

Parental Relationships following the Loss of a Child

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Abstract

To enhance understanding of parental relationships following the loss of a child, a questionnaire was sent to members of Norwegian bereavement support organizations. The sample consisted of 175 couples. Using the Dyadic Adjustment Scale (DAS), we found that an individual's ability to talk to a partner about own feelings positively correlated with fewer problems and higher satisfaction and cohesion in the couples. Couples felt closer to one another following the loss and were pleased with their relationship. Early intervention may help couples navigate the changes necessitated in a relationship by the loss of a child and prevent negative dyadic changes.

Introduction

Over recent decades, knowledge about the parental consequences of losing a child has accumulated. Such losses involve a range of psychological, social, bodily and existential consequences (Dijkstra, 2000; Hunt & Greff, 2012; Morris, Fletcher, & Goldstein, 2018). The seriousness of such losses is also reflected in several studies that have shown increased mortality over many years among parents who lose children, especially among mothers (Espinosa & Evans, 2013; Harper, O'Connor, & O'Carroll, 2011; Li, Precht, Mortensen, & Olsen, 2003; Rostila, Saarela, & Kawachi, 2011). A very high incidence of psychological difficulties (K. Dyregrov, Nordanger, & Dyregrov, 2003; Murphy, Johnson, & Lohan, 2002), prolonged grief disorder (PGD) (Goldstein et al., 2018) and functional impairment (Wilcox, Mittendorfer-Rutz, Kjeldgård, Alexanderson, & Runeson, 2015) has been found years after the death of a child.

The interplay between parents following the loss of a child has important implications for both partners, for siblings and children born subsequently. Several Scandinavian studies (Avelin et al., 2012; A. Dyregrov & Matthiesen, 1987; Joronen, Kaunonen, & Aho, 2015) have found high levels of marital satisfaction and high percentages of couples reporting that they had grown closer to one another. Although problems in communication and interaction between parents are well documented in the literature, review articles conclude that few studies document a clear increase in divorce rate (Eilegård & Kreicbergs, 2010; Kamm & Vanderberg, 2001; Oliver, 1999; Schwab, 1998). However, detailed studies in recent years have found a rise in couple breakdowns (Gold, Sen, & Hayward, 2010; Lyngstad, 2007), albeit a modest increase (Finnäs, Rostila, & Saarela, 2018).

Women's responses are usually more intense and longer lasting than men's (A. Dyregrov & Matthiesen, 1987; K. Dyregrov et al., 2003; Lang & Gottlieb, 1993; Schwab, 1996), although in some couples it is the inverse. Women also report that the emotional

closeness between them and their partners deteriorates following a loss, and women generally have a greater need to talk about the loss than do men (A. Dyregrov & Dyregrov, 2017; Lang & Gottlieb, 1993). Lang and Gottlieb (1993) found that when women were not allowed to talk to their partner about their thoughts and feelings early after the loss, they experienced more intense grief over time (Lang, Gottlieb, & Amsel, 1996). They also showed that couples who resumed contact with their social network early on fared better two to four years later.

Other studies have found that bereaved mothers' satisfaction with their relationship is related to positive attitudes towards talking about the loss of the child, even though they may experience more intense grief reactions in the beginning (Kamm & Vanderberg, 2001). Murphy and colleagues (2003) followed bereaved parents over a five-year period and found that satisfaction with the relationship decreased over time and was lowest after five years, regardless of the cause of the child's death. It has also been documented that the greater the emotional distance between two partners (i.e., where one partner wants to talk but the other does not), the less satisfied they are with the relationship (Dijkstra, van den Bout, Schut, Stroebe, & Stroebe, 1999), and that marital closeness is a significant predictor of better health for bereaved couples (Song, Floyd, Seltzer, Greenberg, & Hong, 2010). Albuquerque, Narciso and Pereira (2018) found that stress communication (the ability to communicate about personal experiences of stress and to request support) can function as an important and positive marital resource in parents' dyadic adjustment following the loss of a child. In a review of different coping strategies in men and women, Stroebe (1998) concluded that women are more confrontational in relation to their feelings, while men are more action oriented and may bury themselves in work. In Stroebe and Schut's (1995) dual process model of bereavement, an oscillation between loss-orientation and restoration-orientation coping is favorable. If men use more restoration-oriented coping than women and women use more loss-oriented coping than their male partners, adjustment to the loss will be more difficult.

