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Parents coping with the death of their child: From individual to interpersonal to interactive perspectives

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Scientific research on the impact of the death of a child on parents is reviewed. A major aim is to extend coverage from individual to social – in particular interactive – perspectives. We not only illustrate how such approaches complement each other, but also how different conclusions can be reached when interactive phenomena are examined. Intrapersonal studies are first reviewed, covering grief reactions as well as the range of health consequences and risk factors, including intrapersonal coping processes. Results attest to the severe impact of this type of loss across multiple dimensions of parents' lives. More social approaches are then reviewed. The impact of a child's death has been shown across diverse social phenomena (which also affect individual grief and grieving), including informal and professional support patterns, effects on the couple's relationship and on couple coping and communication. Finally, attention is focused on one social dimension in particular, namely, interactive coping processes. We describe our own initial research within this domain, on a phenomenon identified as partner-oriented self regulation (POSR; holding in grief for the partner's sake). The paradoxical results on POSR (its negative consequences for the partner as well as self) highlight the inherent social – as well as personal – nature of grief and bereavement. Implications for future research are outlined.

Keywords: bereavement; grief; family; death of child; coping

Introduction

In the past, parental bereavement research, like most bereavement research, has focused largely on intra- rather than interpersonal, let alone specifically interactive, processes. Yet bereaved people, notably parents, do not grieve alone; there are salient interpersonal dynamics and consequences to be considered, ones that could impact on health and adjustment of parents both individually and as a couple. Examining the nature and consequences of interpersonal and interactive processes requires scientific scrutiny: How do parents grieve as a couple, and how do their perceptions of their own and the other's reactions to loss affect their grief? In this article, we first review intrapersonal studies concerning the loss of a child, to give an 'all-round' picture of individual- as well as social-level phenomena. We then turn to the latter, first to various interpersonal dimensions, and finally, we focus on interactive processes. Interactive coping is a new and almost uncharted area in bereavement research. We consider this an important new direction and, therefore, describe our own initial research within this domain.

At the outset, it is important to note some characteristics of this body of research. There are many publications on parental bereavement, but the studies vary in quality. Many quantitative studies lack control groups (e.g. non-bereaved parents); many are small-scale investigations (with poor statistical power); some are retrospective (with potential for inaccuracies in recalling). There is a large proportion of qualitative studies, including case studies and descriptive accounts (e.g. of support programs for parents). High attrition, non-participation of fathers, and absence of studies of bereaved parents from non-Anglo-European cultures are characteristic of the body of research. In addition, limitations include inadequate use of outcome measures and a predominance of subjective information. Many investigations are more for applied (helping, advising bereaved parents) than scientific purposes.

Having noted these characteristics, given the relative paucity of interpersonal and particularly interactive process research, we adopt a broad approach, drawing on qualitative as well as quantitative, applied as well as theory-driven investigations for insights into parental bereavement.

Intrapersonal research

A major line of investigation of intrapersonal research on bereaved parents has been on the reactions, health consequences, and coping strategies, frequently comparing mothers and fathers. We summarize this work next.

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Grief reactions

The death of a child has a devastating, long-lasting impact on parents (e.g. Arnold & Gemma, 2008; Rando, 1986; Rubin & Malkinson, 2001; Sanders, 1989). As documented mainly in western societies, parental bereavement has been associated with more intense grief reactions than other types, frequently being considered the worst kind of loss that one can endure (Sanders, 1989). In the words of Rogers, Floyd, Seltzer, Greenberg, and Hong (2008), 'because the death of a child defies the expected order of life events, many parents experience the event as a challenge to basic existential assumptions' (p. 203). Research has testified that grief among parents is a complex, multidimensional process, with diverse risk factors contributing to its manifestations and outcomes (Aho, Tarkka, Astedt-Kurki, Sorvari, & Kaunonen, 2011). Wing, Clance, Burge-Callaway, and Armistead (2001) reviewed research on grief reactions following infant death, which may generalize to those following the loss of an older child: for example, somatic and intense sadness symptoms may be common; blaming the mother (a tendency among both bereaved parents of infants), searching for explanations or attributing responsibility may take somewhat different forms.

