or have the words for it."

One of the couples interviewed said that their grieving process was atypical of what is usually expected gender-wise. The husband noted

> "I am more of the emotional one and will cry at the drop of a hat… It still affects me a lot now and I get very emotional."

His wife concurred

> "He was a mess during the funeral time. I actually had to ask him to cry during the funeral. He was wailing a lot and I was afraid he was going to scare people."

This means that there are gender differences in dealing with the sudden loss of a child and there are ways that men and women are expected and accepted in dealing with this traumatic event.

There were certain perceived interpersonal and intrapersonal developments that were reported as part of the grieving process for the couples. These include the perception of possibly affecting their identity and roles. The loss of a child, especially if the child that died was an only child, can make it harder for a couple to establish a new identity and possibly new roles. The participants in this study discussed their experiences about the disruption of their identity and the loss of parenthood especially with an only child.

For instance, a participant whose only child died stated

> "We went from being parents to not being one. We went from being a complete family to this. I was her mom and sometimes it is hard for me that I will never hear her call me mommy anymore. It is so hard not being a mom anymore."

Another participant noted

> "He was my firstborn. The one that call me mommy first. The one that taught me the joy of motherhood."

A male participant who lost his only son, a 15 year old whom he was very close to, remembered

> "With us being the only guys in the house, that time ['man time'] is special to us and we have been doing it since he was 2 or 3… I do miss my boy."

He indicated the disruption of his role as a father to his son by noting that the sudden and unexpected loss of his son took away his ability to fulfill the dream of raising him.

Due to the sudden loss of a child, some participants appeared to have increased difficulties in redefining themselves as parents and this possibly had negative impact on their grief which presented complications. Twenty percent of the participants reported continuing to have psychological difficulties that stemmed from the loss of their child. Two of the participants, who described themselves as unable to handle their overwhelming grief even after several years, suggested that life may have lost its meaning for them. One of these participants reported entertaining suicidal thoughts over the years while the other reported serious abuse of drugs and alcohol.

When asked how the sudden death of her son had affected her life, the participant who has contemplated suicide replied

> "It's completely destroyed it. And I am trying to rebuild it but there is a lot of pain to talk about… for most part after 6 years, it is just emptiness… I don't think there's ever going to be true joy or peace. I don't have any hope."

Though she had two other sons, she reported that there have been a lot of problems for individual family members and for her.

> "I just wanna live long enough to where my autistic boy can care for himself… because right now he's like about your average 12 or 13 year old… just because I don't wanna live in this pain."

This means that couples are likely to struggle with psychological and behavioral difficulties following the sudden death of a child.

A participant reported that for his family, which was previously made up of himself, his wife, and the child who passed away

> "It was like we were broken… I mean a piece of us is no longer there."

Another participant stated

> "We continued to have our roles in the family and with each other. But we did it as a unit and it helped a lot."

It is also important to note that some of the participants reported that any special roles that they took during the grieving process were just a continuation and an extension of their roles in the relationship and in the family. The quest to ascribe meaning both to the child's life, even when it was only for few hours, and the death were also noted in the couples' narratives. The participants discussed some of their memories of their children. Some of the ways the children were described as include little angel, princess, amazing kid, goofy, and feisty little one. They were seen as joy to their parents' lives and remain a missing part of their lives. All the participants reported that their children's death affected their lives.

One mother stated

> "We have been blessed with two boys since then and with [oldest of the two sons], I was a bit paranoid at first. But by the time [second son] came along, things were changing for the better."

Several of them reported that they are more appreciative of their lives and families.

A father reported that

> "[His daughter] was a great teacher for me. She opened my heart and I feel like I learned more how to let myself trust and learn more from my loved ones since her."

The participants noted that there is a new sense of meaning to what their families have become and how they perceive their families after the death of a child.

Couples who did not recognize or accept the unique way each of them was experiencing and dealing with the loss were more likely to experience more relational problems. For instance, when one spouse wished to share memories, thoughts, and feelings about their deceased child, the other was unwilling to recall any event whatsoever.

One participant recalled,

> "I felt so alone because I really badly wanted to share with him. He threw himself into his work and did not want like it when I try to bring up anything about our son. Instead, it will turn into a big fight and then he will leave. I am so lonely emotionally and physically. It is horrible because not only did I lose my son, I had so much going on inside me and I was losing my marriage too and there was nothing I could do about it."

The lack of sharing in their grief resulted in the couples having problems in the relationship and possible estrangement between them as they are not feeling mutually misunderstood and unsupported in their grief. One of the couple interviewed reported that after their first separation following intense marital conflicts stemming from their daughter's sudden death, the husband had an affair. He stated

> "I was only with the other woman because I felt that she was there for me especially after [wife] left… I needed to connect to somebody, to something."

Another participant also reported that she was not able to discuss the loss with her husband.

"With him, no way. Just can't talk to him about it. It is what it is. We haven't done it since it happened and we are not going to do it now."

The couple separated less than six months and their divorce was finalized about a year after the death of their daughter.

Core Themes about the Outcome of the Couple's Relationship

An analysis of participants' narratives also revealed another theme that was fundamental to this study. This category emphasizes on the relationship adjustment of the couples following the sudden death of their children. Some of the areas of focus for this category include (a) changes in self and relationships and (b) the state of the couple's relationship after the loss.

Changes in Self, Relationship, and Life Afterwards

When participants were asked to describe the perceived level of functioning and adjustment following the loss of the child, each one of them described some level of changes in their perceptions of self, their relationships with others especially their partners, and life in general. It was explained that the death of a child is never put in the past in other to move on, but that it requires moving forward in other to grow and live life. Participants who reported positive changes (95%), such as in their perception of themselves, also indicated effective adjustment and reflected a process of personal growth. They are likely to value relationships more than ever before.

One of the participants as he took and kissed his wife's hand during the interview reflected

"It made me understand the priorities in life"

Another participant noted

> "I see myself paying more attention to her, to us... Watching my wife go through it taught me so much about her and I have so much admiration for her strength."

They found a new appreciation for life and were more able to enjoy it, reporting that their loss experience had strengthened them.

