Coping with the death of a child

A longitudinal study of discordance in couples

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Summary

In the traditional literature on parental bereavement the marital context in which parents are trying to come to terms with the death of their child is often neglected. However, several authors have assumed that the confrontation with a partner who is grieving as well can have major consequences. Particularly, the existence of differences in coping within couples ('discordance') is thought to contribute to symptomatology and marital dissatisfaction in both partners. Data on a longitudinal study, in which 195 bereaved couples participated, are especially supportive of the negative association between discordance and marital satisfaction. However, different effects were found for discordance as experienced by the parents themselves, and discordance as measured by comparing both partners' coping strategies.

Introduction

Although much research on parental bereavement is being carried out, thus far only limited attention has been paid to the marital context in which parents are trying to cope with the death of their child. This seems to be a shortcoming, since most parents not only have to deal with their own grief, but are confronted with the sorrow of a loved spouse as well. Particularly, parents may differ in the ways they try to grapple with the loss. This so-called discordance is assumed to have major consequences for both partners.

For instance, Bowlby (1980) has stated that the individual bereavement outcome of losing a child is highly dependent on the interaction within couples. Thus, the more both parents grieve in tandem (i.e. concordantly), and the more they can share their feelings, the more support they experience from each other. This positively influences the individual bereavement process (Bowlby, 1980). In line with this, Kissane and Bloch (1994) state that different rates of grieving among family members contribute to the prolongation of each member's grief.

In addition, the existence of discordance within bereaved couples is supposed to have major negative consequences for the couple's relationship (Cook & Oltjenbruns, 1989; Ditchik, 1991; Dyregrov & Matthiesen, 1987a; Feeley & Gott-

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lieb, 1988; Gilbert, 1989; Gilbert, 1996; Gottlieb, Lang & Amsel, 1996; Littlewood, Cramer, Hoekstra & Humphrey, 1991). According to Gilbert (1989), this is due to the fact that parents are not able to support each other adequately, since they have conflicting needs.

The few studies which have been carried out in the area of discordance in couples who have lost a child all confirm the existence of a negative association with well-being (Ditchik, 1991; Dyregrov & Matthiesen, 1987b; Feeley & Gottlieb, 1988). For instance, the more parents experience differences in coping, the more grief reactions and state anxiety they report (Ditchik, 1991; Dyregrov & Matthiesen, 1987b). Furthermore, discordance was found to be positively associated with feelings of disharmony in the partner relationship (Ditchik, 1991). In another study, it was concluded that 'discordant' mothers experience significantly more aversive communication within their relationship than 'concordant' ones (Feeley & Gottlieb, 1988).

In all the studies mentioned above cross-sectional designs were used, mostly with relatively small samples (cf. Dijkstra & Stroebe, 1998). In addition, measurement issues of discordance have not been addressed systematically. For instance, a distinction must be made between discordance as experienced by the parents themselves ('perceived discordance'), and the comparison of both partners' coping strategies by the researchers ('absolute discordance'). The current article tries to fill these gaps by presenting some longitudinal data on the effects of both absolute and perceived discordance on a much larger sample than was studied thus far. In line with the literature, it is assumed that discordance is negatively related to later mental health and marital satisfaction.

Method

Design

A longitudinal study, with two times of measurement, was carried out. Both partner of bereaved cuoples were asked to fill out a questionnaire at 6 and 13 months after the death of their child. Additional information was gathered by means of an interview with both parents together, which was held at the first data collection point, when the questionnaires were personally delivered at the parental home.

Names and addresses of possible participants were gathered from obituary notices in daily newspapers, representing all parts of the Netherlands. Criteria for inclusion were that the child was younger than 30, that he or she had not been married, had not lived with a partner, and had not had children. An additional condition was that the parents of the child were still living together.