The dynamic processes that go on within a couple are thought to determine the relationship. Both partners need to regulate their emotions individually and in interaction with their partner. Following a loss, their relationship will be partly determined by their ability to support and be there for each other. In line with Lakey and Orehek's (2011) relational regulation theory (RRT), we assume that relational partners influence each other through conversation and activities and that this will determine qualities of the parental relationship following the loss, including dimensions such as couple consensus, cohesion and affectional expression.

Research Aims

The research aims are to explore whether there are gender differences in how mothers and fathers perceive their marital relational quality and, if present, whether such differences are dependent on time following the loss of a child. The study also aims to investigate whether reported differences in duration and strength of loss reactions, communication and perceived responsibility for taking care of a partner predict couples' dyadic consensus, cohesion, affectional expression and dyadic satisfaction.

Method

Participants

The study is based on lists of support members from two Norwegian support organizations: The Norwegian Organization for Families Who Have Lost a Child and the Norwegian SIDS and Stillbirth Society. Questionnaires were sent to 1,027 members who were invited to participate in our study if they had lost a child and were members of the above-mentioned organizations. According to the support organizations, around ten percent of the members are not parents, but are support members such as grandparents, aunts, uncles etc. Three hundred and twenty-one people returned their questionnaires, yielding a response rate of 35% of all possible members.

The total sample consisted of 321 individuals, more women (202; 62.9%) than men (119; 37.1%). Almost all respondents (93%) were married or cohabitants (women: 91%; men: 98%), 4% were divorced (women: 5%; men: 2%) and the rest were living alone or were widows/widowers. As many as 95% stated that their partner was the mother/father of the deceased child. Twenty-seven persons (8.4%) reported a break-up in their relationship after the loss of their child. Because the aim of this study entails an emphasis on couples and gender issues, 54 subjects were excluded from the sample because they were not in the relevant population segment (e.g., not married or cohabitants with partners who were not the father or mother of the deceased child). Thus, the sample for this paper ($n = 285$) consisted of 169 women (59.3%) and 116 men (40.7%), representing 175 couples. Some of these women had partners who did not contribute to the study (35%). Analyses showed that women with a participating partner had a higher level of education and, to a lesser degree, reported that the loss caused a more distanced relationship with the partner. No other statistical differences were found between the total sample and the final sample.

The mean age of men was 39.6 years ($SD = 7.2$, Range = 24–55) and the mean age of women was 37.6 years ($SD = 7.0$, Range = 24–61). The mean duration of the relationships was 14.2 years ($SD = 7.2$, Range = 2–40). Five percent (5.3) of the group had an elementary school education, 30.3% had attended high school and 64.4% had a higher level of education from college, an academy or at university level. The majority (53.5%) lived in a city, whereas 46.5% lived in rural areas. Of the group, 38.5% had experienced a stillbirth, 26.4% had lost a child to SIDS, 8.0% had lost a child due to an accident, 21.8% had lost a child due to illness and 5.3% had lost children who had died of other causes or whose cause of death was unreported (based on responses from mothers only for the purpose of accounting for data dependency in the responses).

Procedure

The Regional Committee for Medical Research Ethics approved this study. The questionnaire, along with an information letter from the Center for Crisis Psychology, was sent from the support organizations to their members in September 2005. The letter was worded sensitively, demonstrating respect for the parents' situation and presenting the aim of the study: to increase knowledge about sexuality and intimacy – knowledge that could hopefully lead to better advice, counselling and support for parents. As the questionnaires bore no names or information that could otherwise identify respondents, there was no possibility of sending reminders to non-respondents.

Measures

A questionnaire with 42 questions was constructed for this study, consisting of demographic questions and questions relating to the deceased child and aspects of the couple's relationship, sexuality and intimacy. Two couples filled in the questionnaire in a pilot study and provided feedback. Because these couples found the questionnaire easy to understand and fill in, no changes were made.