One participant stated

> "[My daughter] was a great teacher for me. She opened certain parts of my heart and I feel like I learned more how to let myself trust and lean more to loved one since her."

Another participant reported

> "I appreciate life to the fullest and try not to take my family for granted."

Negative changes (5%), such as poorer mental health, were related to increased difficulties in one's relationship with self and others, especially their partner at the time of grieving.

In terms of difficulties with oneself, a participant reported

> "Any time there is a setback, like losing my job, but it doesn't have to be anything major, it brings back all of those feelings. It's just like my world is crushed again and I don't really have the ability to handle failure very well… I'm not strong."

A participant who started abusing drugs and alcohol after the death of his daughter reported increased marital discord due to this change.

> "It was just too hard and too painful and we were fighting a lot. I did not know how to share the experience with her… I am still drinking but not like before… we became verbally and physically abusive to each other and she kept leaving me. I don't know what will happen in the future. She may leave if things don't get better, who knows."

Participants also reported changes in their relationship as a couple. They suggested that the loss experience had either brought them closer or created a greater distance between them. Fifty-seven percent of the participants described themselves as more understanding of their partner's emotional and behavioral issues.

One participant stated

> "I just don't wanna talk about things sometimes but I do understand that others may need that and with my wife and girls, I now try to pay more attention and be there for them."

The couples are likely to develop closer bonds, spent more time with each other, and expressed more frequently and openly their love and affection. For the participants who reported that the experience created distance between them, this appears to have occurred mostly in couples and individuals who described pre-existing conflicts in their relationship that became more pronounced after the death of the child.

Finally, about seventy-two percent of the participants reported greater compassion and understanding for relatives and friends. They felt increased warmth for children and developed a social interest and strong desire to be helpful in their community. A participant revealed that part of his healing and growth following the death of his son is finding an outlet to do volunteer work and running a support group for families who lost their children.

> "[Son's death] is part of the fabric of my life. It added purpose and focus. Made me understand how precious time is… I certainly learned more about death than I did as a child… Certainly understand it far better now… It's become my creative outlet because I've written eulogies and poems for people."

Though most participants reported that their social relationships are good, some noted that there are some reservations but appreciativeness about the relationship they have with others.

A participant who went through a divorce reported

> "I have amazing friends and family members who have been there for me. After the divorce, I came to appreciate more certain qualities in my current partner especially the way he listens and let me lean on him without judgment."

Another participant also noted

> "I have had some issues with some close family members and some are no longer part of my life. But in all, things are good."

State of Couple's Relationship Following Sudden Death of Child

The findings of this study show that every couple's relationship is challenged and altered in the aftermath of the sudden death of a child. Some participants (58%) reported that they have been able to work through the devastation and grief with their partners and their relationship becoming stronger, whereas for some (33%), the sudden death of a child may too often have contributed to more difficulties in the relationship and led to separation or divorce.

The areas that emerged in the study's findings are that of perceived availability of couples to each other and the quality of the relationship following the sudden death of a child. These were evidenced in the reported perceived nature and quality of support that the participants had with their partners and how these significantly impacted the grieving process and their relationship afterwards.

One participant noted that his wife

> "Encouraged me to not be afraid to express what I can and she will be there with me."

Another couple reported

> "We cried together… sharing and supporting each other really helped… Things are great and when they are not, we work on it together."

A participant who started abusing drug and alcohol and whose wife was diagnosed with depression stated

> "I felt helpless when my wife got sick, and I was helpless for myself. We really did not know how to handle it."

A divorced participant who reported grieving alone and not feeling connected to her ex-husband said

> "Our relationship never recovered after her death. We became a lot distant from each other both physically and mentally."

There appeared to be some difficulties that were more pronounced with couples when there is a combination of being too different in terms of their FOO issues, not being flexible in dealing with the sudden death of their child as a couple, not sharing this experience with each other, and lacking mutual understanding and support for each other. It was found that the more there is of this combination within a couple relationship, the more likely the couple is to separate or divorce. All the participants in the study reported that they felt that they were sheltered from loss and traumatic life events in their FOO and that their upbringing did not prepare them to handle the loss of their children. On one hand, all the participants who were separated or divorced from their spouses after the death of their children (33%) also reported relationship problems with the partners, such as physical and emotional distance between the couple, and feeling that they grieved alone. For instance, two of the participants who are divorced from their child's father reported that they grew up in families where trauma and loss where not addressed

especially with children, they did not deal with any major stressful issues as couple prior to their children's death, they felt that they grieved the death of their children alone and different, and they did not feel supported and understood by their partners. The participants who reported experiencing spousal conflicts before and after the loss described their relationships as being tense or source of aggravation that worsen the process for them.

One couple reported

"We had a lot of problems before her death… but it just got out of hand afterwards."

Perceived absent, inadequate, inappropriate relationship prior to the sudden death of the child appeared to have contributed to increased sense of alienation among these couples. One participant reported that her ex-husband and the father of her deceased son was having extra-marital affair and this compounded their problems and led to mistrust and more emotional distancing after their child died. Another couple reported that she and her ex-husband married within months of meeting each other and were living in different parts of the state before and after marriage. This created physical and emotional distance for them and when combined with other problems such as different ways of grieving and excessive arguments, led to their subsequent divorce.

On the other hand, most of the participants who are still together (57%) reported that though they had some individual differences in dealing with their children's death but also had a more positive experience, appropriate and satisfactory support, and shared grieving experiences with their partners. Mutual love, respect, care, companionship, and partner active supportive roles were reported by these participants to greatly sustain intimacy in their relationships.

A couple stated

> "I think that [their relationship] has changed for the better. We are stronger for it. We have seen each other in the best light and in the worst. And we have seen the strengths we have individually and together… he is my best partner, my best friend through and through and I trust him with my life and heart. So yes, we changed but it feels more in-tune with each other and we are still taking time learning more every day."

One participant reported that after leaving her husband, she continued to struggle personally, including losing her job and having suicidal ideation. She reported that she is getting by only when she allowed herself to trust and rely more on her ex-husband who has been helping her continue to live her life.