All in all, 195 couples participated in the first two points of measurement. This is 44% of the 437 couples who were initially approached, and 88% of the parents who had sent their questionnaires back at T1. These numbers correspond with the response rates found in other studies on parental bereavement (Lang & Gottlieb, 1991; Leahy, 1993; Najman, Vance, Boyle, Embleton, Foster & Thearle, 1993; Roskin, 1986; Shanfield & Swain, 1984).

The age of the parents ranged from 23 to 69 years, with an average of 39. The mean time parents had been married was 16 years, with a range from 1 to 46 years. One in six couples (16%) had lost a newborn baby, and almost one quarter of the losses had taken place within one year after the birth of the child. The other children varied in age from 1 to 29 years when they died. In 68% of the cases a boy was lost, which is similar to the gender differences reported in Dutch national mortality statistics (Centraal Bureau voor de Statistiek, 1998). Death

causes varied from birth complications, Sudden Infant Death Syndrome and illness to accident, suicide, and homicide.

Instruments

Since the death of a child is such a unique experience, and no suitable questionnaires could be found for our purposes, three coping scales were designed. In each of these scales, which were originally derived from the Dual Process Model of Coping with Bereavement (Stroebe & Schut, in press), the focus is on a specific dimension of the coping process. So-called 'loss-confrontation' refers to a focus on the loss of the child, measured by items like 'I dwell on my sorrow'. A second dimension, 'restoration-confrontation', refers to the attempts to concentrate on rebuilding one's life, assessed by items like 'I try to look ahead'. 'Loss-avoidance' suggests that the confrontation with the loss is avoided, without shifting one's attention towards the ongoing life. 'I try to suppress thinking about the loss' is an item-example belonging to this category. All items, thirteen in total, have to be answered at a five-point rating scale, ranging from 'seldom/never' to 'very often'. The structure of the three theoretically developed subscales was confirmed in principal components analyses. Internal reliability coefficients ranged from .65 to .92 for men and women at the two times of measurement.

By comparing both partners' answers on the coping scales, and calculating absolute discrepancy scores on these dimensions, three measures of so-called 'absolute' discordance of coping with loss were obtained. In order to get one overall measure of absolute differences in coping within couples, it was decided to add the three discrepancy scores. Besides, parents were asked if they themselves experienced within-couple coping differences, to obtain a measure of 'perceived', or 'experienced' discordance. One item was used, in which parents were asked to compare their own way of dealing with the loss with that of their partner. The four answering categories ranged from 'totally the same' to 'totally different'. Correlations between the absolute and perceived measure of discordance ranged from .21 to .38 (all significant) for fathers and mothers at different times of measurement.

To assess individual psychological symptomatology, the well-established SCL-90 was used (Derogatis, 1977; Dutch version by Arrindell and Ettema, 1986). The psychometric properties of this questionnaire have been documented elsewhere (Evers, Van Vliet-Mulder & Ter Laak, 1992). High internal reliability coefficients, ranging from .79 to .97, were found in the present study as well.

Marital satisfaction was measured by the Relational Interaction Satisfaction Scale (Buunk & Nijskens, 1980), a scale widely used in the Netherlands, with good psychometric properties (Touliatos, Perlmutter & Straus, 1990; VanYperen & Buunk, 1990). Findings concerning the good internal consistency of the questionnaire were confirmed in the present study, with reliability coefficients ranging from .85 till .91 for men and women at different times of measurement.

Results

To answer the question whether discordance was negatively related to both mental health and marital satisfaction, regression analyses were carried out. In all analyses age, sex, duration of the marital relationship, age of the child, and individual ways of coping at T1 were controlled for, after which discordance at T1 was related to outcome at T2.