Gender differences have been reported, which are generally consistent with patterns following other types of loss (Stroebe, Schut, & Stroebe, 2007). Bereaved fathers have reported lower levels of grief intensity than mothers (e.g. Badenhorst, Riches, Turton, & Hughes, 2006; Bohannon, 1990–1; Dyregrov & Matthiesen, 1987a; Hazzard, Weston, & Gutterres, 1992; Lang & Gottlieb, 1993; Lang, Gottlieb, & Ansel, 1996; Säflund & Wredling, 2006). Notably, qualitative studies described less guilt for fathers than mothers. Quantitative studies identified lower levels of self-reported depression and anxiety for bereaved fathers than mothers (but higher than non-bereaved controls), in accordance with general gender difference patterns. While some of the results on gender differences are based on longitudinal, quantitative, controlled studies, further investigation is needed to establish whether the patterns are due to differences in felt intensity or in expression of such emotions.

Some investigators have highlighted specific reactions, likely to pertain to the death of a child, rather than including more comprehensive reactions, as in the above investigations. Miles and Demi (1991–2) focused on guilt in parents, comparing reactions among bereaved parents following death of their child from suicide, accident, or chronic disease, describing differential patterns across these types of loss. For example, suicide bereaved parents described guilt as the most distressing part of their grief, while this was not the case following the other types of loss. In an early quantitative study, Dyregrov and Matthiesen (1987b) examined anxiety among parents following the death of an infant, noting strong and varied types of anxiety. Idealization of the deceased child may cause difficulties for surviving siblings, who could not match up to this internal image in the parent's mind (Rosenblatt, 2000; Rubin, 1993; Rubin & Malkinson, 2001). Qualitative studies (particularly) have described the difficulties with status and identity as parents (Riches & Dawson, 1996a; Toller, 2005), in 'feeling like a parent and not like a parent simultaneously' (Toller, 2005, p. 46). Frequently, parents express their anguish in having to answer the question: 'How many children do you have?' or in trying to balance the ongoing emotional bond with their child's physical absence (e.g. Toller, 2005).

While most investigators have focused on such harrowing negative consequences, some have drawn attention to positive aspects. Rosenblatt (2000) and Dijkstra and Stroebe (1998) noted resilience and others (e.g. Riley, LaMontagne, Hepworth, & Murphy, 2007) personal growth of many bereaved parents. It stands to reason that personal growth occurs as time goes on, just as the impact of loss gradually eases (be it unevenly). Qualitative studies have tended to emphasize that bereaved parents manage over time to get used to the death of their child but never get over it (Arnold & Gemma, 2008). Quantitative research has attested to persisting long-term grief and distress associated with child loss (e.g. Rogers et al., 2008). Wing et al. (2001) drew attention to the nonlinear nature of the grieving process, whereby bereaved parents are likely to revisit aspects many times over the years, commenting ' . . . no amount of healing can restore what has been lost. Instead, what occurs is a gradual acceptance of and adaptation to a painful, irretrievable loss' (p. 61). Intense grief of this kind is associated with considerable health consequences, which we turn to next.

Health consequences

Various detrimental health consequences of parental bereavement have been reported. Such conclusions have been reached on the basis of increasingly sophisticated studies and across different mental and physical health indicators.

Morbidity

In a series of methodologically sophisticated, large scale studies, Li and colleagues investigated a variety of mental and physical health problems among bereaved parents. For example, Li, Laursen, Precht, Olsen, and Mortensen (2005) examined the risk of hospitalization for psychiatric (especially affective) disorders, among bereaved parents, finding the risk to be increased, particularly among mothers. Among mothers, the relative risk was highest in the first year of bereavement, but remained significantly elevated 5 years after the death. Rogers et al. (2008) investigated the long-term effects of the death of a child on parents' adjustment in midlife, with the average length of bereavement being 18 years. This large-scale study included non-bereaved control parents. Even at this long

duration of bereavement, bereaved parents reported more depressive symptoms and episodes, poorer well-being, and more health problems than non-bereaved parents.

Mortality

There is an elevated risk of mortality for both mothers and fathers (Hall & Irwin, 2001; Li, Precht, Mortensen, & Olsen, 2003; Murphy, 2008; Rostila, Saarela, & Kawachi, 2012). Espinosa and Evans (2013) using a longitudinal sample in the United States confirmed the heightened risk of mortality among mothers after the death of a child. No differences were found regarding mother's education, marital status, family size, child's cause of death, or gender of the child. Similarly, elevated rates and lack of subgroup differences (including gender of the child) were found in a large-scale study in Denmark conducted among both fathers and mothers (Werthmann, Smits, & Li, 2010). In the Li et al. (2003) study, mortality was higher for mothers up to 18 years (the duration of the study) after the loss of their child, while it was for fathers only early after loss. Rostila et al. (2012) found that the elevated mortality risk follows the death of an older child too.

