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Partner-Oriented Self-Regulation Among Bereaved Parents: The Costs of Holding in Grief for the Partner's Sake

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Abstract

Bereavement research has focused on individual rather than interdependent processes in coping with loss. Yet bereavement takes place in a social context, and relationship partners are likely to influence each other's grieving process. We examined the impact of a dynamic, interpersonal phenomenon, partner-oriented self-regulation (POSR): the avoidance of talking about loss and remaining strong in the partner's presence to protect the partner. Two hundred nineteen couples who had lost a child participated 6, 13, and 20 months after their loss. Consistent with predictions, results showed that one partner's POSR was associated not only with an increase in his or her own grief, but also with an increase in the other partner's grief. These relationships persisted over time: Self-reported and partner-reported POSR predicted later grief. These results are paradoxical: Although parents try to protect their partners through POSR, this effort has the opposite of the desired outcome. These findings underline the importance of further investigating interpersonal dynamics of coping with bereavement.

Keywords

attribution, avoidance, cognitive processes, self-regulation, bereavement, marital conflict

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When parents lose a child, they not only have to cope with the worst life event imaginable, but their loss also affects how they behave toward each other. In the face of searing pain caused by their loss, partners often try to intuit each other's psychological and emotional states, and these impressions dictate their reactions toward each other. Bereavement counselors have noticed that partners often try to protect each other from further pain and suffering by engaging in what we will call *partner-oriented self-regulation* (POSR); that is, they avoid talking about the loss and try to remain strong in each other's presence. Thus, each partner regulates his or her emotions and behavior to avoid confronting the other with his or her own grief. In the present research, we examined the specific effect of POSR on parents' grief. However, in contrast to partners' intentions of relieving the other, but consistent with research showing maladaptive effects of protective buffering (e.g., Coyne & Smith, 1991), our prediction was that POSR would amplify both partners' grief.

Interpersonal Processes in Coping With Bereavement

This investigation was driven by two main concerns, the first scientific, the second applied. From a scientific perspective, quantitative research on coping with bereavement has focused primarily on the individual, despite the fact that qualitative research has suggested the importance of family and interpersonal perspectives (e.g., Gilbert, 1996; Shapiro, 1994). One of the few exceptions is the study by Wijngaards-de Meij et al. (2008), in which the relationship between parents' orientations in grieving the loss of their child on adjustment was examined: The way that a partner focused on the deceased child or on

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secondary stressors predicted individual adjustment. However, although this study demonstrated the importance of interdependent processes in coping, to our knowledge, no research on phenomena such as POSR has been conducted in the bereavement field. The available “interpersonal” studies have typically relied on individuals’ self-reports (i.e., not taking the partner’s feelings into account) to examine such processes as social support. These studies basically treated self-reported social support as a facilitating or harmful factor in one individual’s coping strategy.

Interpersonal dynamics remain underresearched. Yet coping with the loss of a child makes interpersonal dynamics painfully salient. Parents usually live together and face the “same” loss. How does each parent deal with his or her own pain and that of the partner? How does each solve the dilemma of wanting to be responsive to the partner’s grief while simultaneously needing the partner to be responsive to his or her own grief? Scientific investigation has fallen short in addressing such questions.

From an applied perspective, it is known that undergoing the highly stressful, demanding experiences relating to the death of a child puts parents at risk of serious mental- and physical-health consequences and even increased mortality rate (Hall & Irwin, 2001; Li, Precht, Mortensen, & Olsen, 2003; for a review, see Murphy, 2008). There are potential secondary consequences as well, not least to do with the couple’s relationship itself (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008). Such risks underline the need for good coping to minimize the possibility of poor outcomes. We propose that unlike many other risk factors (e.g., violent death), maladaptive coping strategies, such as POSR, can potentially be influenced and changed. Therefore, it is important to establish whether POSR jeopardizes adjustment so that, in the long term, parents can be guided toward better ways of coping.

