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Stillbirth and the Couple: A Gender-Based Exploration

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Stillbirth and the Couple: A Gender-Based Exploration

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ABSTRACT. The stillbirth of a baby occurs in about 1 in 110 families yearly. Yet, little is understood about the ways in which grieving mothers and fathers experience the baby's death. This study is intended to explore the ways in which bereaved parents perceive and cope with the death of their baby and how the baby's death affects them both individually and as a couple. Respondents answered open-ended questions about their experiences. Results suggest that mothers and fathers grieve individually and collectively, struggling to find meaning in their losses. Responses to a baby's death may depend, in part, on the parent's gender, as well as on the individual's locus of control, couple and family cohesion, the degree of attachment to the baby, and social support. The death of a baby may create conflict in a marital dyad, yet many couples also experience a greater sense of closeness. A therapeutic relationship that is nonhierarchical and egalitarian, focusing on "keeping the therapist close to the experience of each

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partner” (Vatcher & Bogo, 2001, p. 76) may offer a place where the marital relationship can flourish after such a tragic experience.

KEYWORDS. Death of a child, gender, marital relationship, stillbirth

The death of a child precipitates a cascade of existential emotions for families and thus multiple layers of loss within the family system. Approximately 30,000 babies are stillborn in the United States each year. Calculating from an assumption that each baby is survived by both parents, two to four grandparents, and one sibling, about 150,000 family members are directly affected by stillbirth during the course of one year; the effects of those losses are often cumulative and intergenerational (Peterson, 1994). “At the individual level, parents and siblings are left to cope with their own emotional angst” as each member of the family struggles for equilibrium, leaving little energy to devote to the emotional nurturance of others (Fletcher, 2002, p. 59).

REVIEW OF LITERATURE

A review of the literature reveals very little investigation into the effects of a stillbirth on the couple relationship. The American Psychological Association’s *PsycINFO*, with more than 2,000,000 sources, has very few sources linking infant death and marital/couple couple dynamics in even a most cursory fashion. Similarly, *Family and Society Studies Worldwide* database, a joint project of the National Information Services Corporation and the National Council on Family Relations, lists more than 600,000 sources; again, little research looks specifically at stillbirth and couples. Additionally, the effects of a baby’s death on fathers have been “largely overlooked in academic research” (McCreight, 2004, p. 326).

Fletcher (2002) found complex challenges facing families after a child’s death. This is due to “(a) the unnaturalness of the death, (b) parents’ feelings of failure as protectors, (c) need for reorganization of the family, (d) the need to adjust roles, and (e) communication issues” (p. 67). During the acute crisis, the family faces difficult decisions about ritualizing the baby, autopsies, and final disposition plans. Later, they confront the unfamiliar territory of grief, while often

caring for surviving children, restructuring roles, and adjusting back to so-called *normal* life. Intimacy and sexual relations also decline for at least a period after the death of a baby (Lang, Goulet, & Amsel, 2001). Both bereaved mothers and fathers demonstrate significantly higher levels of depression than a control group, with these effects being longer lasting in mothers at a point up to 30 months after the death (Boyle, Vance, Najman, & Thearle, 1996; Vance & Najman, 1995). Stressors present many challenges for grieving couples (DeFrain, Martens, Stork, & Stork, 1986).

Research indicates definitive differences between maternal and paternal grieving styles, roles, and the emotional expressions of loss directed toward others. Versalle and McDowell (2005) found that those who were “feminine sex-typed...gave more sympathy” to those grieving loss than did the masculine sex-typed” (p. 53). Mothers typically experienced higher levels of and more enduring depression, yearning, anxiety, guilt, shame, and trauma symptomatology (Barr, 2004; Samuelsson, Radestad, & Segesten, 2001; Lang et al., 2001; Varney Sidmore, 2000; Vance & Najman, 1995; Bohannon, 1990). Bohannon (1990) found that bereaved fathers experience more anger while bereaved mothers struggle more with guilt.