In terms of the quality of the relationship following the sudden death of a child, the findings of the study focused on the level of couple functioning, the adjustment in the couple relationship, quality of different relationship areas, and the current status of the relationship. From the study's findings, the level of couple functioning following the sudden death of a child ranges from high level of functioning to low level of functioning. Majority of the participants (86%) noted that their relationship with their partner is better than it was prior to the death of their child. One couple stated "our relationship has gotten stronger."

This was further explained by another couple

> "[Our relationship] has changed. But I think for the better. We are stronger for it. We have seen each other in the best light and in the worst. We have gone through this huge thing together… I mean we do our best to care for each other intimately."

One participant reported stated her level of functioning in terms of still struggling to maintain their couple relationship.

One couple reported

> "We are picking up the pieces but it is not the same anymore. But we are trying… it is just hard."

When interviewing the couple who divorced but is dating each other again, the ex-wife/current girlfriend reported

> "It was strained obviously while we were divorcing. We did not stay friends and I ran away [for three and half years]… but we are probably a lot closer [now]."

Her ex-husband/current boyfriend added

> "We have become better friends because part of what friendship truly is, is to be able to share all the dark sides of our lives."

In some cases, albeit a small number of participants (14%), a relationship is non-existent.

One couple reported that they are divorced and have not in touch with each other

> "Our relationship never recovered after she died".

Another divorced participant who is also not in touch with her ex-husband was interviewed alone. She reported making the decision to walk away from the relationship due to too many differences and her inability to heal within the relationship.

In terms of the adjustment in relationship, all the participants reported that following the sudden death of their children coupled with all the issues involved in the grieving process, there were some adjustments to their couple relationship. The findings also showed that the relationship that survived and functioning well are the ones that were more flexible and the couples worked at adjusting to the processes.

One participant noted that

> "There are always ups and down in relationships but we have learned to not let the downs become straining to our relationship… we have gotten better and take better care of ourselves individually and together since [son's] passing."

Another couple stated

> "Things are not always great but we work with it and we keep our relationship priority… [separation/divorce] has not been an option in our marriage, so whatever we have to deal with, we work through it. It continues to grow stronger."

Participants who separated or divorced reported that the inflexibility in adjusting to the changes in relationship following the sudden death of a child did affect their relationship.

One female participant who is still with her husband reported,

> "I felt like I was dying, that I needed to die to escape. How was I going to talk about this with my husband? And it did not help that he was acting all macho and moving on with his life… we couldn't handle the change."

The divorced couple who lived apart most of their relationship noted

> "It got too hard and things got worse… after a while, the best thing for us was to go our separate ways… He went back to his life and I continued me… that was basically it."

For the couples who are still together following the sudden death of their child, the quality of their relationship was also noted in the findings. The areas of their relationship explored were intimacy, sexual life, and communication. The participants reported that these areas of their relationship were affect and they perceived the quality of these relationship areas to be better, worse, or the same as it was prior to the death of their child. Communication was reported as a very important area that made a major difference in the level of functioning, quality, and outcome of their relationship. For one

couple, they reported that most areas of their relationship stayed the same, though they have improved in their communication skills with each other.

Another couple noted

> "With mutual respect, love, trust, and better ability to communicate with each other, our intimate life has grown to an amazing place. Even with [having children], our intimate life has been great."

One participant reported that

> "Our sex life is pretty much the same but there is a higher sense of understanding, better appreciation of each other. We communicate more… we take time to listen to each other and ask how we are doing."

The participants who are divorced or are struggling to maintain their relationships reported problems in all these areas.

One couple reported that they became verbally abusive to each other with the wife noting

> "He cheated on me since [daughter] died. He said it was just one time but I don't believe him and maybe he will do it again. Sex has not been the same but a lot is going on too."

Another divorced participant who no longer has any relationship with her ex-husband reported that he (then-husband) had cheated on her few times prior to the death of their child and tried to get her to become involved in appropriate sexual behaviors with him and others. Things became worse between them and she subsequently left the marriage. The couple who divorce but currently dating reported that though they love each other, the relationship also has some brother-sister tone to it.

> "As long as intimacy is separate from sexual, then it is much much closer. Much deeper understanding of each other, and much more careful about how we treat each other… We were actually trying to renew the sexual part of our relationship and he was trying for me, but he just doesn't feel good most of the time because of his heart medicine. We care for each other. We are willing to

> work through the problems to be together. I guess it's more of a commitment… I love him very deeply, but it's more of a brotherly-sisterly type of love."

Though she reported at other times that she has been suicidal from time to time, she noted that he is more of a life-line for her too.

> "I trust him completely… we have a totally different relationship now and I couldn't live without him… He's the only one I could trust to tell I was suicidal."

In terms of the current status of the relationships of participants interviewed, most of them (81%) reported that they are doing well in their various relationships. Two couples have separated at least one time, with one of the couples divorcing, but have rekindled their relationship. It is important to note that both couples reported continued struggles in their relationship with one stating that they do not know if the relationship will last. The other couple reported that due to current problems that they are having, they are considering living in different homes but continuing to see each other. The wife stated that due to different family members moving into their home

> "Our relationship isn't going to change other than we're going to live in separate households. We still plan on having date nights and talking every day and taking care of each other."

This shows that when the couple continues to struggle in their relationship following the sudden death of a child, their relationship is likely to weaken unless they work together to rebuild their bond as a couple.

CHAPTER SIX

DISCUSSION AND CONCLUSIONS

Discussion

The purpose of this study was to examine the adjustments and changes that occur in couple relationship following the sudden death of a child. Furthermore, there was an exploration of the themes and categories that systematically contributed to the outcome of the couple's relationship (See Figure 1). Research findings suggest that losing a child is undoubtedly the most painful and devastating experience (Amour, 2006; D'Epinay et al. 2003). The findings in the present study confirmed the unparalleled loss and grieving that couples experience due to losing a child. For instance, one of the participants stated that the loss was the most tragic event in his life. This was reiterated by other participants in the study. Many of the participants described their loss as incomparable to any other traumatic life experiences they have been through both in their FOO and in current family.