Inclusion of the Spanier Dyadic Adjustment Scale (DAS, Spanier, 1976) ensured a systematic measure of relational qualities. The scale was chosen because it measures relevant categories within couple functioning; it has good psychometric properties, and with its frequent use across different countries, it allows for comparisons. The range of the total scale of 32 items is 0–128 (item level: 0-4). Higher DAS scores indicate better adjustment and a stronger relational quality. A total score below the cut-off of 102 indicates problems in the relationship. Relationship quality on the Spanier Dyadic Adjustment Scale has four separate dimensions as follows: 1) Dyadic Consensus measures the degree of agreement about different domains within the couple (economy, recreation, religiosity, friends, how to deal with family relations, conventionality, goals, how much time is spent together, important decisions, housework and daily tasks, hobbies and activities, work and careers); 2) Dyadic

Cohesion measures how different activities are shared (activities outside the home, having stimulating conversations, laughing together, having calm discussions together and cooperating on projects); 3) Affectional Expression measures tenderness and devotion, agreement about and priorities relating to sexuality and expression of love; and 4) Dyadic Satisfaction measures whether spouses argue a lot, leave each other in anger after arguing, experience the relationship as tense or even bad, regret the relationship and discuss separation or divorce.

Statistical Analyses

Descriptive statistics (frequency, mean, standard deviation and chi-square cross tabulation), reliability analysis (Cronbach's alpha), correlations and ANOVA were computed with SPSS (version 24). Some subjects had missing data (MD) on one or more of the Dyadic Adjustment Scale items (DAS). MD was assumed to be missing at random (MAR) (McKnight, McKnight, Sidani, & Figueredo, 2007; Schafer & Graham, 2002) and missing data were replaced with imputed values based on all DAS items as predictors. The imputation method used was expectation maximization (EM). DAS variables were at ordinal level and decimals were rounded to the nearest value to keep the categories intact. The CFA analyses and other structural equation models were analyzed with LISREL 8.80 (Jöreskog & Sörbom, 2006). The polychoric correlation matrix with a weighted asymptotic covariance matrix was generated. An adjusted chi-square difference test was used when testing nested models (Satorra & Bentler, 2001).

Internal consistency reliability (Cronbach's alpha) showed the DAS total and subscales to be at satisfactory levels, with Affectional Expression at .70 and Dyadic Consensus at .92. The alpha for the total scale was found to be .93. The mean inter-item correlations in the scales were between .36 and .48. Single and multisample confirmatory factor models were analyzed (CFA) in order to analyze validity in the variables (Bollen, 1989; Kline, 2010;

Loehlin, 1992). CFA was used to estimate factor scores that were used for further analyses. The CFA showed a fair fitted model for the Dyadic Consensus scale (Satorra-Bentler $\chi^2 = 128.99$, $df = 65$, $p = .00$, NFI = 0.98, NNFI = 0.99, GFI = 0.87, RMSEA = .059, RMSEA 90% CI = .044–.074, RMSEA_{close-fit} = .16). A gender-specific multisample model supported the measurement of Dyadic Consensus as being equal for females and males. The results showed equal factor models for both genders when the Spanier Dyadic Adjustment dimensions (Dyadic Consensus, Dyadic Cohesion, Affectional Expression, Dyadic Satisfaction) were analyzed in separate models but did indicate stronger validity problems among women than men when analyzed in a total model. This indicates some interpretability problems and suggests that the DAS instrument could be further improved. Due to non-normality, two factor scores were transformed (square root of exponential function of the value minus a constant based on the grand mean in order to center the new score to zero). Correlations between the DAS scales were found to be in the interval .05–.63 for males and .29–.65 for females. Low empirical support was found for Affectional Expression (RMSEA = 0.16). Improved fit was found after dividing this scale into affectional expression and affectional problems (RMSEA = .043), with a gender invariant model showing even better fit (RMSEA = .00, RMSEA_{close-fit} = .87). These five dimensions were used for model results.

A dyad methodology based on latent difference scores was used to analyze mean couple level (intercept) and the differences between women and men within couples (slope) in predictor and outcome variables (Newsom, 2002). This model provides a grand mean level over all couples, mean difference between women and men in couples, variation in couple means, variation in difference between women and men in couples, and covariation between couple levels and couple differences. The intra-class correlation was computed to describe the relation between couple variation and the total variation ($ICC = \text{intercept variance} / (\text{intercept variance} + \text{common residual variance}) = \psi_{00}/(\psi_{00}+\theta_{\varepsilon})$). The common residual variance

represents individual variation in couples (Newsom, 2002). When the difference factor was added to the model, residuals were set to zero (Cheung, 2009). Multilevel analysis was used for descriptive group comparisons (Brown & Prescott, 2006; Duncan et al., 1997; Norušis, 2005; Stapleton, 2006) and analyzed by linear mixed models in SPSS. Missing data in predictor variables were handled by full information maximum likelihood (FIML) (Arbuckle, 2009). Evaluation of goodness-of-fit statistics was based on established guidelines (Browne & Cudeck, 1993; Jöreskog, 1993; Kline, 2010; Schumacker & Lomax, 2010).