The mere physiological state of pregnancy may contribute to such differences because the baby and mother share the same body, and she often recognizes the baby as an extension of herself:

Perhaps the mother’s attachment to her child is the strongest bond in the human. This relationship has two unique characteristics: Before birth, the infant gestates within the mother’s body ...and after birth, she ensures his survival while he is utterly dependent on her. (Klaus & Kennel, 1976, p. 1)

The process of giving birth may also explain some of the differences between mothers and fathers. A number of women suffer from post-traumatic stress disorder even after a normal pregnancy and live birth (Brewin, Andrews, & Valentine, 2000; Astbury, Brown, Lumley, & Small, 1994; Rowe-Murray & Fisher, 2001; Beck, 2004; Spies Sorenson, 2003). A stillbirth, therefore, would likely intensify any deleterious effects. Some women reported a sense of unreality, depersonalization, and being treated inhumanely during the diagnosis of the baby’s death, contributing to negative psychological outcomes (Trulsson & Radestad, 2004). Goldbach, Dunn, Toedter, and Lasker

(1991) found both mothers and fathers experienced high levels of despair, active grief, and difficulty coping. Yet, the mothers in this study experienced significantly higher levels of those measures during the first six to eight weeks following the baby's death.

Socioculturally, fathers face many challenges after a stillbirth, as men "have simply been disenfranchised from mourning practice" (Kanter, 2002, p. 1). In addition, "a father's attachment to the unborn child varies" (O'Neill, 1998, p. 33; McCreight, 2004). "Fathers are in a difficult position for a number of reasons: they are expected to take care of the wife emotionally; they are expected to continue to work and pay the bills; and they need to grieve for their lost baby themselves" (DeFrain, Martens, Stork, & Stork, 1990, p. 97). While the mother's loss may be more physical and less abstract, "bereaved fathers struggle with their multiple roles feeling powerless to support and protect their loved ones" (Armstrong, 2002, p. 344; Samuelsson et al., 2001). They express a desire to be "strong for their partner" and perceive their role to be as a supporter (McCreight, 2004, p. 345). Barr (2004) suggested that, while women may benefit from "the prosocial communal nature of functional guilt" by seeking support in the aftermath of the loss, fathers' guilt proneness may be related to their "apparent inability to alleviate their partner's distress" (Barr, 2004, p. 506). One father said, "I had to be strong... I was told not to show any emotion because it would upset her. It's funny: I was hurting, too, but I was not expected to show it" (as cited in Peppers & Knapp, 1980, p. 53). DeFrain et al. (1986) found that 28% of mothers and 17% of fathers "seriously considered suicide" after the death of their babies to stillbirth, and another 62% of the mothers and 50% of the fathers reported that they wanted to "go to sleep and wake up only after the pain was gone" (pp. 96-98).

Differences in communication style account for some of the dissimilarities in the expression of grief and this may be a source of conflict (Layne, 2003). Kamm and Vandenberg (2001) found significant disparity between genders about grief communication, with mothers placing more value on open communication than their partners. Martin and Doka (2000) isolated two schemas: intuitive—the more feminine style that focuses on seeking social support, narration, and open expression; and instrumental—the more masculine style that involves cognitive processes, refocusing of grief on tasks and activities, and is often more solitary, structured, and bounded (Zinner, 2000). Mothers tended to have a greater need to talk about

the loss, reviewing details repeatedly. Fathers sometimes blamed their partners for “clinging to grief,” while mothers accused their partners of “seeking refuge in work,” sometimes causing alienation in couple relationships (Laasko & Paunonen-Ilmonen, 2002, p. 180). Layne (2003) noted that “most men are socialized not to discuss their feelings and to avoid emotionally charged situations” (p. 131). However, a more feminine style of grieving may be the primary mode of expression for some fathers, as the more masculine style may be for some women. These differences can easily be overemphasized and become stereotypes rather than representations of reality.