The findings are also in agreement with those of researchers who suggest that the sudden death of a child can affect the nature and the intensity of parents' grief (Amour, 2006; Lohan, 2003; Wijngaards-de Meij, 2005). The initiate reactions to and pain of losing their children reported in this study were described to include shocking, devastating, panicking, intense, and long-lasting. The participants reported shock, denial, and emotional numbness when they learned of the children's sudden death. A participant reported feeling "shock, disbelief… like an out-of-body experience." A unique aspect of this finding is that besides being shock, many of the male participants also reported feeling anger. One father stated that he felt angry that the event happened to him.

Fundamental to the participants' loss and the impact on their relationships were three core themes as presented in the findings: processing trauma prior to the sudden death of a child, the grieving process, and the outcome of the couple's relational life afterwards. In examining these themes, it is suggested that there is an interrelatedness among them. These core concepts were found to be closely interrelated and to mutually affect each other. The death of the child led to the ways that the couples, who were influenced by FOO and current family issues, handled the grieving process individually and together. This means that the ways that trauma and loss were processed in the FOO and families of participants prior to the loss of their child was found to be related to the grieving process and how they handled the loss of the child individually and as a couple. In turn, these themes contributed to the outcome of the state of the couple's relationship following the loss. This is significant in that each of the core categories has been described in the literature mostly independently and less in relation to each other (Broman et al., 1996; Corr et al., 2000; DeSepelder & Strickland, 2002; Wooden, 2002).

In this study, it is found that the strategies that the participants used when dealing with the sudden death of their child individually and as couples contributed to their relationship becoming stronger or weaker following the loss. The analysis of the participants' accounts allowed for a formulation of a guide that describes the core characteristics of their trauma/grief experiences, the variables that affect the couple's grieving process, and the outcome of their couple relationship following the sudden death of their child (Figure 1). This can be beneficial when doing clinical work with individuals and couples who suffer similar loss especially when dealing with the effect of such trauma on their relationships.

The participants' grieving process was described in the study as both at individual and couple levels that unfolded within a context that was available to them. Starting from their families of origins, these individuals expressed what they perceived as their families shielding them and not preparing them on how to handle traumatic life events or grief. These, they noted, informed the ways in which they handled traumatic life events and grief in their own family and relationships. Becoming more aware of the openness or closeness of an individual's family system can lead to better understanding of the different ways of handling traumatic life events and how this affects how these individuals handled and processed traumatic life events prior and following the sudden death of their child. For many participants, the death of their child was the first time that they have had to go through such life event. Stressors on system (such as a couple) can lead to more closed and rigid system which in turn contributes to poorer quality of the relationship (Olson & Gorall, 2003).

Broman et al. (1996) reported that people who go through trauma and have serious problems in their relationships may not feel close to or trust the people around them. This is evidenced in this study in that couples with more closed and rigid system had more individualized approach to the grieving process and the couples were more likely to have more relational problems leading to separation or divorced. Participants who had closed systems appeared to have more dysfunctional behaviors as a couple and substance abuse and abusive relationships were reported to be present. This is in agreement with previous studies showing that couple's relationship suffered, with possible separation or divorce, (Murphy at al., 2003; Revenson et al., 2005) when they are more dysfunction and substance abuse in the couple system following such traumatic

event (Bennett, 2000; Doka & Martin, 2000). The participants in this study, who were in open couple system reported that they felt that they were treated with love, respect and caring by their partners and their needs and grieving process were acknowledged. Some reported that they had to learn how to share their feelings and thought with their partners. These findings are significant in that they concur with the notion of an open system (in any type of relationship) allows for interaction between those individuals in the system, such as in a family or within a couple system. Thus, when working with couples or families, it is important to also focus on the effectiveness and functionality of the system as this can be beneficial for the members of the system when faced with traumatic life events.

The participants in this study reported that following the sudden death of the child, there was an essentiality for individual grieving and, concurrently, a need to also share their experiences and feelings with their partners, thus engaging in an intrapersonal and interpersonal processes (Aho et al., 2006; Dosser et al., 1986). Interestingly, in this study, shared experiences with a partner and grieving as a couple were found to contribute to the relationship outcome with the different couple systems. This was related to how they have individually and together addressed these issues in the past. Even with the couples who expressed that they did not have a good experience with their FOO system, and had not dealt with traumatic life event of this magnitude prior to the death of their child, it appears that the ability to have good open discussions including shared grieving, to be appropriately supportive and available to each other, and utilize each other's strengths have affected their couple relationship in a more positive way. This concurs with previous studies about healthier couple systems when there is openness and

good communication between the couple (Goff et al., 2006; Kemm & Vanderberger, 2001). Thus, the needs of the couple system and ways to utilize the strengths of the couple while catering to individual concerns are explored despite individual differences. The findings of this study show that with such behaviors and relationship by the couple, the system is likely to change to reflect the level of healthiness and more likely to survive and grow stronger. In these types of relationship, the partners learn and grow, thus strengthening the relationship as well.

Conclusions

This study seeks to further understand the impact of the trauma of the sudden death of a child on a couple's relationship. The results from this study concur with the current literature, which shows that the sudden death of a child do have major impact on the parents individually and as a couple. The results of the study also specifically allow for firsthand account from some of these parents on the specific impact that the trauma of such loss has on the different areas of their couple relationships.

Implications of Study

Through qualitative methods, this study examined some of the impacts of the sudden loss of a child can have on parents' relationship. This includes how each individual deal with the emotional and physical difficulties that comes with losing their child, the intense stress felt by these parents, how equipped they are to deal with the