Risk factors for grief and health consequences

Keesee, Currier, and Neimeyer (2008) reviewed predictors of grief among parents. It is difficult to give a summary, since risk factors are many (including interpersonal ones, covered in the following section) and they often interact. Furthermore, as Wijngaards-de Meij et al. (2005) showed, different predictors are associated with different outcomes. At best, we can highlight some key factors, spanning situational (circumstances and causes of death) and personal (sociodemographic and personality-related) features before turning to ways of coping (also related to health outcomes).

Circumstances and cause of death

Circumstances of death predicted parents' adjustment in the longitudinal study by Wijngaards-de Meij et al. (2005). Unexpectedness of death was associated with (even) more intense grief and the traumatic death of a child with the highest grief symptoms. However, the impact of type of death, particularly sudden versus expected, has been widely debated, and results have been inconsistent. Possibly the lack of differences sometimes reported across sudden versus expected death may be because the impact of the former, characterized by lack of time to prepare, is balanced out by the stress of caring for a terminally ill child (Hazzard et al., 1992). Wijngaards-de Meij et al. (2008a) described how features of the death experience impacted on parents' grief: having said goodbye to the child and presenting the body of the child for viewing at home were associated with lower levels of grief.

Cause of death has been examined in relationship to parental adjustment. For example, Murphy, Johnson, and Lohan (2003) reviewed evidence comparing the impact of a child's death by suicide compared with other causes. While they concluded that some aspects of suicide bereavement might differ from bereavement reactions following other types of loss, there was no firm evidence to suggest that a child's death by suicide is the most problematic, as sometimes claimed. However, the violent death of a child in general has been associated with increased risk of poor adaptation (e.g. Keesee et al., 2008; Murphy, 2008; Wijngaards-de Meij et al., 2005). Dyregrov, Nordanger, and Dyregrov (2003) reported that 78% of parents following the violent loss of their child (suicide or accident) scored above the cut-off levels for complicated grief reactions one-and-a-half years post-loss. Bereavement following murder of a child is likely to be complicated by a number of special aspects ranging from drive for revenge, or complex, extended legal procedures, to fears for the safety of surviving family members (Murphy, 2008; Peach & Klass, 1987).

Parent- and child-related features

A few individual characteristics of the parents emerged as predictive in the Wijngaards-de Meij et al. study: Notably, nonreligious parents reported being less depressed than religious parents (Wijngaards-de Meij et al., 2005). Respondents with higher education, and those working more hours, also reported lower grief. Gender differences between parents have been reported earlier, but what about gender of the child? Although some studies, including the mortality studies reported above, found no such differences, a few have reported greater grief for boys (e.g. Hazzard et al., 1992). Other child-specific features have been found to impact on adjustment. Parents who lose an only child seem to have greater difficulties (Dyregrov et al., 2003; Rogers et al., 2008; Wijngaards-de Meij et al., 2005). Death of an older (dependent) child has been associated with even more intense grief responses than that of a younger child (Wijngaards-de Meij et al., 2005).

In addition to these variables, Keesee and colleagues (Keesee et al., 2008; Lichtenthal, Currier, Neimeyer, & Keesee, 2010) examined the predictor of 'finding meaning'. In a quantitative cross-sectional study of 157 parents, Keesee et al. (2008) found that parents who reported having made little or no sense of their child's death were more likely to report more grief. Lichtenthal et al. (2010) identified specific themes of meaning-making in this sample, relating them to grief intensity. Spirituality and religious beliefs were the most commonly used sense-making themes, while an increase in the desire to help and have compassion for others' suffering were the most common benefit-finding themes.

Consistent with the above results, Rogers et al. (2008) found that good adaptation to loss was associated with having a sense of life purpose among middle-aged parents. Another dispositional factor, the security of attachment, was investigated by Wijngaards-de Meij et al. (2007a). The more insecurely attached the parent, the higher the symptoms of grief and depression. While this dimension explained a unique part of the variance in psychological adjustment, neuroticism explained more variance than attachment dimensions (Wijngaards-de Meij et al., 2007b). Finally, in Murphy's extensive research project (e.g. 2008), self-esteem emerged as a significant predictor of lower distress and PTSD.