In one study, mental distress and low social support, including the lack of support provided by family and friends, were negatively associated with marital satisfaction in both the loss and the control group, and “those who perceive that they were well supported reported having a more positive relationship with their partners” (Mekosh-Rosenbaum & Lasker, 1995, p. 140). Hazzard, Weston, and Gutierrez (1992) found that parents’ grief was mitigated by a supportive environment. “The key elements in facilitating” healing after stillbirth are the mother’s acknowledgement of both the life and the death of the baby as well as an “ongoing, informed, and sympathetic social support network” (Ney, 2006, p. 3). The lack of social support, including that stemming from marital dissatisfaction, intensified grief responses (LaRoche et al., 1984; Clyman, Green, Rowe, Mikkelsen, & Ataide, 1980). In a study of 82 mothers and 47 fathers experiencing perinatal death, Zeanah et al. (1995) found that the quality of a marital relationship and social support were more important predictors of adaptation than demographics such as age, education, or socioeconomic status. Similarly, another study found that the most important predictor of maternal anxiety and depression after stillbirth was the level of support from her partner and family (Cacciatore, Schnelby, & Froen, 2008). DeFrain (1991) noted that, in families experiencing the death of a baby, grieving parents “most often turned to” spouses first, then to other family members and friends (p. 227).

While relationship stress may intensify after the death of a baby, the divorce rate does not increase. Mekosh-Rosenbaum and Lasker (1995) found that 5.77% of marriages ended in divorce after the death of a baby (loss group) versus 3.67% after a live birth (control group). DeFrain et al. (1986) found similar results with 1.5% of mothers and 3% of fathers citing their child’s death as the reason for their divorce. Bohannon (1990) found that the conflict between mothers and fathers

often resolved with the passage of time and that most parents reported greater marital satisfaction after the death of their child. Despite the recognized differences in mourning, most parents do not divorce after a child's death. Instead, "the crisis can [draw] many couples closer" (DeFrain et al., 1990, p. 91). This study will explore the experiences of bereaved parents as individuals and as a couple in the wake of stillbirth and provide a therapeutic framework within which a clinician can approach sessions for marital and family therapy.

RESEARCH METHODS

This was a retrospective analysis of anonymous data collected by two nonprofit organizations that provide care and support to grieving families after child death. One organization, an international group offering aid to families experiencing the death of a child, holds an annual international conference for bereaved families and professionals. Another is a smaller, arts-based organization that mentors grieving families.

Participants

Bereaved couples, invited to participate in this study in person and online, were recruited through two Internet-based parental support organizations and at a parental grief conference. Sixteen cohabitating or married heterosexual couples responded to either all or some of the exploratory questions.

Data Collection

Quotations from 74 bereaved family members provided in response to the following questions were compiled. The responses of bereaved couples were analyzed, and questions were targeted to parents who had experienced stillbirth. Locations of data collection included a discussion group with 55 participants at a bereavement conference and an online discussion group with 19 participants. The 23 open-ended questions posed by the nonprofit organizations were informed by empirical research led by Dr. John DeFrain on infant death over the past 30 years across nine distinct studies and involving more than 1,000 participants and findings from an earlier study involving 304

bereaved parents. Some families experienced the very recent death of their child, while others' experiences occurred several years earlier. They were encouraged to tell their stories using their most comfortable format and language. A questionnaire was provided in person or by e-mail. Narrative responses were collected over the course of three months, submitted in writing by participants to the research team by e-mail or in person.

Analysis

Our approach to the theoretical understanding of these data was *a priori* (Ryan & Bernard, 2003; Strauss, 1987), grounded in earlier studies of stillbirth within family systems (DeFrain et al., 1986; 1990) and on the couple and family strengths perspective (DeFrain & Asay, 2007; DeFrain and the University of Nebraska Extension Writing Team, 2007; Sittner, DeFrain, & Brage, 2007; Sittner, Brage, & DeFrain, 2007). The team reviewed each transcript carefully, extracting themes and examining similarities and differences using the constant comparison method (Glaser & Strauss, 1967). This comparative method generates common themes, illuminates differences in these data, and helps researchers stay "focused on the data rather than on theoretical flights of fancy" (Ryan & Bernard, 2003, p. 91).