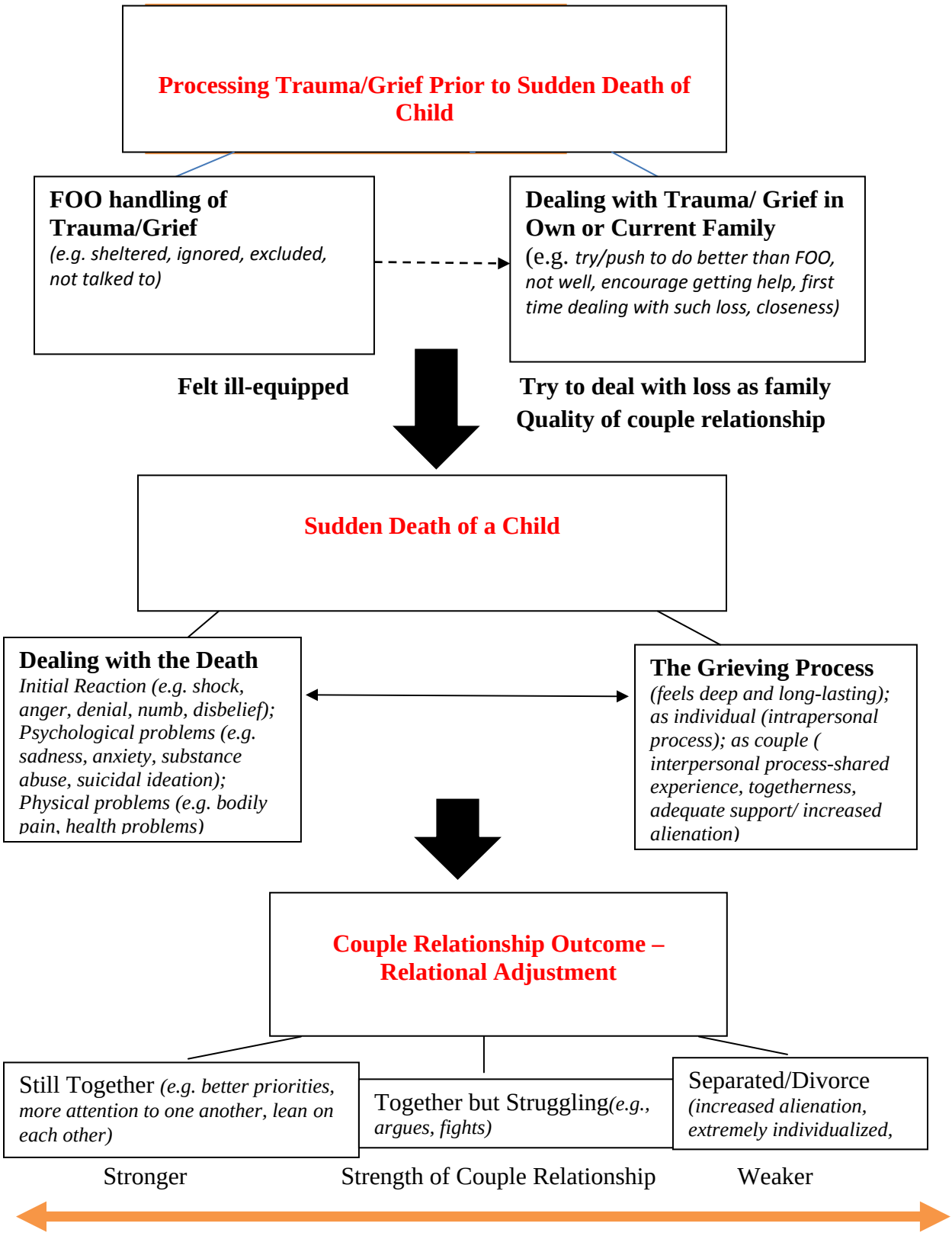

Figure 1. The interrelatedness of the 3 core categories (Prior to Death of Child, During Grieving process, Outcome of couple relationship)

death. Some literatures (such as Dyregrov & Dyregrov, 1999; Wijngaards de Meij, 2008) have also looked at the impact of the loss of a child depending on gender differences in coping styles, the family members' functioning, and how the couples deal with the death together.

Due to the complexity of the effect that the sudden loss of a child would have on parents, there is a need to further investigate and understand the different ways that these couples will be affected due to this trauma. Additionally, it would be clinically beneficial to further understand how to identify these concerns on couples and parents and to develop and implement programs that are specific to these populations. It may also be possible that other populations of grievers will emerge as data collection and can inform overall mental health research and practice in dealing with these issues.

Clinical Practice and the Field of MFT

There are some valuable implications from this study for clinicians and other professionals who work with couples and other relational systems. When working with families and parents who are going through grief due to the loss of a child especially shortly after the trauma, there might be the tendencies to focus mainly on the impact of the death on physical and psychological well-being of the family members and parents.

This is a good place to start but it is also important to remember that the individuals are part of different relational systems and the way that they are dealing with the trauma will affect their relationships. The couple is usually the head of the household, thus, the well-being of their relationship is very vital to the well-being and stability of other family relationships and the family system as a whole. This study's

findings contribute to further empirical evidence of the impact of the death of a child on couple's relationship. Thus, the suggestion is for clinicians to be aware of the benefit of maximizing the strengths of a couple system especially when there is an occurrence of a traumatic life event.

The findings of this study also provide insightful information for marriage and family therapists who work with couples dealing with relationship issues. In order to be able to provide effective clinical treatment, it is important to recognize the effect that trauma has on couple functioning and try to help the couples prevent further individual and systemic damage from the trauma. The clinicians can help couples who may be struggling in their relationships identify, acknowledge, and address any traumatic life events that they have been through (such as the death of a child) and how these events may have altered their relationships and family structure. Understanding the relationship between the effects that trauma can have on the a couple individually and as a relational unit and how that can really affect different areas of their relationship will allow the clinician to better understand and attend to not just the symptoms brought into therapy, but also why and how the problems exist and are maintained, and the relational advantages and disadvantages within the system. By understanding how the effects of trauma can be manifested within the couple system, especially as outlined in Figure 1, clinicians will be able to intervene successfully with these client systems. They can also take their treatment process to a better height and be able to work more efficiently with the couples and other relationships in general.

For instance, clinicians are likely to encounter many people who are struggling with the impact of losing a loved one on their lives and on their relationships. MFTs are

also more likely to work with couples who are faced with the changes that have occurred in their relationships especially following the death of a child. This study is relevant to clinical practice in that it provides better understanding to clinicians that go beyond just the impact of such loss on the couples (in terms of physical and emotional symptoms) to understanding how and why the relational problems are occurring. The model in Figure 1 provides a guide that can be used for this purpose working with couples when dealing with traumatic events. It gives the clinicians broader information on more in-depth things to consider, such as finding out the impact of FOO on dealing with trauma or exploring how the family and couple systems operate, when working on marital issues or grief/loss concerns with couples and how to access and utilize what works in the dyadic relationship. The study is also relevant in that it is important for MFTs and other clinicians to understand the social, spiritual, gender, ethnic and other important contexts within individuals and couples' lives and how these issues define their relationships. This understanding also gives the opportunity to further examine how to better assess the couples' ability to cope with the death of their children while learning how to work with them on the impact of the trauma on their relationships.