While causal interpretations about such intrapersonal risk factors are difficult to make, the above associations suggest the importance of including personality within the broad range of predictors in scientific investigation. Next we summarize research on a related dimension: parents' strategies of coping with the death of a child.

Coping: Individual level

There is evidence that the way parents cope affects their adjustment. Videka-Sherman's (1982) early longitudinal study of bereaved parents identified coping strategies that were associated with adaptation over time, ones that have generally been confirmed in the more recent literature. Adaptive coping strategies included those that were active and externally directed, adopting a new role or having another child, as well as altruism (helping other parents). Least adaptive were escape and (persistent) preoccupation with the child. More recently, Riley et al. (2007), in a small cross-sectional study of 35 bereaved mothers, found that personal growth was associated with the coping dispositions active coping, support-seeking, and positive reframing.

Research on gender differences in coping behavior has shown that men and women in general approach problems differently (e.g. Tamres, Janicki, & Helgeson, 2002). Gender differences among bereaved parents in emotional expression and coping have been reported, although sometimes in qualitative, small-scale studies. Feeley and Gottlieb (1988–9), however, found more concordance than discordance among couples in parents' strategies following their infant's death. Of 14 strategies, only 3 differed between mothers and fathers: Mothers more frequently sought social support, used more escape-avoidance, and were more preoccupied with the loss than fathers. Consistent with these findings, fathers report engaging in more emotional stoicism and activities, rather than talking, expressing their emotions, or turning to others for support (e.g. Littlewood, Cramer, Hoekstra, & Humphrey, 1991; Wood & Milo, 2001). Reviewing studies of couples coping, Rosenblatt (2000) summed up:

> [One of] the most commonly reported findings in research on parent bereavement is that there is often a difference in how publicly, intensely, and long women and men grieve, and typically it is the woman who grieves more, more openly, expresses feelings verbally, or seems less controlled. (2000, p. 145)

One of the most systematic and sound investigations is that of Murphy and colleagues (see Murphy, 2008, for a review). Information about coping strategies at four points in time, during the 5 years following loss, was obtained. Notably, active and affective coping strategies predicted less mental distress for fathers but not for mothers. Repressive coping strategies (e.g. 'I admit to myself that I can't deal with it, and quit trying') were significant predictors of higher PTSD symptoms for both parents even after 5 years.

The intrapersonal research summarized above indicates that losing a child impacts negatively on virtually all dimensions of parents' lives. This impact is amplified by characteristics both of the death as well as the individual parent. Among the parent characteristics, gender figures prominently.

Interpersonal research

Just as the bereavement experience is shaped by intrapersonal factors, so is it also influenced by social factors. Qualitative research has long suggested the importance of family and interpersonal perspectives (e.g. Gilbert, 1996; Nadeau, 2008; Shapiro, 1994), and quantitative research has begun to accumulate in these domains too. Researchers have covered a range of interpersonal aspects, including (1) social support from family and friends and professional support from health caregivers; (2) effects on the couple's relationship; and (3) couple coping and communication.

Social support: Informal and professional

Some studies focus on the nature and sources of support, while others address the impact of informal social or professional support on health outcomes. Some investigations span both informal and professional support; therefore, we deal with these somewhat independent aspects together.

Various questions concerning the nature of social support have been addressed. Is the provision of support itself affected by parental bereavement? Looking at the consequences of bereavement on the social network, de Montigny, Beaudet, and Dumas (1999) provided qualitative information on the impact of perinatal loss on quality and quantity of ties within social networks among 20 parents. These ties were profoundly affected by the loss; most of the bereaved mothers and fathers reported long-term losses of relationships with friends, colleagues, or extended family members.

What, on the other hand, do different sources of support provide and how is this experienced by bereaved parents? In a quantitative survey of 251 parents who had lost an infant child, Thuen (1997) assessed support experienced by parents from various sources, both informal and professional. Not surprisingly perhaps, different sources provided different kinds of support. For example, professionals made up for a deficit in the informal network regarding information about the death (its cause, preventability, normality of one's reaction). There was some couple concordance in parents' perception of received support: the amount of support received by one spouse was associated with the level of support received by the other.