During this process, themes emerged that were common to many respondents. There were also significant differences in the experiences of parents. Women conveyed many of the responses about the couple relationship. Fathers' responses tended to be briefer and they responded to fewer questions. While every couple responded differently, it was clear that the death of a child affected almost every aspect of partnership.

FINDINGS

Theme 1: Cohesion

Consistent with previous research, couple/family cohesion, including emotional bonding, mutual respect for the other's grieving style, and sexual intimacy, appeared to be affected by the death of a baby. For many, this tragedy seemed to bring couples closer, increasing cohesion, despite the high degree of relational stress. While the effects of the baby's death relative to the quality of

the relationship varied for each couple, those effects were, nonetheless, profound for each of them. Mothers and fathers experienced an increase in emotional bonding and intimacy as well as interdependency, which are essential for cohesion (Olsen, Russell, & Sprengkle, 1984), often relying primarily upon one another for support. They discussed the ways in which their relationships changed after the death of the baby:

The death of our daughter brought us closer together . . . [Her] death was overwhelming for both of us, but to have [my husband] there with me for all those hours talking with me or just watching me in silence and holding me made all the difference . . . Our relationship as a couple has changed in that there's an unspoken bond, as if I know him on a different level than I did before.

It has strengthened [our partnership]. Our relationship before the loss of our daughter was strong, but our relationship seems stronger now that it has weathered the "storm".

It has made me less critical and more affectionate to my husband. I used to care about the little messes around the house, and what we were spending on "this or that", now I know that none of those things are as important as I once thought they were. We are stronger—more patient with each other

I think I am still dealing with how to incorporate the loss into my life on a personal level. Whereas, my husband seems less affected. There is a degree of disconnect between us. Emotionally we are working to find each other again.

Initially, [my] husband "shielded" me from everything and everyone. After a very short time he began refusing to acknowledge baby had existed and this put a great strain on us both. We eventually divorced.

Families struggled to balance the degree of cohesion, ranging from strengthening and recommitment in the partnership to conflict over differing styles of grieving and communication. From a strengths-based perspective, the death of a baby appeared to incite what Rosenblatt & Budd (1975) refer to as the consummate balance between "togetherness" and "apartness" for many grieving couples.

Another important piece of cohesion included mutual respect for the uniqueness of individual grieving styles. Those who felt their

relationships grew stronger identified their strengths in grieving together as a couple:

We recognize and respect that we grieve VERY differently. We have not grieved together much at all.

Listening, no matter how many times I wanted to rehash the events of the night that my daughter was stillborn, my husband was there with a gentle, calm, and understanding spirit.

We allow each other to grieve in our own way.

We support each other more, and we each have given each other a “longer leash” to do more.

Most mothers and fathers felt their strength came from giving each other permission to mourn in the way most comfortable for them; others identified communication, being able to talk together at any time, as a source of strength in the relationship. Still others described their strength in shared spiritual values.

Sexual intimacy changed for many couples after a baby’s death. For an important minority, the death of their baby negatively affected cohesion. These struggling couples found this aspect of the relationship collapsing, along with other types of communication:

[There was a] major decrease [of sexual drive] on my end. Didn’t want to have sex unless we were going to [try to conceive] again . . . [My husband] was very understanding.

[His return to work] seemed better for our day-to-day relationship, but over time he slowly became less loving . . . Within a few days [of returning to work] . . . he refused to discuss our child, saying it was in the past . . . He was less loving and just wanted sex instead of an act of love. I felt less attractive to him and withdrew as sex became more violent . . . I later found out he was having affairs.