Theory

Systems theory allows for better understanding of how things work in a relationship especially when the relationship is affected because of the individuals involved and also by outside events. Determining that a couple's relationship is a system and using a systems perspective in this study enhances the understanding of how and why the relationship system functions as it does. The study also improves the awareness as to

how to better deal with couple relational concerns such as communication, growth, flexibility, boundaries, rules, roles, goals setting, intimacy, and interacting together. When using systems theory in this study, it is expected that the effect that the death of a child has on each parent, the state of the different areas of the couple's relationship, and way that they deal with the effect of this trauma on their relationship will all figure into the present and future state of the couple's relationship. The results of this study bring to light and give more insight into the interdependency, wholeness, accordance, stability, and continuity issues that may exist with these couples. This study also showed that there is an interrelatedness between different systems, including intergenerational (from FOO to current relationships), especially in dealing with traumatic life events. The use of systems theory shows how these couples grow and find meaning within their relationship especially after losing a child to sudden death.

One of the implications of using the Circumplex Model in this study is that it allows for the relational system of these couples to be further understood by examining their underlying cohesiveness, flexibility, and communication patterns that are contributing to how they response to and deal with the trauma of the sudden death of their children. By learning the degree of the emotional bonding and adaptability that these couples maintain as they possible deal with the challenges of roles, rules, and power relationships in response to stress that they are encountering, more can be learned on the different types of couple or marital systems and on how to better work with these couples on their functioning structure and processes. This also allows for more knowledge on how the couple who are dealing with such trauma express emotions and communicate with each other and others.

In general, the results of the study can contribute to theory as there is a suggestion for further use of systems theory in examining and better understanding the issues of grief/loss with parents and couples relationship when dealing with any type of traumatic life event. Systems theory has a lot to offer to the understanding of relationships, especially in the area of coping with stress issues and changes within and outside of the relational systems. The Circumplex model also provides more in-depth way of thinking about the level of togetherness, emotional bonding, adaptability, attitude, and communication patterns of the couples who are dealing with the sudden loss of their children and how this tragedy can affect the quality of their relationship. Thus, the study highlights processes and concepts in couples' relationships which can allow for better understanding of the flow of different forces that push for these changes or work to repress them. The parents who have lost their children are parts of other micro and macro systems, and the connection, bonds, and patterns that are parts of these dyads contribute to the understanding of the impact of such trauma on their relationships and on these other systems.

Future Research

Many of the studies that have investigated the effect of trauma, grief/loss, and bereavement on couples and families have focused mainly on individual effects and relationship concerns (such as Aoun, 2004; Judd, 2001; Stroebe, Stroebe et al., 2001). Most of the research on the sudden death of a child, or following a prolonged illness, has focused on the impact of the death on the couple and other bereavement issues while fewer studies have examined the impact of the trauma on their relationship. Many of

these research studies are of general nature and may not account for the shape and long-term stability of relationships within the family.

Conducting a study that examines trauma, grief, and relational issues with couples can be beneficial to MFT and mental health research. By understanding the dynamics of couples relationships following the sudden death of their children, further research can be done in looking at effects of other types of traumas and stressors on specific areas of relationships. This can also be beneficial in looking at the impact of any kind of trauma on other relationships in the family such as parent-child or generational relationships. By better understanding what happens to a couple's relationship (a close and intimate system) when faced with trauma, further research can also be aimed at how the impact of the trauma can affect other systems that the couples are part of, such as working relationships and with their social networks. In essence, a goal of this study is to have an opportunity to learn from bereaved couples about their experiences of losing a child suddenly with specific emphasis on the impact on their relationships.

Furthermore, this study only utilizes qualitative research methodology, thus, other different methodologies (such as adding quantitative data for a mixed methods approach) can be applied in order to have a wider contextual dimension for the intensely personal qualitative experiences of the couples. This will also allow for researchers to deal with some of the nuances that may arise with current study. Due to the qualitative nature of this study, there are additional questions that can arise in interpretation of individual and family functioning following the sudden death of a child depending on the results of the study design. By using a qualitative approach, the study may not have accounted for information on this issue that quantitative or mixed methods design can best do. Finally,

the results of this study will have to be considered with caution due to the small sample size and the sample having to be drawn from participants in areas that may not be a very accurate representation of the population being researched.

Limitations to the Study

There are some limitations in this proposed study that are important to mention. First, since these data that were collected focused mostly on couples and couple relationship, the applications of the study may not encompass all parents whose children died suddenly. It would also not account for couple whose children did not die suddenly such as those children who died following a prolonged illness. Second, this study did not account for some factors such as ethnicity, age, social economic status, religion, lifestyles, relationship issues with other family members (such as other children), and impact of other traumatic life events, which may also influence a couple's relationship following the death of their child.

A third potential limitation to the study is that the sample used for the study was collected from the greater Riverside and San Bernardino county areas in Southern California. Since convenience and snowball sampling methods was used in the study, a pure representation of the population was likely not truly achieved. Thus, it would be impossible to truly generalize the results and applications of this study all parents and individuals in these areas or couples in general.

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APPENDIX A

INFORMED CONSENT

Informed Consent for Participation in Research for Individual Interview Participants

LOMA LINDA UNIVERSITY

School of Science and Technology — Loma Linda, California
Department of Counseling and Family Sciences — (909) 558-4547

INFORMED CONSENT

Dear Sir/Madam,

You are invited to participate in a doctoral research study about the impact of the trauma of the sudden death of a child on couple's relationship. It is hoped that the information collected from this study will help us better understand and assist couples who are dealing with the trauma of losing their children.