Do parents use support sources similarly? In line with differences reported earlier, both qualitative and quantitative studies suggest that there are gender differences in seeking support, with bereaved mothers turning to others to discuss emotional matters more than fathers (Brabant, Forsyth, & McFarlain, 1995; Carroll & Schaefer, 1994; Rosenblatt, 2000). Men are typically reported to be less able to live up to the support needs of their partners, although from their interview accounts, they work hard to support their wives and be strong for them (Rosenblatt, 2000). Rosenblatt (2000) also drew attention to an important phenomenon relating to changes in empowerment among (US) women: in some couples, 'the relationship dance had changed; the woman was leading and the man watching her feet and following' (p. 148).

What about the impact of social support on adjustment? Although support is generally associated with better mental and physical health, there is doubt about its 'added value' in buffering bereaved persons relatively more than non-bereaved (Stroebe, Zech, Stroebe, & Abakoumkin, 2005). There is also little sound evidence regarding its impact specifically for bereaved parents. A study by Kreicbergs, Lannen, Onelove, and Wolfe (2007) spanned the provision of both informal social and professional support of parents' grief after losing a child to cancer. This was a retrospective study conducted 4–9 years after the loss. Parents who shared their problems with others, those who said they had access to psychological support, and those to whom staff had offered counseling during their child's last month were more likely to have worked through their grief. Although these results suggest that sharing the emotional burden of losing a child may facilitate adjustment, recall biases may have occurred, and unknown parent characteristics could have increased the likelihood both of support and improved bereavement outcomes.

What about the effectiveness of professional intervention among bereaved parents? In general, bereavement treatments have been shown to be effective for those with complications in their grieving and for high-risk persons (Schut & Stroebe, 2010). There is little systematic evidence, but some indication, that such patterns pertain for bereaved parents. Rowa-Dewar (2002) identified 22 studies examining the efficacy of professional intervention for bereaved parents. After applying strict inclusion criteria, however, only three remained. No overall effect was shown but benefits were observed for higher-distressed, but not lesser-distressed mothers bereaved through violent death of their child (e.g. Murphy et al., 1998). In a well-controlled, longitudinal assessment of a multidimensional bereavement intervention program, Murray, Terry, Vance, Battistutta, and Connolly (2000) found reduction of distress for parents, particularly for those at high risk. Benefits covered lowering of psychiatric disturbance, improved marital quality, and better coping strategies (e.g. reduction of avoidance). More recently, Aho et al. (2011) concluded that the effects of parental bereavement interventions were generally 'quite weak or nonexistent' (p. 882), but they themselves found that bereaved fathers (of children up to 3 years) benefitted from a flexible, multidimensional intervention program (from health care professionals and peer supporters) compared with fathers in a control condition.

Although the investigation of social support is in a sense 'interpersonal' research, studies have typically focused on its impact on the individual (e.g. they do not take a supportive, also grieving, person's perspective into account). There is scope to increase the 'social' nature of support research (e.g. including more than one family member in treatment programs, c.f. Rosen, 1988–1999; exploring interpersonal dynamics in relation to improvement, e.g. between client and therapist/counselor).

The parental relationship

Qualitative research has long indicated that marital relationships can run into difficulties following a child's death, while at the same time, couples struggle to come to terms together and support each other (Gilbert, 1989; Klass, 1988; Riches & Dawson, 1996a, 1996b; Rosenblatt, 2000). Quantitative studies have begun to confirm these patterns, including information pertaining to less-studied fathers (see Badenhorst et al., 2006). Conflict among bereaved parents has been frequently reported (Gilbert, 1989, Gilbert & Smart, 1992), but also a greater sense of closeness (e.g. after infant loss (Dyregrov & Matthiesen, 1987a), stillbirth (e.g. Cacciatore, DeFrain, Jones, & Jones, 2008); for a review, see Wing, Clance, Burge-Callaway, & Armistead, 2001).

Rosenblatt (2000) extended the scope of research on grief reactions to less-well-identified interpersonal aspects associated with the death of a child. For example, he described the gap or decline in marital sexuality and discrepancies between partners in sexual needs. This dimension may be central: Intimacy has been suggested as an interpersonal risk factor by Lang and colleagues (Lang & Gottlieb, 1993; Lang et al., 1996). In their longitudinal, quantitative study, both husbands and wives who reported

lower levels of marital intimacy shortly after the death of their infant child were found to experience more intense grief 2 years later (although possibly a third factor, e.g. a conflicted marital relationship, could account for this association).