The Impact of Self-Regulation

Although we do not know of any research addressing the impact of POSR on parents’ grief, extensive research on the self-regulatory-strength model suggests that exerting efforts to regulate the self is depleting and may have important individual and interpersonal costs (Baumeister & Alquist, 2009; for a meta-analysis, see Hagger, Wood, Stiff, & Chatzisarantis, 2010). Although self-regulation is generally critical to the success of a broad variety of desirable behaviors (de Ridder, Lensvelt-Mulders, Finkenauer, Stok, & Baumeister, 2012), the capacity to regulate the self varies across situations. Indeed, the model proposes that any self-regulation effort—efforts of the individual to alter thoughts, feelings, or behavior to achieve some desired standard or goal (e.g., Baumeister, Heatherton, & Tice, 1994)—depend on a limited resource called self-regulatory strength. When people exert self-regulation, they deplete this strength, similar to the way in which a muscle gets depleted after exertion, which results in decreased self-regulation in various behavioral domains, including physical

health and goal accomplishment (e.g., Stucke & Baumeister, 2006; Vohs, Baumeister, & Ciarocco, 2005; Vohs et al., 2008; Vohs & Faber, 2007; Vohs & Heatherton, 2000). Neuroscientific research shows that participants who were instructed to suppress their emotions while watching an emotional video were less able to monitor their behavior and made more errors than participants who watched the video without instructions (Inzlicht & Gutsell, 2007). Similarly, suppressing one’s emotions is associated with stress-related physiological arousal (Butler et al., 2003). Women who suppress their emotions to accommodate their male partner put themselves at risk for overeating (Butler, Young, & Randall, 2010). Thus, regulating the self consumes and requires important resources and limits people’s abilities to engage in adaptive behaviors.

Self-Regulation in Bereavement

In the more specific field of bereavement research, no studies have investigated the impact of such self-regulatory strategies; however, it is understood that emotion regulation in general is a necessary part of grief and grieving (see Boelen, 2005; Bonanno, Papa, Lalande, Zhang, & Noll, 2005; M. Stroebe & Schut, 1999). Research has focused on other strategies. Perhaps of most relevance here, research has been conducted to examine avoidance of grief (suppressing or repressing emotions) or confrontation of grief (disclosing or expressing emotions, doing “grief work”). Extreme avoidance strategies are generally considered maladaptive (see Bonanno et al., 2005), and there is some evidence for this. To illustrate, Murphy, Johnson, and Lohan (2003) examined the role of avoidant coping strategies among bereaved mothers and fathers. Such strategies were significant predictors of increased symptoms of posttraumatic stress disorder at both 1 and 5 years after a child’s death, which suggests that avoidant coping has a damaging, long-term effect. Likewise, confronting the other partner or pouring out one’s grief in a ruminative way is detrimental in adaptation to bereavement (Nolen-Hoeksema, 2001), and doing grief work or disclosing emotions is not always associated with better adaptation (Stroebe, Schut, & Stroebe, 2005). However, previous researchers not only failed to investigate actual emotion-regulation strategies on an individual level, but also on an interpersonal level: How do the members of a couple regulate their emotions for each other’s sake, and what consequences does this POSR have? To our knowledge, the current research addresses this question for the first time.

Are the effects of POSR limited to the self-regulating partner? The literature suggests that they are not. POSR by one partner may signal that the expression of grief is undesirable and should be avoided. If this is the case, it has important implications for coping and adjustment of the other partner, because it signals that the expression of grief is not wanted. Such a lack of acceptance of the partner and his or her feelings has important relational consequences and leads to a decrease in relationship satisfaction among nonbereaved couples (Overall, Fletcher, & Simpson, 2006).

Moreover, POSR may disrupt social interactions. Butler et al. (2003) examined emotion suppression among pairs of strangers. The strangers separately watched a war movie that evoked strong negative emotions and were then instructed to discuss the film with each other. In the suppression condition, one member of the pair was instructed not to show any feelings at all, whereas the other member was given no instructions. In the control conditions, partners either did not get any instructions or were asked to reappraise the emotions they initially felt while watching the movie. Not only did participants in the suppression condition experience more stress (e.g., had higher blood pressure) than participants in the control conditions, their partners experienced more stress, too. Suppression partners also had fewer feelings of rapport and affiliation than did control partners. Thus, regulating the self not only impairs adaptive functioning of the regulating person, it also has important implications for the partner and the relationship between the two. On the basis of this evidence, we predicted that among bereaved parents, POSR by one partner would be associated with an increase in experienced grief in the other partner.