Results

Table 1 shows the mean and standard deviation for the four original DAS scales. The levels on these variables were not found to be statistically different regarding different types of deaths (Consensus: $F = 1.49$; Affectional expression: $F = 0.92$; Satisfaction: $F = 1.09$; Cohesion: $F = 1.09$; Consensus: $F = 1.50$; all $ns > .05$). Couples where both partners responded had higher levels of dyadic satisfaction (40.5 vs 37.9, $F = 11.04$, $p < .01$) and dyadic cohesion (15.5 vs 14.2, $F = 6.88$, $p < .01$) than single members of the dyad responding. No gender differences were found after accounting for between- and within-couple variation when multilevel analyses of the five latent DAS factors were analyzed (fathers: $M = 111.3$, $SD = 14.3$, and mothers: $M = 110.1$, $SD = 16.2$, multilevel analysis $t = 0.65$, $p > .05$).

Table 1 around here

Closeness with Partner

When parents answered questions about their perceptions of how the child's death had impacted on the relationship with their partner, most (73.4%) reported that they had grown closer together; 22.3% reported that the relationship had remained as it was previously and 4.3% felt that they had grown further apart. When genders were separated, almost identical results were found (multilevel analysis: $t = -0.60$, $p > .05$). Roughly three-quarters of the parents who had experienced stillbirth reported coming closer together (77.1%); slightly

fewer of the SIDS parents reported this (74.0%) and 71.4% of the parents who had lost a child due to an accident reported becoming closer. Parents whose child had died from an illness had the lowest reported incidence of becoming closer to one another (66.2%).

Satisfaction with and Communication with a Partner

Respondents' answers to a question about how pleased they were with the relationship between them and their partner are shown in Table 2, showing that parents were generally pleased with their relationship. Men were more pleased than women. In terms of perceived communication and support from their partner, mothers and fathers reported similarly (Table 3). Both partners reported that they could talk with their partner about their feelings, even if there was considerable within-couple variation (within-couple variation = 0.20; between-couple variation = 0.10; both p -values < .05). Fathers were more pleased with the support from their partner. However, the difference in mean score was non-significant. Small and non-significant between-couple variation indicated that all variation on this variable resulted from subjects within couples being unequal. As a group, more mothers were not pleased at all, which was also true in terms of feeling understood by their partner. The differences were greatest in relation to grief intensity, duration and feelings of responsibility for their partner.

Insert Table 2 around here

Insert Table 3 around here

Table 3 also shows that more mothers than fathers reported more intense ($t = -10.53, p < .001$) and longer lasting ($t = -9.13, p < .001$) reactions to their loss, and significantly more fathers had felt a responsibility to take care of their partner after the loss ($t = 3.47, p < .01$). At group level, answers indicated that mothers and fathers agreed that mothers reacted both more intensely and for a longer duration, compared to the responses given by fathers. Because around three-quarters of the fathers answered "not at all" when asked about whether they had

reacted more intensely or for a longer duration than their partner, it can be assumed that they were even more convinced about this gender difference than the mothers were.

Relationship and Adjustment Quality as measured by the DAS

The total DAS score was 111, well above the cut-off of 102, indicating problems in the relationship (a higher score = better adjustment). Around a quarter of the respondents (22.8%) scored below the cut-off (102), with 19.2% of those in a relationship and 35.5% of those outside a relationship. Time since the loss was added to the model, together with the interaction term between gender and time, in order to test whether time since the loss could be a factor affecting the outcome variables for males and females. The results showed no gender difference and no effect of time since loss for the Consensus factor after accounting for the couple variation (statistically significant between- and within-variance estimates; 0.10 and 0.07, respectively). Gender and time were not related to the Affectional Expression variable (between 0.52 and 0.28) or the Affectional Problem factor (between 0.37 and 0.22). However, time since the loss was found to predict the Satisfaction factor; a lower level for this factor was associated with longer time since the loss (-0.11 units per year, $t = -2.34$, $p < .05$). The results for this variable also showed women and men to be generally equal, although with some variation difference around this common level (between 0.10 and 0.06). No statistically significant results were found for the Cohesion factor, except the between- and within-variation estimates (between 0.31 and 0.49). In short, no statistical interaction effects between gender and time since loss were found for the five main outcome variables.