For a long time, it remained unclear whether bereaved parents are at excessive risk of separation/divorce. An earlier review by Murphy, Johnson and Lohan (2003) concluded that ' . . . insufficient empirical evidence exists to assert that divorce rates are higher among bereaved parents when compared with non-bereaved parents (p. 362)'. Although Eilegard and Kreicbergs (2010) recently reported that marital dissolution was *not* more common among parents who had lost a child to cancer, than among non-bereaved parents, two other recent studies have indeed reported excesses in divorce rates among bereaved parents. Rogers et al. (2008) found that bereaved parents had a higher rate of separation or divorce than non-bereaved. Supportive of this, Lyngstad (this volume) has provided the most convincing evidence yet that bereaved parents do have higher divorce rates.

In summary, some couples seem to cope well, while for others, the impact of their child's death has irreparable consequences for the relationship. More research involving both partners is needed to identify the factors that differentiate between these two groups.

Coping at the couple level

What do we know about how parents deal with the loss of a child as a couple? Gilbert (1989) conducted a qualitative study to examine how marital partners coped with their own grief, while at the same time dealing with their partner relationship. She described dissimilarities in grieving between parents, associated with a high incidence of (short-lived) conflict episodes, which seemed to be based on 'differences in beliefs and expectations that resulted in a perception of incongruent grieving' (p. 624). However, these episodes were often resolved through open communication, perception of a shared experience, sensitivity to each other's needs, acceptance of differences and adaptability as well as a positive outlook on their relationship and themselves.

Problems owing to incongruent grieving have been attributed to parents' beliefs that because they both have the same loss, they should experience the same grief (Gilbert, 1989). Given the gender differences in coping described earlier, such congruence can hardly be expected. Importantly, the early quantitative study by Feeley and Gottlieb (1988–9) included an examination of the association between parents' concordance in coping strategies and communication difficulties following the loss of an infant child. Among discordant couples, mothers perceived higher levels of conflict in communicating with their husbands than did mothers whose coping was concordant. In a second qualitative study of 36 bereaved parent couples, Kamm and Vandenberg (2001) reported on patterns of grief communication and grief reactions. Positive attitudes about open communication were related to higher levels of grief early on in bereavement, but to lower grief later on. Mothers valued open communication more than fathers. Gilbert (1996) placed such phenomena in theoretical perspective, describing a commonly found 'differential grief' tendency in grieving families, whereby the members deal with different issues at different times during the grieving process, sometimes adopting contrasting coping styles, and adding to distress.

To learn more about parents' (assumptions about) coping strategies of themselves and their partners, Wijngaards-de Meij and colleagues (Wijngaards-de Meij et al., 2008b) examined the relationship between the coping strategies of a bereaved parent and his/her partner and the adjustment of the parent, thereby taking both partners' reactions into account. They examined parents' coping orientations focusing on the deceased child (loss orientation) or dealing with secondary stressors resulting from the loss (restoration orientation). For both fathers and mothers, loss-oriented coping was predictive of negative adjustment over time, while restoration-oriented coping was related to better adjustment. Notably, for fathers, having a partner high in restoration-oriented coping was related to better adjustment: It seems that having a partner who coped in a similar way was helpful to them. For women, however, the husband's coping was unrelated to adjustment, perhaps because their more loss-oriented coping strategy does not need to involve the partner (thoughts and feelings being focused around the relationship between mother and deceased child).