Theme 2: Sense of Control: Internal and External Loci

Feeling powerless and the lack of control were common to many parents in this cohort. In particular, faith in a higher power, role ambiguity and identity, in addition to challenges related to social relationships such as normalcy and social interaction are

relevant to locus of control, adaptation, and coping. Bereaved mothers and fathers seemed to struggle with faith. In exploring spirituality, both bereaved mothers and fathers described some degree of rethinking and reorganization of their religious/spiritual ritual beliefs. For some, the result of their journey was that faith became stronger. For others, it did not. This may be problematic for some parents as they question the existence of control in their lives:

[Our child's death] has made it harder for me to pray—I feel like God can't or won't take care of us now.

I feel like things are much less certain and controllable now. I couldn't save my baby.

At first I hated god—I had very little faith to hang on to anyway and what was there was shattered. The minister from our local church (where our son was buried) came to our house, and my dad swears he saw him sprinkle holy water on himself after he left. I have unconventional beliefs to begin with—but I believe that I will see my sweet one again. I believe that in his previous time here on earth that when he passed over his mommy didn't cry for him. And he needed for that to happen before he could go on to where he was meant to be. I believe that was why I was chosen, even though it was for such a short time, to be his mommy—to love him and to cry for him for the rest of my life and to help him go to that next level. I am so honored that he chose me, and I hope that he waits for me.

My husband is no longer an atheist...and believes that there is something after you pass.

I feel my church family is more than just a group of people. My husband has become less spiritual and focuses on his career.

Their role as parents may be conflicted and some expressed a distinct identity crisis; others experienced solidarity in their roles as parents. Couples were asked, if they had no other living children, did they still think of themselves as parents? If they did have other living children, how did their roles as parents change in the family?

Unknowingly we seemed to have changed our roles a little bit, my husband seems to help out more with the day-to-day chores at home (spending time with the other kids).

I have gained so much patience that I never knew I could ever be this way. . . We both still talk about our daughter and go to her grave to have birthday parties . . . allow the children to let go of balloons for holidays at church. . . .

We have two other living children—we have to carry on for them. They deserve as normal a life as possible. . . our [living children] are why we had to try hard to keep ourselves together. We do take our [living children] to the cemetery to care for the flowers, and we celebrate our [deceased] son's birthday. . . .

Returning to normalcy may be different for mothers and fathers, and the struggle for equilibrium may affect the quality of interpersonal relationships. We asked couples to explore how it felt as they each moved back into the world at large in their social lives and their careers after the death of their child. Partners had very different experiences, some feeling more in control than others. Still, such experiences have profound effects on their relationships:

I didn't go out socially for six [months]. My husband went to one get-together three [months] after our son's death and came home within half an hour. I still cannot be around our friends' daughter who was born on our son's due date.

[My] husband went back to work quickly—after about a week and a half. I had freedom to ease back into work at my own pace—started back after a month and still not back to full schedule. After returning to work my husband was unable to devote much emotional energy to grieving, so I have largely grieved without him.

[My] husband returned to work . . . and seemed happy to do so . . . and I was left on my own as his job took him out of town a lot . . . We have since divorced . . . He has moved on with his career and has separated himself from his entire family . . . I work in the community and . . . feared returning to work and being overwhelmed.

Theme 3: Attachment

Recent studies suggest some disparity between paternal and maternal antenatal attachment (Righetti, Dell'Avanzo, Grigio, & Nicolini, 2005; O'Neill, 1998; McCreight, 2004). Some of those

differences are explained by biological factors such as fetal movement and childbirth (Muller, 1993), as well as the more intimate nature of the relationship between the mother and unborn baby (Mercer, Ferketich, May, DeJoseph, & Sollid, 1988). Nevertheless, bereaved mothers often wished their partners would be more openly expressive with their grief, while fathers tended to be more hope focused and future oriented. We asked the bereaved parents if there was any way in which they would change the way they or their partner responded to the death of their child. Intonations of the discrepancy between mothers and fathers in their expressions and perhaps feelings of grief following stillbirth emerged:

I wish my husband would have made a more permanent place for our child in our family. For example, counting him in the [number] of children we have.

I wish that he would mention her name more, initiate the anniversary date activities, and tell me more about his feelings surrounding that night/day and how he feels now.