The dyadic SEM model confirmed the between- and within-variance estimates for the Consensus factor, with the ICC equal to .61. Adding the difference factor to the model showed variation in scores between women and men within couples but no mean difference. The ICC for Affectional Expression was .65; Affectional Problems = .38; Satisfaction = .65;

and Cohesion = .38. The difference factor was statistically significant regarding the variance parameter for Affectional Expression.

The DAS factors (couple level and difference) were related to each other (Table 4). The model fitted the data well ($\chi^2 = 47.41$, $df = 37$, $p = .12$, RMSEA = .040, RMSEA 90% CI = .00–.07, RMSEA_{close-fit} = .67). The results showed several relations between the DAS factors at couple level (e.g., the strong relation between Satisfaction and Cohesion), but no cross-level relations between mean couple-level factors and within-couple differences, except for a small relation for the Consensus factor (-.18). However, differences in one factor between women and men within couples were related to such differences in several other factors (e.g., Satisfaction and Affectional Expression = .37).

Insert Table 4 around here

Finally, the DAS latent dimensions were analyzed in a model, together with the following predictors: “I have reacted more intensely than my partner”; “I have reacted over a longer time than my partner”; “I have felt responsibility to care for my partner”; and “I have been able to talk to my partner about my feelings”. Couples’ level of being able to talk to partners about their own feelings predicted several of the DAS dimensions. This common level of communication was statistically significantly related to the mean couple level and the couple difference in Consensus factors. For couples who felt more able to talk, a higher mean couple Consensus level was found ($b = -.27$). In addition, greater communication was related to higher levels of perceived Consensus in women relative to men ($b = .19$). The level of communication was also related to higher mean levels for Affectional Expression ($b = -.37$); lower levels for Affectional Problems ($b = -.34$); higher levels for the Satisfaction factor (-.55); and higher couple mean levels for Cohesion ($b = -.49$, all p -values < .05).

Within-couple differences in terms of being able to talk predicted two DAS factors. Firstly, such difference was related to group level for Affectional Problems ($\beta = .14$), meaning

that more affectional problems were found at couple level where women were less able to talk to their partner about their own feelings than men. We also found that women in couples who were less able to talk about their own feelings than men also reported being less satisfied with the relationship than men ($\beta = -.20$). The last results showed a negative relation between couple level in terms of taking responsibility for the partner and the within-couple difference in Dyadic Consensus ($\beta = -.17$), which indicates that responsibility for each other is related to a somewhat stronger feeling of consensus in women than in men after accounting for the mean couple level (all relations statistically significant at $p < .05$).

Discussion

Satisfaction with the Relationship

Most parents reported feeling closer together after their loss. Around a fifth felt that the relationship was as before and only around one-tenth felt that they had grown further apart. Although there were few differences between the parents who had experienced different types of deaths, parents bereaved following accidents evidenced more relationship distress than the other groups. This is in line with K. Dyregrov (2003) who found that parents losing a child following an accident (and suicide) experienced more complicated grief and posttraumatic reactions than parents who had lost a child to SIDS. This finding was believed to reflect clearer routines for supporting parents bereaved through SIDS than for the other groups, due to the work of the SIDS society of Norway. Historically, Norwegian parents have had less systematic contact with health professionals after losing a child in an accident or suicide than those losing a child through SIDS (K. Dyregrov, 2002). This study clearly highlights the need to ensure support for all bereaved parents.

Around 90% of the respondents were satisfied with their relationship and most of these were very satisfied (69%). In a Finnish study, similarly high rates of satisfaction were also found using a single question (Joronen, Kaunonen, & Aho, 2015). However, this may

present a somewhat distorted picture of reality. People tend to answer affirmatively when asked general questions about their life, while they provide a more realistic description of the situation when they are asked about more specific aspects of their experience. It is worth noting that when Joronen and colleagues asked parents whether they had needed relationship counselling, 32% answered affirmatively. Still, there is reason to believe that of the parents who answered the questionnaire, most were satisfied with their relationship. The sample population is well educated, and this may lead parents to seek information on how a loss impacts communication and cohesion, helping them tackle the challenges the loss poses.