Interactive coping research

Does the manner in which partners behave toward each other during their grieving affect their own and their partner's adjustment to the loss of their child? Using the same data set as the Wijngaards-de Meij et al. studies, we examined how partners influence each other's grieving process (Stroebe et al., 2013). We focused on a phenomenon called partner-oriented self-regulation (POSR), the avoidance of talking about loss and remaining strong in the partner's presence with the intention to protect the partner.[1]

We examined POSR in a sample of 219 couples aged 26–68 years who had lost a child from causes ranging from neonatal/stillbirth, to illness/disorder, to accidents/suicide or homicide. Measurement was at 6, 13, and 20 months post-loss. Thus, not only did we have both partners' reactions to questions about their own and their partner's grief and grieving, but we were able to follow the impact of their POSR coping style on adjustment over the first two years of bereavement. We asked parents about their self-regulation of feelings in order to protect their partner in a newly

constructed, three-item POSR scale, 'I hide my feelings for the sake of my partner'; 'I stay strong for my partner'; 'I try to spare my partner's feelings'. Our findings were paradoxical. Rather than protecting the partner as was the intention, we found that POSR was not only associated with an increase in one's own grief, but also with an increase in the grief of the partner. This effect persisted over time, both self-reported and partner-reported POSR predicted grief at a later duration of bereavement. This pertained for both bereaved fathers and mothers. Although husbands contained their grief more for the sake of their wives than vice versa (consistent with the literature on bereaved fathers' and mothers' emotional disclosure patterns), this difference is limited to a mean difference between fathers and mothers. By examining the relational or interactive processes, this study showed that intrapersonal sex differences did not extend to the processes that occur between partners in couples. Had we focused on just one partner, we might have found that POSR impedes grief in one partner, that people who intend to protect their partner pay a price for this. But by including the partner, we demonstrated that the other too pays a price, PSOR comes at a cost, not only for the self (people may be willing to make that sacrifice) but also for the partner.

Conclusions: Future directions

Scientific investigation at the interpersonal and interactive level can add to intrapersonal research on the impact of death of a child on parents. Although one of these approaches is not necessarily 'better than' another, we have illustrated how the interactive perspective may lead one to modify important conclusions about processes of grief and grieving.

So what about future directions specifically for the new interactive coping research area? We have only illustrated one type of mutual impact of a family member's grief and grieving on that of another, but we need to work toward a more systematic systems-approach. First, other aspects of self-regulation (e.g. parents' child-oriented self-regulation and children's parent-oriented self-regulation) could broaden or complement the POSR angle.

Scientific research also needs to include additional dynamic, interpersonal, dual-pathway processes, some of which may be POSR-related, for example (cf. Rosenblatt, 2000):

- Unwillingness to have emotions stirred up by the partner
- Openness to listening to the partner
- Compliancy with partner's requests
- Sensitivity to the needs of the partner
- Attempts to keep emotionality within to prevent setting off the partner's

Furthermore, we only described negative consequences of interactive processes, while positive consequences need exploring. For example, Denckla, Mancini, and Bornstein (2011) found that while interpersonal dependency (the tendency to look to others for nurturance, guidance, and support) is partly a risk factor for prolonged grief, it was also found to serve as a protective factor in coping with (conjugal) loss.

More generally, our plea is to work toward a theoretically grounded, statistically sophisticated, integrated program of empirical research, incorporating both individual and social levels of analysis. We need research that explains underlying cognitive, behavioral, social, and emotional processes. In our view, such research needs to include social perspectives, addressing such questions as: How do others help or impede the grieving process? Dynamic systems analyses that examine grieving processes in everyday life would be appropriate. Including such components in studies on bereavement would enhance the richness of our findings, acknowledging the influence of natural settings in which grieving and bereavement occur. This endeavor would not necessitate a new theory; rather we appeal for a more interactive and dyadic approach to grieving using the models that exist. Interdependence theory (see Rusbult & van Lange, 2003) is of particular relevance here, because this approach recognizes mutual influences between partners, underlining the fact that they emotionally, cognitively, and behaviorally affect each other. New developments in statistical analyses are compatible with such an approach, allowing researchers to examine both between- and within-person processes (e.g. the Actor-Partner Interaction Model, Cook & Kenny, 2005). As statistical methods become more sophisticated, the social contexts in which grieving takes place become increasingly more accessible for scientists, enabling better understanding of the phenomena and manifestations of bereavement.

Note

1. Interestingly, a long time ago, Gilbert (1989) spoke of such a phenomenon: ' . . . the husband would contain his emotions with the intent of protecting his wife from further hurt' (p. 614). Importantly, Gilbert went on to suggest the impact of this – in our terms POSR phenomenon – could have: 'If she were to interpret his behavior as uncaring and cold, rather than loving and protective as he had intended, the result would be a conflict between intent on his part and interpretation on hers. . . . this was one of the most common forms of mistaken meanings in behavior . . . ' (p. 614).

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