The Present Study

The overarching premise guiding the present work was the claim that POSR is consequential and influences both partners' grief. To test our hypotheses, we employed data from three research occasions of a three-wave longitudinal study among both partners of bereaved couples who lost their child. Our research thus contributes to the existing literature because we examined couple's coping with grief from an interpersonal perspective. Specifically, we examined the individual and interpersonal effects of POSR from the perspective of both partners in bereaved couples. We analyzed the associations among partners' ratings of their own POSR and grief, and their partner's POSR and grief.

Although the associations between the avoidance-oriented interpersonal process POSR and grief were our main interest in this investigation, our data set also enabled us to examine the impact of an approach-oriented interpersonal process: bereaved parents' expressed concern about the grieving of their partners. This part of the investigation was exploratory. On the one hand, expressed concern may help ameliorate grief of the partner by making the partner feel supported, comforted, and more competent; on the other hand, expressed concern may make the partner feel anxious, vulnerable, alone, and ineffective in the face of the loss of a child (cf. Howland & Simpson, 2010). The present work thus extends the bereavement literature by illuminating the interpersonal dynamics of grief and grieving.

Method

Participants and procedure

Using obituary notices in local and national newspapers, we identified 463 Dutch couples who had lost a child and invited

them to participate in a longitudinal study with three points of measurement (6, 13, and 20 months after the death of the child). Bereaved parents who were grandparents (i.e., parents whose deceased child was a parent himself or herself) were excluded, because they were likely to experience additional difficulties. Single parents were also excluded, because the study included partner predictors of grief. Informed consent procedures were followed. The study was conducted in accordance with the general ethical principles of Utrecht University.

A total of 219 parent couples (47% of those contacted) agreed to participate. Participating parents ranged in age from 26 to 68 years ($M = 42.2$, $SD = 9.1$). The causes of death of their children ranged from neonatal death or stillborn (16.3%) to illness or disorder (47.7%) to accident, sudden infant death syndrome, suicide, or homicide (36.1%); 68.7% of the deceased children were boys, and 31.3% were girls. No difference in the sex of the deceased child was found between respondents and nonrespondents, but children of the latter were significantly older ($M = 15.6$ years, $SD = 9.8$) than children of the former ($M = 10.2$ years, $SD = 10$), $t(378) = -5.29$, $p < .001$.

Biographical data about the parents, their child, and circumstances of the loss were gathered during an interview with the couple at the first measurement point. Parents filled in questionnaires (separately) at each measurement point. Some of the parents (17.8%) dropped out after the first time point. We found no differences in age and sex of the child between dropouts and couples who continued in the study. Fewer parents had lost a child due to suicide among the dropouts than among those who stayed in the study, $F(1, 441) = 4.03$, $p < .05$, and the dropouts experienced less partner support than did the nondropouts 6 months after bereavement, $F(1, 415) = 4.47$, $p < .05$. However, there were no differences between dropouts and continuing participants in psychiatric symptomatology, grief, or negative affect.

Measures

Grief. We assessed grief reactions with the Dutch version of the Inventory of Complicated Grief (ICG; Prigerson et al., 1995; Dutch version by Dijkstra, Schut, Stroebe, Stroebe, & van den Bout, 2000). The ICG consists of 19 items covering psychological aspects of grief (e.g., "I find it difficult to accept the death of our child"). Participants rated their own grief on a 5-point scale (1 = *never*; 5 = *always*). Cronbach's alphas ranged from .90 to .92.

POSR. We measured POSR by means of three items tapping components of POSR that bereaved persons frequently mention in interviews or therapeutic sessions. The scale bears similarity to items on the Relationship-Focused Coping Scale (RCS) of Coyne and Smith (1991), in particular items in the Protective Buffering subscale. However, the latter focused on avoidance of conflict. By contrast, our POSR items were specifically designed to examine self-regulation of feelings in

order to protect a grieving partner. Furthermore, POSR-scale instructions and items were designed specifically for the bereavement situation. The items were “I stay strong for my partner,” “I try to spare my partner’s feelings,” and “I hide my feelings for the sake of my partner” (1 = *not at all*; 5 = *very much*). Cronbach’s alphas ranged from .75 to .78.