The only thing I would change would be: [H]e only cried for about five minutes then was the “strong one” after that.

I wish that [my wife] had not lost her sense of hope or optimism.

Theme 4: Social Support

Social support was important for both mothers and fathers, though the type of support needed and from whom the support came, differed. Couples were asked to comment on grief support they may have found individually and as a couple and if their support system proved helpful to their relationship:

We have the support of a good friend . . . We have had pastoral care, though I have taken much more advantage of it. I have reached out to other mothers who've endured a loss through the Internet and my social circle. My church and MOPS [Mothers of Preschoolers] group has provided a lot of emotional and practical support (mainly in bringing meals).

My family and some of our friends [provide support]. My wife lost some friends who just couldn't or wouldn't “get it.”

Our last question for individuals focused on how their outlook on life might have changed and any other thoughts that they thought might be important for others to know about how the death of a child affects the lives of families. These often reflect a deeper appreciation for their children and for life in general:

I am much more likely to do things like go to the park, etc. [I] take pictures of the kids more often because you never know when they'll be taken from you.

I am so much more aware of other people's pain. I cannot stand to watch the news and hear what other people do to their children. I have a very low tolerance for stupid people and bad parents. I [do] have a deep-seated fear of something happening to one of our [living children]...[but] try harder not to sweat the small stuff...we try to just really appreciate each other more... appreciate life more.

Sometimes the little things don't really matter.

DISCUSSION

Couples experiencing a stillbirth incur both risk and great opportunity to their relationship. Some risks are inherent when a couple's grieving style differs, and establishing boundaries around the very personal process of grieving may create conflict. Spiritual struggles and sexual intimacy, for some, may also create interpersonal conflicts. Yet, there are great opportunities for strengthening the marital dyad. For example, couples in this study developed a degree of tolerance and respect for the style of the other, increasing their sense of cohesion. They also shared many similar experiences such as the desire to achieve familial equilibrium and their struggle around role identity in the aftermath of loss.

Rando (1985) identified "unique factors of parental bereavement" as unnatural, "a death out of turn" that can result in survivor guilt; social reactions that include emotional and social abandonment and stigma; and "loss of primary support" as a result of stress on the marital dyad (p. 21). Both bereaved mothers and fathers expressed concern about the marital relationship and experienced many stressors within the family system following the sudden death of a baby.

The word *normal* has an entirely new meaning as “the individual, the marriage and the family are sorely tested by the death, and all is permanently changed” (DeFrain, 1986, p. 171). The couple struggles to create a *new normal* for their life.

The will to return to some degree of normalcy was present in all the themes. For some, normalcy meant restructuring important aspects of life, including relationships (both within the marital system and beyond), role identify, and faith. The themes also demonstrated that the experiences of bereaved families are both similar and different. Many couples reported a feeling of renewed closeness, while a few others struggled to connect emotionally with their partner. This may have something to do with the second theme, the uniqueness of grieving styles. Both mothers and fathers acknowledged the importance of allowing one another to grieve in their own way. While mothers tended to want their partners to be more emotionally expressive, fathers wanted to imbue hope for the future. Fathers tended to return to work sooner and with fewer challenges than did the mothers. They also sought support from within their families more often, while mothers tended to seek support outside the family circle. Many mothers and fathers grappled with faith, an often shared struggle.

The process of grief is complex and evolving and, of course, there are multiple dimensions to every individual. Thus, there will be many ways of processing, understanding, and integrating the experience of child death within the family system. Intrapersonal histories, such as preexisting mental illnesses or depressive disorders, individual and couple coping styles (Carver, Scheier, & Weintraub, 1989), and individual resiliency can also affect the reactions of bereaved mothers and fathers. The manner in which a person views and responds to death will depend on the individual’s locus of control, family cohesion, personal resiliency and strengths, degree of attachment to the baby, and culture. Social factors such as gender roles (Cacciatore, 2007b) and the degree of perceived and actual social support also affect individual grief.