The picture might have been different if non-responding bereaved parents had filled in the questionnaire. Whether non-responders are more troubled or have poorer marital relationship quality and therefore have psychological reasons for not filling in questionnaires is an empirical question impossible to answer because we lack information on the non-responders. It is reasonable to think so, however, and that the data therefore is less generalizable than with a higher response rate. But as elsewhere stated, the questionnaire was sent to an unknown number of non-parent members in the society. Few studies have conducted analyses on non-responders, but a recent study by Lykke and colleagues (2019) indicate that non-responders lack the energy to respond and find it emotionally too hard to participate following the death of a child. The finding that less than five percent of the parents reported having grown further apart may also indicate that the responding parents fare better than the non-responders.

Most parents also agreed that they could talk with their partner about their feelings and that they were satisfied with the support they received (fathers more so than mothers). Mothers felt less understood by their partners than fathers, and both parties agreed that it was the mother who reacted most intensely and for the longest period following the loss, with fathers feeling most responsible for caring for their partner in the post-loss period, as found in

a previous Norwegian study (A. Dyregrov & Matthiesen, 1987) and other studies (Avelin et al., 2012; Lang & Gottlieb, 1993; Schwab, 1996). Fathers were more convinced about the gender differences in grieving intensity and duration (A. Dyregrov & Dyregrov, 2017). This shows a relatively similar perception of the dimensions of grief and marital interplay in partners and may explain why so many experience so much satisfaction in their relationship. Generally, however, men were more pleased with their relationship than women. Usually no gender differences are found in relationship satisfaction (Falconier, Jackson, Hilpert, & Bodeman, 2015). It may be that mothers demand more and deeper communication in general and following the loss of a child and therefore are less satisfied than fathers. Fathers were also more pleased with the support received by their partners and it may well be that the two genders are affected differently by the loss and that this relates to the ability to be there for their partner. These are issues that should be explored in future research.

Although results from studies in Western countries (see above) corroborate our results, it is important to note that our results are from Scandinavia. Nordic societies are characterized by gender equality, a high educational level (as reflected in the sample), universal social welfare and relative openness concerning death. Also, it is primarily a secular society where religion has gradually lost much of its influence. How this impacts the communication between bereaved partners compared to other cultures is not well known. In a small study of spousal relationships after the loss of a child in Malay parents, an Asian society very different from Western societies, the results and recommendations largely echo what is presented herein (Hussin, Mohammad, Azman, Guàrdia-Olmos, & Aho, 2018). However, religion (primarily for Muslims and Buddhists) plays a larger role, having rules to be followed to ensure a successful afterlife. Religious, motivational words were therefore used as a way for parents to communicate constructively, with emphasis on working together during their grieving process, sharing feelings, listening to each other and supporting each other. In other

studies, gender differences in parents following the loss of a child have been less extensively found in Asian contexts, as compared to Western societies (see Xiu et al., 2016). Only studies directly comparing child loss in different cultures will inform us on how these cultural differences influence parents' perception of their relationship and communication.

Communication was related to Dyadic Adjustment

The findings show a good level of reliability for the Spanier Dyadic Adjustment Scale (DAS), with better values for women than for men. Several findings indicate some validity problems in this sample, confirming the findings of other studies that encountered validity problems with this scale (Prouty, Markowski, & Barnes, 2000).

To compare our findings with earlier studies, ordinary sum scores based on the original dimensions were used. The DAS mean score was 111 and no gender difference was found in the multilevel analyses. This result indicates that couples perceived their relationships to be good. Spanier (1976) notes that a score of 102 or higher indicates a relationally non-distressed couple. Although the mean score was well above this in our study, around a fourth of the total sample scored below this level along with 14% of those who were in a relationship. However, the problems encountered in using the DAS scale in this study call for caution when it comes to making such comparisons. More than 40 years have elapsed since the Spanier study, meaning that even more caution should be exercised when making any such comparison.