Overall, absolute discordance, the discrepancy in coping as assessed by comparing the questionnaires of both partners, was not significantly related to psy-

Table 1 *Multiple regression of absolute and perceived discordance on mental health (N=307)*

	R^2 change	Beta
Sociodemographic characteristics	.12***	
1 Sex		.10
Age		-.08
Relationship duration		.03
Age of child		.10
Individual coping orientation	.20***	
2 Loss-confrontation		.25***
Loss-avoidance		.25***
Restoration-confrontation		-.24***
Discordance		
3 Absolute discordance	.00	-.07
4 Perceived discordance	.02***	.17***
R^2 *Total*	.34***	
Adjusted R^2 *Total*	.32	

* p≤.05 **p≤.01 ***p≤.001

chological symptomatology, as measured by the sum score of the SCL90. However, a significant positive association between perceived discordance and symptomatology was found. Still, most of the variance in mental health was explained by the use of individual coping strategies, loss-confrontation and loss-avoidance having a positive relationship with symptomatology, and restoration-confrontation being negatively related.

With respect to the association between discordance and marital satisfaction, the picture is somewhat different. As we can see from Table 2, most variance in marital satisfaction at T2 can be explained by both absolute and perceived discordance at T1. Thus, the more absolute differences in coping within couples exists, and the more parents themselves have the feeling that they as a couple differ in ways of coping, the less satisfied they are with their marital relationship. Individual ways of coping are related to marital satisfaction to a lesser extent.

Table 2 *Multiple regression of absolute and perceived discordance on marital satisfaction (N=355)*[2]

	R^2 change	Beta
Sociodemographic characteristics	.02	
1 Sex		-.054
Age		-.101
Relationship duration		.035
Age of child		-8.192E-04
Individual coping orientation	.03**	
2 Loss-confrontation		-.038
Loss-avoidance		-.115*
Restoration-confrontation		.018
Discordance		
3 Absolute discordance	.04***	-.126*
4 Perceived discordance	.06***	-.271***
R^2 *Total*	.15***	
Adjusted R^2 *Total*	.13	

* p≤.05 ** p≤.01 *** p≤.001

Noteworthy is also the fact that, taken separately, neither parental age, sex or relationship duration, nor age of the child were significantly related to psychological symptomatology and marital satisfaction, although together they did account for some of the variance.

Discussion

In line with the literature, the results of the present study suggest that the experience of discordance is indeed negatively related to mental health and marital quality. Thus, the more within-couple differences in coping parents perceive, the more symptoms they have, and the less satisfied they are with their marital relationship. In contrast, absolute discordance, as assessed by comparing the coping strategies of both partners, turned out to be only related to marital quality, not to mental health. Following this, in order to make predictions about later symptomatology and marital satisfaction in bereaved parents, it seems to be most relevant to ask parents if they themselves experience differences in coping. Apparently, the assessment of absolute within-couples differences in loss and restoration orientation is only of minor importance, and should not form the basis for clinical intervention. The sociodemographic differences in mental health probably reflect patterns observed in general populations, thus these findings would not be indicative for grief-specific interventions either.

Although discordance is importantly related to bereavement outcome, most of the explained variance in psychological symptoms can be attributed to the individual ways of coping after the loss. Thus, the more a parent is focused on the loss six months after bereavement, the more health-related symptoms he or she develops seven months later. At first sight, this seems to go against the grief work hypothesis, which states that it is necessary to work through the loss in order to regain a new equilibrium. However, loss-avoidance is also associated with greater mental health problems, suggesting a more complex pattern in the relationship of attentional-avoidant coping and recovery from grief. The findings for restoration-orientation are intuitively convincing, in that they indicate that a future-oriented perspective is likely to have a mitigating effect on grief.

To conclude, does the assessment of discordance add to our understanding of the parental bereavement outcome? The results of the present study suggest a confirmative, but cautious answer, since different dimensions of discordance seem to be differently associated with outcome. However, the perception of discordance turned out to be importantly related to mental health and marital satisfaction, and therefore cannot be overlooked in research of and clinical practice with parents who have lost a child.

Notes

1 Although only analyses on the whole sample of fathers and mothers together are presented, separate analyses on fathers and mothers as subgroups revealed largely the same results.

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