After reviewing all the responses, it is clear that every person and every couple experiences grief in a different way. While some mothers and fathers may find similarities in grieving styles, the expression of that grief may also vary, and the effects are profound and unique from person to person. Ultimately, many expressed that the death of their baby strengthened their relationship.

Implications for Practice

The stillbirth of a baby can provoke stress and sometimes conflict within the marital relationship, and this may affect their marital satisfaction. Grieving mothers and fathers tend to look toward one another for comfort first after the death of a baby (Cacciatore, 2007a; DeFrain, 1991). While mothers tend to experience longer lasting despair and grief after stillbirth, fathers also demonstrate high levels of angst (Schwab, 2001; Goldbach et al., 1991; DeFrain et al., 1990). Some bereaved parents, mothers in particular, will also seek support from their external support systems. Such support may come from community support groups, friends, coworkers, and marital and family therapists. Working with families after a baby's death can be one of the most challenging experiences for a family therapist. For many caregivers, there is a "struggle to balance the intense emotional feelings" when a child dies (Kaplan, 2000, p. 87). One place to start building the relationship may be with the four themes uncovered in the narratives: cohesion, control, attachment, and support. Marital and family therapists may consider including an exploration of these factors while counseling couples after the death of a baby.

While the impact of family therapy "has been severely limited by the strikingly low number of couples who seek help," women, overall, are more active in both identifying marital distress and seeking therapy (Doss, Atkins, & Christensen, 2003, p. 165). Thus, therapists may need to "make a special effort" to allow fathers a safe place to express grief in a nonjudgmental milieu (DeFrain, 1991, p. 229). A therapeutic relationship using feminist-focused therapy to explore the above four themes is more nonhierarchical and egalitarian, focusing on "keeping the therapist close to the experience of each partner" (Vatcher & Bogo, 2001, p. 76). This model also "provides a language and approach for framing and intervening in men's systemic patterns of withdrawal and distancing" if and when it occurs in the therapeutic relationship (p. 81). This integrative approach respects the style continuum based on the individual and is also sensitive to gender differences rooted in the socialization of role identity. Under this model, neither fathers nor mothers in the therapeutic relationship would be coerced into expressing their emotions. Rather, if their coping style is more suppressive, the therapist would respect these differences and work within the context of their strengths. This may be done by utilizing task-focused interventions and more action

oriented and less expressive techniques. If their locus of control is external, they may help the mourner regain some control using therapeutic techniques. Therapists should consider these themes—cohesion, control, attachment, and social support—when counseling couples.

Bordin (1979) suggests three key themes in the formation of the therapeutic relationship: (a) an agreement on the objectives of therapy, (b) an understanding of the means to achieve those objectives, and (c) the development of the interpersonal relationship between the therapist and the clients. Under this model, the therapist would first meet with the grieving couple, allow them time to tell their story, listen intently, express empathy, and build trust and rapport with the couple (Cacciatore, 2007b). Some therapists use family photos, when appropriate, as a way to “elicit past experiences or bring the members of a family into touch with feelings” (Kaslow & Friedman, 1977, p. 19). Godel (2007) suggests that “for the parents of stillborn babies, photographs are precious material” (p. 262). Gently encouraging the parents to share photographs of the baby who died may be extremely useful in family therapy. Kaslow and Friedman (1977) suggest that this technique provides a framework of “factual, historical significance” (p. 22) as well as facilitating interaction and an awareness of the other person. These are means by which grieving parents can recognize the stillborn baby, “repair the disrupted biography of the family, and incorporate the baby” into their new lives within the context of the therapeutic alliance (Godel, 2007, p. 263). This process of interpersonal bonding may take several sessions, allowing plenty of time for both the mother and father to tell their own story of their child’s death and explore togetherness and apartness as it relates to the mourning processes.