The use of latent factor scores, which control for differences in loadings and measurement errors, represents an advantage in the analyses presented here. Correlations between the latent DAS dimensions showed some differences between females and males. Satisfaction with the relationship was somewhat stronger (related to perceived dyadic consensus and affectional expression) for males than for females. However, the relationship between satisfaction and less affectional problems was somewhat stronger in females than in

males. A gender difference was also seen in the relation between affectional problems and perceived cohesion, indicating less sense of cohesion related to more affectional problems in females than in males. The results revealed only one statistically significant predictor for the five DAS dimensions regarding gender and time since the loss; a lower degree of satisfaction was related to greater time elapsing since the loss. This result confirms earlier findings (Murphy et al., 2003) and may be linked with the fact that couples become closer to each other soon after the loss and then move “back to normal” (A. Dyregrov & Dyregrov, 2017).

The results also showed respondents to be more alike within couples than between couples, albeit to varying degrees. Women and men within couples were more alike in terms of affectional expression, consensus and satisfaction than they were with affectional problems and cohesion. For the consensus factor, less difference between women and men within couples was related to stronger mean consensus in couples. The mean couple level for the satisfaction dimension was strongly related to the couple level in perceived cohesion. Such satisfaction was also negatively related to couple levels for affectional problems and expression, and to the perceived consensus. Within-couple differences in satisfaction were related to differences between men and women in the consensus, affectional expression, affectional problems, dyadic satisfaction and cohesion dimensions. Clinically, this points to the importance of achieving clear communication between the two partners about different needs and coping methods in order to reduce unnecessary stress, thereby enhancing the relationship quality. Although parents may grieve differently, a degree of communicated tolerance and acceptance of each other allows them to become closer (Avelin et al., 2012; Cacciatore, DeFrain, & Jones, 2008).

The mean couple level and the difference between women and men were found to be important variables in the predictor model. The mean couple level in terms of being able to talk was related to mean consensus level – stronger consensus was related to more

communication. In addition, more communication was related to higher levels of perceived consensus in women than in men. Being able to talk was also related to higher mean levels for affectional expression, lower levels of affectional problems, higher satisfaction levels and higher mean couple levels for cohesion. This echoes Greeff, Vansteenwegen and Herbiest (2011) who found communication to be the chief recovery factor within families. When women struggle to talk about their feelings with their partner, the relationship suffers.

Differences between women and men in terms of communication created a more nuanced picture. Such within-couple differences (related to being able to talk to the partner about one's own feelings) were related to mean level in Affectional Problems, with more affectional problems found among couples where women to a lesser degree than men were able to talk to the partner. Furthermore, women who were less able to talk about their own feelings were also less satisfied with the relationship in comparison to what men reported. These results confirm and add additional insights to earlier results regarding within-couple differences in communication, coping and relationship satisfaction (Dijkstra, van den Bout, Schut, Stroebe & Stroebe, 1999). Finally, a stronger responsibility for each other was related to a somewhat stronger feeling of consensus in women than in men within couples, after accounting for the mean couple consensus level.

Of course, these relations do not assume causality in the present design. The dyadic adjustment dimensions of cohesion, consensus, affection expression and problems, and dyadic satisfaction, may be among the causes of good communication as well as the effects of good communication.

Limitations

The response rate makes it more difficult to generalize results and the conclusions drawn must be viewed in this light. Feedback from participants through e-mail and interviews indicates that the number of support members who had not lost a child, but also received a

questionnaire, may have been higher than what the organizations reported. The real response rate is, therefore, believed to be higher than 35%. In another Norwegian study of a 1997-98 cohort of SIDS parents, 57 % agreed to participate 1.5 years after the death of their child (K. Dyregrov, 2003; K. Dyregrov et al., 2003). Irrespective of this methodological uncertainty, the respondents in this study represent a large sample of bereaved parents. The response rate is equivalent to that of other studies conducted on bereaved families (Cerel, Fristad, Verducci, Weller, & Weller, 2006; Worden & Silverman, 1996) but lower than one other Norwegian study (K. Dyregrov et al., 2003). The main topic for the study was sexuality and intimacy following the loss of a child. The topic is sensitive and may have contributed to the low response rate. Although it is an expected and acceptable response rate (with no reminders issued) from a group that has experienced great strain, it is still difficult to know how representative the sample is. From research on trauma and sudden death, it is known that those who are worst off are those who do not participate (Paykel, 1983; Stroebe & Stroebe, 1989; K. Dyregrov, 2003). The questionnaire also involved a taboo subject: sexuality and intimacy (results reported in A. Dyregrov & Gjestad, 2011). This may have resulted in a lower response rate.