Concern for the partner. Similarly, we measured expressed concern for one’s partner by using three items derived from interviews and therapeutic sessions with bereaved parents and by consulting the RCS. The items were “I encourage my partner to talk about his/her feelings,” “I ask my partner how he/she feels,” and “I show interest in what my partner is going through” (1 = *not at all*; 5 = *very much*). Cronbach’s alphas ranged from .78 to .82.

Control variables. Because Wijngaards-de Meij et al. (2005) found that grief varied as a function of child’s age, cause of death, parents’ education, expectedness of the loss, and number of remaining children, we controlled for these variables in all analyses.

Results

Analysis strategy

The data provided by two partners in a given relationship are not independent. Our design included three levels of nesting—data from the three data collections were nested within individuals, and data from the two partners in a relationship (the parents) were nested within couple (Kenny, Kashy, & Bolger, 1998). Accordingly, we analyzed the data with multilevel regression analysis (Hox, 2002). This technique accounts for the nonindependence of observations by simultaneously examining variance associated with each level of nesting. Specifically, we adopted an analytical approach based on the actor-partner-interdependence model (Cook & Kenny, 2005; Kenny, 1996). This model assumes that each dyad member’s score on the outcome variable is not only affected by his or her own score on the predictor variable (i.e., an actor effect), but also by his or her partner’s score on that predictor variable (i.e., a partner effect). Therefore, actor effects are estimated while controlling for partner effects (Cook & Kenny, 2005). All variables were centered prior to analyses. We conducted multilevel regression analyses with MLwiN (Rasbash et al., 2000).

Key analyses

To examine how grief varies as a function of POSR and concern for one’s partner, in a first step, we included actor and partner effects in the multilevel regression model. As Table 1 shows, the analyses for Model 1 revealed that grief decreases over time. Also, a main effect of gender indicated that women experience more grief than men. Consistent with our predictions, findings showed that higher levels of POSR

were associated with more grief. However, more concern for one’s partner was also related to more grief of one’s own. We also found partner effects, which emphasized the interpersonal dynamics of grief and coping with a child’s death: Individuals experienced more grief when their partner reported more POSR. Moreover, they reported less grief when the partner reported expressing more concern for them. These results emerged while controlling for the variables which have been found to be related to grief by Wijngaards-de Meij et al. (2005; see Table 1).

Thus, as predicted, among bereaved parents, POSR is not only associated with an increase in one’s own grief, but POSR by one’s partner also contributes to one’s own grief. Also, whereas expressing concern for one’s partner was associated with more grief, having a partner who expressed concern was associated with less grief. To examine the extent to which grief at one time point is predicted by previous POSR and concern for one’s partner, we added these lagged effects to the model. As Table 1 shows, Model 2 yielded actor effects for POSR and concern, and the partner effect for POSR remained significant. The partner effect for concern became nonsignificant, however. Consistent with our hypotheses, results showed that both actor-reported and partner-reported POSR at a previous time point predicted more grief for actor and partner at a later time point (see lagged effects in Table 1). These results indicate that, as predicted, when people engage in POSR by avoiding talking about their loss and trying to remain strong in the presence of their partner, they not only experience more grief over time, they also appear to increase their partner’s grief. Similarly, we found that people’s concern for their partner at an earlier time point predicted more grief in their partner at a later time point.

Additional analyses

Although our reasoning suggests that POSR and concern for one’s partner influence grief, the reverse relations are also plausible: Partners who experience more grief may be more reluctant to talk about their grief to their partner, thus engaging in more POSR. Most likely, the relations will be reciprocal in that POSR and grief mutually influence each other. To test these suggestions, we conducted multilevel regression analyses with grief as the independent variable and POSR and concern as dependent variables (see Table 2).

POSR did not show links with time or gender, which suggests that there is no linear trend of POSR over time and that men show similar levels of POSR as women. An interesting pattern emerged when we compared the cross-sectional with the longitudinal relationship. Whereas cross-sectionally, one’s own grief is related to POSR, the partner’s grief predicts an increase in POSR longitudinally. Thus, the extent to which an individual expresses POSR at a given point in time is not only associated with the individual’s own grief, but also with the grief experienced by the partner at a previous point in time.