Purpose

The purpose of this study is to ask people about their life experiences following the sudden death of their children and how this has affected different areas of their relationship as couples. These areas include communication, intimacy/sexual relationship, parenting unit (if there are other children), rules and roles, and support system to each other. The goal of this research is to understand your experiences from your perspective, and in your own words. This information will hopefully enrich our general knowledge, in doing more focused research, and in our services to those who have experienced this type of loss.

Procedures

With your consent, you will be interviewed by a researcher either in your home or at any other convenient place. The interview will focus on areas concerning your relationship with your spouse or significant other (the child's other parent). Your participation in the study will take approximately 2 hours depending on the flow of the interview.

We will ask you to fill out this consent form and some general information about you. The meeting will be audio-taped so that the researcher can be able to transcribe the interview. This is necessary in order for us to be sure that we do not miss anything important that you share with us. Your participation only involves you sharing your story with us.

Risks

The personal information you provide will be kept anonymous. No effort will ever be made to identify you beyond the researcher who interviews you. It is our hope that since you will not be personally identified in the research, you will be able to answer the questions honestly. We understand that the topic at hand is sensitive and delicate to you,

and some of the questions that will be asked will be personal and emotional and may cause some discomfort. You can take as much time as you need to answer the questions and you have the right to quit at any time if you feel too uncomfortable to continue without any penalty to you. The list below can help you find a therapist if you need to talk to someone regarding the discomfort from answering the questions in this study.

1. Loma Linda University Marriage and Family Clinic
   164 West Hospitality Lane, Suite 15
   San Bernardino, California 92408
   Phone: (909) 558-4934

2. Christian Counseling Service
   51 West Olive Avenue
   Redlands, California 92373
   (909) 793-1078

3. California Baptist University Counseling and Testing Services
   3739 Adams Street, Suite 210
   Riverside, CA 92504
   (951) 689-1120

4. County of San Bernardino Department of Behavioral Health
   850 E. Foothill Blvd.
   Rialto, Ca 92376
   (909) 421-9200

5. County of Orange Adult Mental Health
   2035 E. Ball Road, Ste. 200
   Anaheim 92806
   (714) 517-6300

6. Los Angeles County Department of Mental Health

Participants Rights

Please remember that your participation in this study is completely voluntary. If you decide that you do not want to participate, you may stop at any time.

Benefits and Reimbursements

There are no financial benefits, incentives, or reimbursements to you for participating in this research. However, in answering the questions asked you may become aware of things that are important for you (and your partner) to do, address, feel, or deal with better in your relationship with your spouse or significant other. Furthermore, the data gathered in this study will be used to better understand the needs of couples and parents who are dealing with the loss of a child in future areas.

Although this research may not benefit you directly, it will help us to learn from your experience so that we can help other people who go through similar experiences. The sharing of your story with us may possibly benefit others who may be suffering as a result of similar experiences, and may help alleviate their suffering through what we may discover from doing this study.

Confidentiality

Sharing your experiences about the death of your child and the state of your relationship with your partner is a very sensitive matter. Thus, we want you to know that all of your personal information will be kept confidential. Since names are not needed in this study, the information collected will be kept anonymous. Your name will not be used in any of the written materials. All of your personal information will be kept in a locked file cabinet, and the list with your name and your code number will be kept separately from the tapes and the transcripts. We will shred all written information and erase all tapes at the end of the study. In the analysis of the transcripts you will be known only by your initials, and anything that could personally identify you will be deleted if we use what you said word-for-word as an example or in any presentations or publications. If we find that we do not understand something you have told us while reviewing the transcript of the interview with you, the research who conducted the interview with you will telephone you within 30 days of your interview for clarification. After that time, there will be no way to link your name with your interview information.

Additional Costs

There is no cost to you for participating in this study.

Impartial Third Party Consent

If you want to talk to someone who is not involved in this study about any complaints that you have you may call the Patient Relations office of Loma Linda University at telephone number (909) 558-4647. You can also send them an e-mail if you would like at patientrelations@llu.edu.

Informed Consent

After you have read this form, and we have talked about it to address your questions or concerns, please sign it so that I may be able to welcome you to share your experiences with me. This form will give me permission to have you as a participant in this study. Please keep a copy of this form for your future reference. Though by signing this form you are indicating that you understand the content ant that you are voluntarily participating in this study, it does not mean that you are not giving up any of your rights. It also does not keep the researcher, Loma Linda University, or anyone else involved in this study from their responsibility to you as a participant in this study. You may call the student researcher, Blessing Okoro, M.S., at (951) 505-9790 or her research supervisor, Colwick Wilson, Ph.D., at (909) 558- 4547 if you have any other questions or concerns.

Thank you so much for your participation,

Colwick Wilson, Ph.D.
Associate Professor of Counseling and Family Sciences
Loma Linda University

Blessing A. U. Okoro, M.S.
Marriage and Family Therapy Graduate Student
School of Science and Technology
Loma Linda University

I have been given a copy of this consent form.

_____ _____
Signature of Participant Date

I have reviewed the contents of the consent form with the individual signing above. I have explained the potential risks and benefits of the study.

_____ _____
Signature of Researcher Date

APPENDIX B

ADVERTISEMENT SCRIPT

Advertisement

Loma Linda University Department of Counseling and Family Services doctoral student seeking participants for a research study on the relationship of couples who lost their children to sudden death. Research participants will be asked to fill out a questionnaire, which will include demographic information, and to participate in a 1½ to 2-hour discussion of their experiences concerning the loss of a child and the impact on their relationships. No compensation will be provided to the participants of the study, nor will there be any financial costs incurred by the participants of the study. If you will like to participate in this research, please contact Blessing Okoro, doctoral student at Loma Linda University Marital and Family Therapy Department, by calling (951) 505-9790, or Colwick Wilson, Ph.D., Primary Supervising Investigator, at (909) 558-4547.

APPENDIX C

INTRODUCTION AND INSTRUCTIONS

INTRODUCTION AND INSTRUCTIONS

Introduction

My name is Blessing A. Okoro. I am a graduate student at Loma Linda University and I am pursuing a doctorate degree in Marital and Family Therapy. Your participation in my doctoral research will help me towards completing the requirements for my doctoral dissertation. Responses to the demographic questionnaire and the individual interview questions will be kept completely confidential and your participation is voluntary.