Once the interpersonal relationship is well established, the therapist may want to discuss the objectives of the alliance and agree on individual and couple goals for therapy. They can also co-create a plan for achieving those goals; a set of tasks, practical or psychological, to help them from one session to the next. One tool, in addition to the discussion questions posited in the appendix, is the Grief Experience Inventory (GEI). This standardized scale provides objective measures of grief using 135 subjective questions. Schwab (2001) found that using the GEI may facilitate respectful and necessary discussion between bereaved parents, enhancing understanding of each other’s pain:

A father stated that after having completed the inventory, he looked at his wife’s responses and realized how much more

difficulty she was having . . . he had not been able to appreciate the depth of her grief until he saw her GEI responses. “She marked so many items true. It made me cry,” said the father. “Now I am trying to be more understanding.” (Schwab, 2001, p. 112)

An early axiom of psychotherapy is that “all behavior is carried on in terms of some system” and that “roles are partial social systems” (Kargman, 1957, p. 264). The death of a child is a loss that is “felt deeply by all members of the family” (DeFrain, 1991, p. 229). Thus, it is also imperative that the therapist recognize the role of the social system, including peripheral family and friends and the interaction between them and the grieving couple. Using a systems approach offers the therapist a “detailed, explicit system of related categories,” a tool through which the client’s worldview is more readily understood (Kargman, 1957, p. 269). The death of a child affects everything from the definition of parenthood to parenting styles with living children, from the sense of self as sexual beings to the view of what it means to have a career. In the final comments of the survey, one parent offered advice that could be applied in the lives of many of on this journey: “No expectation . . . is key. Grief changes from minute to minute, month to month and year to year. You just have to let it take you where it will.”

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APPENDIX 1

Qualitative discussion questions for MFTs:

1. What are the similarities and differences in regard to how you explain the death of your child to yourselves, individually, and as a couple?
2. Did caregivers give support to both of you? In what ways? Did they treat the parent who gave physical birth differently than the supporting parent? If so, how?
3. When your child first died, how did you react individually? How did you interact as a couple? What are the similarities and differences in how each of you grieves?
4. How did your child's death affect your outlook on spirituality—individually and as a couple?
5. How has your outlook on life changed?
6. Are there similarities and differences in how each of you looks to the future now?
7. How do you, individually and as a couple, try to carry on in life in spite of your child's death? How do you deal with differences (if there are any) in how you have endured this loss?
8. As individuals, we all (hopefully) find support after the death of a child. What are the supports you found? Did your individual supports also support you as a couple? If not, what additional supports did you have to find as a couple?
9. Are there similarities and differences in the roles each of you play in life now and how they have changed since the death?
10. How do you continue to find ways to love each other in spite of the loss?
11. Did your intimate relationship change after the death of your child? If so, how? Did your feelings of sexuality about yourself change? Did your interest in sex increase, decrease, or remain the same? If so, can you describe the change?
12. After your child died—if you have no other living children—did you still consider each other to be “parents”? If so, how did that express itself? If not, why not?
13. After your child died—if you have older surviving children—did you find you had to blend the parenting of your living children with the grief? How did you do that?

15. Again, if you had older surviving children, did you emerge to find ways of being parents to both living children and to the child who died, too? How did that blend happen in your family?
16. Did the death of your child change the way you communicated with each other as parents? How?
17. How did grief change your perceptions of family and day-to-day responsibilities?
18. Was your ability to do things socially as a couple affected? If so, how? Did you feel differently about going out with friends? On "dates" with each other? To social gatherings with extended family?
19. Are there similarities and differences in how you approach going back to work, dealing with bosses, coworkers, and clients?
20. When you and/or your partner first went back to work or other everyday life activities after your child died, how did that affect your interaction and communication with each other? How did this re-immersion into everyday life activities affect your grief?
21. Did grief after the death of your child affect the way you communicated as a couple about finances? About career decisions? About life path goals?
22. How has your relationship been strengthened and challenged by grief and loss?
23. If there was one thing you could change about the way you interacted as a couple after your child died, what would that be? Why would you change this one thing? How would you change it?
24. Please feel free to share any other thoughts you might have that would help us better understand how couples endure the death of a baby.