Table 1. Results of Models Predicting Grief Using Partner-Oriented Self-Regulation (POSR) and Concern for One's Partner

Predictor	Model 1		Model 2	
	<i>b</i>	<i>SE</i>	<i>b</i>	<i>SE</i>
Time	-0.080*	0.011	-0.062*	0.021
Gender	0.257*	0.042	0.239*	0.045
Actor effects				
POSR	0.127*	0.021	0.130*	0.025
Concern for partner	0.062*	0.017	0.100*	0.022
Partner effects				
POSR	0.041*	0.021	0.052*	0.025
Concern for actor	-0.034*	0.017	-0.006	0.022
Lagged effects				
Actor's POSR	—	—	0.084*	0.026
Actor's concern for partner	—	—	0.006	0.021
Partner's POSR	—	—	0.051*	0.026
Partner's concern for actor	—	—	0.041*	0.021
Control variables				
Age of child	-0.019*	0.004	0.018*	0.004
Cause of death: illness	0.212*	0.100	0.201*	0.105
Cause of death: accident	0.276*	0.106	0.228*	0.112
Parents' education	-0.057*	0.017	-0.055*	0.018
Expectedness of child's death	-0.068*	0.021	-0.061*	0.021
Number of remaining children	-0.068*	0.021	-0.061*	0.021

Note: Model 2 included the same predictors as Model 1 but added lagged effects. Gender was coded 1 for females and 0 for males.

* $p < .05$.

Expressed concern was predicted by time, which indicates that partners express less concern for each other as time passes. No effects emerged for gender. Moreover, the analysis revealed that whereas the concern shown for the partner was related to the actor's own grief, it was unrelated to the intensity of the grief experienced by the partner. Neither actor nor partner grief at an earlier time point predicted concern for the partner at a later time point.¹

Discussion

In the present investigation, we extended research on adaptation to bereavement by examining ways of coming to terms

Table 2. Results of Models Predicting Partner-Oriented Self-Regulation (POSR) and Concern for One's Partner Using Grief

Predictor	POSR		Concern	
	<i>b</i>	<i>SE</i>	<i>b</i>	<i>SE</i>
Time	0.035	0.033	-0.074*	0.039
Gender	0.043	0.069	0.024	0.069
Actor's grief	0.230*	0.059	0.208*	0.068
Partner's grief	0.000	0.057	-0.079	0.066
Actor's grief (lagged)	0.097	0.056	-0.041	0.065
Partner's grief (lagged)	0.103*	0.055	0.083	0.063

* $p < .05$.

with loss among both members of grieving couples; we took into account not only the bereaved person's own but also his or her partner's reactions. More specifically—and to the best of our knowledge, for the first time—we examined whether the couple's avoidance of talking about the loss and trying to remain strong in each other's presence leads to greater grief among bereaved couples, a dyadic process we call POSR.

Results supported our hypothesis that POSR would be detrimental to the grieving process not only for the person engaging in POSR, but also to the partner whom the POSR targets. We found both actor and partner effects of POSR. Specifically, higher levels of POSR were associated with greater grief among bereaved parents. Additionally and most important, we found partner effects of POSR: Parents experienced greater grief when their partner reported more POSR. These relationships persisted over time; self-reported and partner-reported POSR at an earlier time point predicted an increase in grief later on. These findings are, in a sense, paradoxical. Although the very purpose of holding back from communicating about the loss is to ease suffering (by sparing the partner from the pain of confrontation with the death of the child), our data suggest that it has the opposite effect. Consistent with our hypothesis, results showed that it does not increase only the partner's grief but also one's own grief. These results held even when we controlled for variables known to affect grieving.