Instructions

You will be completing a demographic information form and a consent form. The interview will commence afterwards. Please, answer all of the questions on the demographic questionnaire, and sign the consent form once you have read and discussed the content of the form with me. Do not make any other marks on the sheet or write your name anywhere on the forms other than where instructed to do so. This will enable me to better track all materials that have any of your personal information so that they can be kept confidential. Please take as much time as you need during the interview and feel free to ask me any questions or concerns you may have.

Preliminary Setting for the Individual Interviews

This research will be examining your experience as an individual who has lost a child and the impact of that loss on your relationship with your partner. Although this is a very important topic for my study, I also do not want this to be a negative or very stressful experience for you. Thus, at any point of the interview, you which to take a

break or if you wish to terminate the interview for the day or withdraw from the study, please feel free to let me know so that I can accommodate your need.

The interview will be taped so to get a better sense of the overall experience without missing any important information that is shared. I want you to know that all of the information that I obtain from you and your partner will be kept confidential, and that you will be identified in my research documentation and paperwork either by numbers or any other identifications that does not reveal your true identity or personal information such as your names, address, or telephone numbers.

Sharing your information can have a lot of positive effects, and you may find that you find some benefits with openly and verbally sharing your experiences due to your participation in this interview. However, you may also have some sad feelings that may come up as a result of talking about your experiences or hearing your partner speak about his/her experience. If you so choose, I can provide you with referrals to services related to your needs with regard to your experiences with your loss. Remember, your participation is voluntary and you have the right to stop the interview at any time and please feel free to ask any questions or concerns that you may have. Thank you.

APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

Instructions:
Please circle/fill in your responses. All the questions need to be answered. Any identifying information such as your/partner name, address, and telephone numbers will not be used in any research materials or presentations to identify you. Your name is requested solely for the purpose of assigning an identifier for you. Your address number and address is requested solely for the purpose of the researcher, who will be interviewing you, to reach you for additional information if required.

Name: _____ Partner's Name: _____

Marital Status: *Single/ Married/ Divorced/ Widowed* Age: _____

Gender: *Male/Female* Partner's Gender: *Male/Female*

Ethnicity: _____ Partner's Ethnicity: _____

Educational Level: *No Formal Education/ Elementary School/ Some High School/ High School Graduate/ Some College/ College Graduate/ Master's Degree/ Doctoral Degree*

Partner's Education Level: *No Formal Education/ Elementary School/ Some High School/ High School Graduate/ Some College/ College Graduate/ Master's Degree/ Doctoral Degree*

Address: _____
_____

Best Telephone Number to Reach You: (_____)_____

Annual Income Level: *(1) $0 - $10,000 (2) $10,000 - $20,000 (3) $20,000 - $30,000 (4) $30,000 - $40,000 (5) $40,000 - $50,000 (6) $50,000 - $60,000 (7) $70,000 - $80,000 (8) $80,000 - $90,000 (9) $90,000 - $100,000 (10) Over $100,000 (11) I prefer not to answer*

Religious Affiliation: _____

How often do you attend services at your place of worship?
(1) More than once a week (2) At least once a week (3) Two or three times a month (4) Once every month (5) Less than once a month (6) Never (7) Other (specify) _____

Number of Children: _____

Gender & Age of Each Child:
_____

Gender & Age of the Child that Passed Away: _____

What are your expectations of the interview? _____

_____

_____

Do you have any special considerations, or comments that you would like us to know about before the start of the interview?

_____

_____

_____

APPENDIX E

INTERVIEW QUESTIONS

Interview Questions

The following questions have been formulated in an effort to begin the individual interviews with the participants of this study, with further questions and areas of need to be explored as the interviews are put into action:

Interview Questions:

1. Tell me how you and your partner met.
2. Tell me your favorite memories about (child's name).
3. How old was the child when he/she died? How did the child die?
4. Were you present when your child died? (If no, how did you learn of your child's death?). What was your initial reactions to the death?.
5. How was loss/trauma historically handled in the families you grew up?
6. How is loss/trauma usually handled in your current family? As a couple?
7. Describe how you have dealt with the death of your child (individually and as a couple).
8. How does your background influence how you've dealt with the death of your child?
9. How did you share with each other about your experience of this loss?
10. Do you feel like you grieved alone and/or as a couple? How would you rate your ability to talk to your partner about the death of (child's name)?
11. How has the death of your child affected your life? How has it affected your relationship with your partner?

12. Compared to your relationship as a couple prior to the death of (child's name), how has your relationship been like since then? (Expand on specific areas of relationship).
13. Do you feel like you blame yourself/partner for the death of your child? Do you feel like your partner blames you for the death of your child?
14. To assess the commonality of divorce as an outcome:
    a. (If no longer together) Regarding your separation/divorce, did this happen subsequent to (child's name) death? (if yes, inquire on the amount of time between the death and the separation/divorce. Also inquire on how they got there).
    b. (If still together) Have you ever considered separation/divorce following (child's name) death? (inquire on how long after the death and reasons).
15. How have you (individually and as a couple) managed loss? Do you feel like you have put it in the past and moved on or are you still going through the process? (Expand on answer)
16. Do you feel like you took on specific roles in the bereavement process? (Individually and as a couple).
17. Have you noticed any gender-based difference in the ways that you cope?
18. Are you more or less like the person who wished to talk about their loss? If you are, have you been able to talk openly? With your spouse/partner? Why (why not)?
19. Describe your feelings about your relationships with others close to you (other children, extended family members, etc).

Any closing remarks from the couples.

Thank you.

APPENDIX F

REFERRAL SOURCES

Referral Sources

1. Loma Linda University Marriage and Family Clinic
   164 West Hospitality Lane, Suite 15
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   Phone: (909) 558-4934

2. Christian Counseling Service
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   (909) 793-1078

3. California Baptist University Counseling and Testing Services
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   (951) 689-1120

4. County of San Bernardino Department of Behavioral Health
   850 E. Foothill Blvd.
   Rialto, Ca 92376
   (909) 421-9200

5. County of Orange Adult Mental Health
   2035 E. Ball Road, Ste. 200
   Anaheim 92806
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