The absence of background information makes it impossible to compare responders with non-responders. We can only speculate that those who responded were coping better than those who did not respond, and that the reason non-responders refrained from participating was that it would have been too hard for them. That so many with a high educational level answered the questionnaire is another indication that those who answered were those who fared best.

The data was gathered in 2005. Little has changed in the Norwegian culture over the last 15 years regarding marriage and intermarriage communication. However, men have taken a more active role in children's upbringing. This means that if the study was conducted today,

one would expect that the gender differences observed might have been reduced. In our clinical practice, however, we find that the gender differences in reactions have not changed accordingly.

Conclusion

The results reflect that most couples who remain together following the loss of a child become closer and are pleased with their relationship, men more so than women. It seems that most couples fare well in their relationships. The importance of communication has been highlighted for the consensus level in the relationship, for affectional expression, for lower levels of affectional problems, higher mean couple levels of cohesion and higher satisfaction levels. Emotional problems among couples are seen when women are less able to talk to their partner. Such differences within couples are related to less satisfaction with the relationship to a greater degree among women than men. A feeling of consensus has been found to be somewhat stronger for men than women, and this disparity is related to common feelings of responsibility for each other.

Reducing the difference within couples and increasing shared levels of communication related to needs and coping is likely to contribute to increased perceived quality and adjustment in the relationship. However, in line with RRT (Lahey & Oherek, 2011), when conversations and activities lead the two partners to perceive the relationship differently (i.e. how they view consensus, cohesion, and affectional expression), the relationship suffers. Clinically speaking, helping couples to foster relational communication (through which they can convey their experience of the situation and interactions) may improve emotional attunement and mutual support. However, there is still a need to understand the processes going on within a couple in terms of how the couple simultaneously regulates (balances) the need for both individuals to approach their loss but avoid pain. The need to approach and avoid fluctuates over time, and emotional regulation is a dyadic and continuous process

requiring much fine-tuning within a couple. Clinicians can help couples explore the changes necessitated in a relationship by the loss of a child, and early intervention may prevent negative dyadic changes from becoming ingrained.

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Table 1. The quality of the couple relationship measured by DAS. (N=285)

DAS Scales	Mean	SD
Total scale (32 items)	110.62	15.44
Dyadic Consensus (13 items)	47.35	8.68
Dyadic Cohesion (5 items)	15.19	3.35
Affectional Expression (4 items)	8.23	2.12
Dyadic Satisfaction (10 items)	39.90	5.56

Table 2. Satisfaction with the partner after child loss (%) (N = 282)

	Female	Male
Very pleased.....	65.1	78.8
A little pleased.....	22.5	15.9
Neither pleased nor displeased	7.1	2.7
A little displeased .	4.1	1.8
Very displeased	1.2	0.9

Table 3. Perception of communication with one's partner after child loss (%)
(N varies between 275 and 283)

	To a high degree		Somewhat		Not at all	
	Mother	Father	Mother	Father	Mother	Father
I have been able to talk with my partner about my feelings	63.7	66.7	32.1	31.6	4.2	1.7
I am satisfied with the support I have received from my partner	66.7	72.2	29.1	26.1	4.2	1.7
I feel understood by my partner	54.2	63.5	41.7	33.0	4.1	3.5
I have reacted more intensely over the loss than my partner	39.0	0.9	39.0	21.6	22.0	77.5
I have reacted longer over the loss than my partner	44.8	2.7	35.0	23.2	22.2	74.1
I have felt responsibility to take care of my partner following the loss	31.9	50.0	53.0	47.4	15.1	2.6

Table 4. Relations between DAS dimensions, both mean couple level and within couple differences between women and men (completely standardized values from ψ -matrix). (N=285)

	Con-L	Con-D	AfEx-L	AfEx-D	AfPr-L	AfPr-D	Sat-L	Sat-D	Coh-L	Coh-D
Consensus – L	1									
Consensus – D	-.18	1								
Affectional Expression – L	.53		1							
Affectional Expression – D		.36		1						
Affectional Problems – L			.41		1					
Affectional Problems – D				.28		1				
Satisfaction – L	.46		.45		.45		1			
Satisfaction – D		.36		.37		.32		1		
Cohesion – L	.28		.41		.47		.69		1	
Cohesion – D		.22				.24		.45		1

All parameters are statistically significant at .05 – level.