Our investigation also allowed us to explore the directionality of the link between POSR and grief. Cross-sectionally, an actor's own level of grief was related to the extent to which he or she expressed POSR (i.e., the more grief, the more POSR). However, longitudinally, partner's grief, but not actor's grief, predicted the actor's POSR. Our study therefore points to a new mechanism through which grief is reinforced and perpetuated. Several processes may explain how POSR affects grief. POSR may require self-regulatory effort, which may deplete regulatory resources and prevent partners from coping with the loss of their child (Baumeister et al., 1994). The mere suppression of emotions may have adverse effects on grief (Butler et al., 2003). Interpersonally, POSR may decrease closeness (Butler et al., 2003) and signal a lack of acceptance of the partner's feelings (Overall et al., 2006). POSR may also be detrimental because the partner misinterprets no apparent grief for no actual grief, which could lead to such thoughts as "My partner is not suffering as much as I am," "My partner is callous and forgetting our child," and "I am alone in this." Finally, these intra- and interpersonal processes may act in concert to impede adjustment to grief.

These results support the scientific and applied value of examining such interpersonal processes in grieving. We demonstrated that interpersonal dynamics influence the course of adaptation to the loss of a loved one. Such processes need further investigation; for example, other interpersonal mechanisms (e.g., misattributions about partners' ways of grieving) and bereavement outcomes (e.g., complicated grief) should be examined. From an applied perspective, if professional treatment is indicated, our results suggest that when couples have lost a child, it may be useful to engage both partners in treatment.

Three additional findings of interest emerged from our investigation. First, cross-sectionally, when actors expressed more concern for their partners, they experienced more grief themselves; in contrast, the partner experienced less grief. Longitudinally, expressing more concern for a partner did not predict grief. Concern expressed by a partner, however, was associated with an increase in the partner's grief over time. This suggests that different trajectories and outcomes—and possibly different underlying processes—may be involved in the approach-oriented interpersonal process of expressing concern for the partner. Possibly, expressing concern for a partner is helpful initially but makes the partner feel vulnerable or ineffective over time (cf. Howland & Simpson, 2010). Again, further investigation of such dynamics relating to the impact of expressing concern on grief is warranted.

Second, we found partner effects for grief over time. This result suggests that when one partner's grief lessens or increases, the other partner's grief changes, too, which further underlines the interpersonal nature of grieving among parents who have lost a child. Third, the lack of gender differences in POSR is noteworthy. Bereavement research often finds that women have higher levels of grief than men (cf. M. Stroebe, Stroebe, & Schut, 2001). Also, traditionally in Western

culture, husbands have been expected to contain their grief for the sake of their wives (Walter, 1999), and they focus less on loss-oriented than on restoration-oriented aspects in their grieving (Wijngaards et al., 2008). So we did not expect to find that bereaved fathers and mothers would display similar patterns of avoidance of talking and holding back their grief for the sake of their partners. However, further investigation of POSR in relation to other gender differences would be advisable before drawing firm conclusions.

Before concluding, we should acknowledge two limitations of the present research. First, our measure of POSR needs validation. The scale was based on theories from the more general self-regulation literature, had high face validity, and showed good psychometric properties. Nevertheless, more studies are needed to establish its validity. Furthermore, there is scope for extension, for example, as noted previously, to explore the interpretations about POSR made by partners. Second, it is unclear at this point whether there are boundary conditions to POSR. Several interesting questions remain to be addressed. Are the patterns we identified generalizable beyond partners? That is, do similar processes pertain for other types of relationships? For example, do the harmful effects generalize to unequal relationships, such as when a widowed mother engages in child-oriented self-regulation? Further, are some people more prone to POSR than others? To illustrate, is it possible that POSR is typical of avoidantly attached people? And how do interventions affect POSR?

In sum, awaiting future research, we conclude that POSR can increase one's own and one's partner's grief. Paradoxically, the wish to protect the partner may backfire and interfere with parents' coping with their child's death, thus fueling an interpersonal cycle of dysfunction in relationship and grieving processes.

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Declaration of Conflicting Interests

The authors declared that they had no conflicts of interest with respect to their authorship or the publication of this article.

Note

1. The measures of POSR and concern for the partner were not significantly correlated. Although this may seem surprising, the nature of the concern items makes the lack of relationship more plausible: The items addressed expressed interest (not just worry). A relationship with POSR would probably depend on the partner's reaction to this show of interest (e.g., showing need vs. showing no need for partner support)—a moderator that was not included in this study.

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