

## Original Research Reports

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# Shared or Discordant Grief in Couples 2–6 Years After the Death of Their Premature Baby: Effects on Suffering and Posttraumatic Growth

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**Background:** *The loss of a baby causes severe short- and long-term distress to parents and their marital relationship, but little is known about how this distress is shared between spouses. The authors hypothesized that the grief-related concordance within a couple 2 to 6 years after the loss of a premature baby could be an indicator of shared emotional distress within a couple.*

**Objective:** *The authors investigated the long-term grief experience among couples. Method:* *A group of 44 parents (22 couples) were assessed by questionnaire regarding grief, suffering, post-traumatic growth, and affective symptoms, and semistructured interviews with 6 couples added qualitative information about processes within couples. Results:* *The extent of grief concordance was found to be related to different patterns of suffering and posttraumatic growth within couples. Conclusion:* *The emotional exchange between partners after the loss of the child appears to be crucial for a process of concordant grief, which in turn is associated with a more synchronous process of individual posttraumatic growth* (Psychosomatics 2009; 50:123–130)

Bereavement—the loss of a loved one through death—is a universal human experience. Research on bereavement has burgeoned in the last 20 years and has brought some insight into processes of short- and long-term effects of loss. Three main types of factors have been identified as potentially affecting risk for outcomes of bereavement.<sup>1</sup> Individual factors include gender and characteristics before the death; these include emotional stability, religious belief, and self-esteem. Situational factors related to the death include whether the death was sudden or anticipated. Interpersonal factors, such as the availability of social and emotional support from partner, family, and friends, are also important. Although it is well known that in bereavement, in general, support from one's partner is one of the most important factors protecting against enduring grief and distress, most research to-date has focused on factors

related to the person or the situation causing bereavement.<sup>2–7</sup>

After the loss of a child, several adverse effects on the parents' relationship have been described; these include increased emotional distance between partners, or even separation.<sup>8</sup> However, little is known about patterns of distress within couples.<sup>9</sup> It has been suggested that problems may arise when grieving is incongruent between partners; that is, one partner is less affected by the death, or, at least,

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## Grief After Loss of Premature Infant

is perceived to be so by the other partner<sup>10</sup> Specifically, the partner who is more affected by the death (typically the mother) attributes the other partner's response as indicating indifference, thus exacerbating her distress, whereas the less-affected partner becomes increasingly frustrated or angry. To-date, there has been no empirical support for this suggestion. However, it is consistent with several studies reporting that better communication between parents after the loss of a child is associated with more favorable outcomes. For example, it has been reported that couples who have more positive attitudes toward communicating their grief show less severe grief reactions in the longer term than do other couples, and they also report greater marital satisfaction.<sup>11</sup>

The grief of parents in the aftermath of the death of their child is considered as an archetypal example of human suffering. Suffering is a uniquely individual experience, but it can be shared with others, as expressed in proverbs like "suffering shared is suffering halved." We have developed and validated a novel nonverbal measure of suffering, called the Pictorial Representation of Illness and Self Measure (PRISM),<sup>12,13</sup> which was developed to assess relevant aspects of suffering, such as intrusion or loss of control, in patients with physical illness or alcohol dependence,<sup>14</sup> as well as in parents after the death of their baby.<sup>15</sup> In this study, PRISM was used for the first time to assess interactive effects on suffering within couples after the loss of a child.

Although the death of a child is devastating, many parents also report positive aspects of this experience. In a cross-sectional study of 109 Australian women who experienced stillbirth or neonatal death of a baby, 91% saw the death of their baby as the worst thing that had ever happened to them. However, 68% reported that they were also able to attribute something positive to the experience. In recent years, there has been an increasing interest in systematically evaluating positive aspects of the aftermath of a trauma. An example is the concept of posttraumatic growth and the development of instruments to measure this.<sup>16-20</sup> Most research on posttraumatic growth has focused exclusively on individuals, without considering the impact of their social supports. This lack of a systemic perspective has been criticized by several experts.<sup>21,22</sup> Few studies have focused attention on the impact of social support between marital partners on the development of posttraumatic growth.<sup>23</sup> Personal growth among partners of women with breast cancer was correlated with the depth of marital commitment and the extent of posttraumatic growth in the wife.<sup>23</sup> In a study assessing 67 parents after the loss

of a child, most parents reported an increase in personal growth due to the loss of the baby.<sup>20</sup> The longer the time since bereavement, the more perception of benefit was reported; no gender differences were found. How are these positive-response experiences after the loss of a baby transmitted between the spouses? The current literature reveals very little. To the best of our knowledge, interactive effects on posttraumatic growth between partners after the death of a child have not previously been studied.

This study was part of a larger project involving 92 parents of prematurely-born children, some of whom had died.<sup>24</sup> We recently published results examining how parents respond to the death of a premature baby, emphasizing similarities and differences between mothers and fathers.<sup>15</sup> On the basis of the background just described, our aim in this study was to examine how distress after the loss of a baby was shared within a couple 2 to 6 years after the loss. We assumed that where couples were discordant in their grief, this discordance was likely to reflect less emotional exchange between the partners. We hypothesized that those couples who were discordant in their grief would, relative to those who were concordant in their grief, also show greater differences in affective disturbance, suffering, and posttraumatic growth.

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## METHOD

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### Sample

The study was approved by the Institutional Review Board of the University Hospital of Zurich, Switzerland. The sample was derived from the one collected for a wider study of neonatal bereavement<sup>24</sup> and was drawn from parents who had given birth to a baby at 24-26 weeks' gestation between January 1, 1998 and December 31, 2002 in the neonatology clinic at the Zurich, Switzerland, University Hospital. All parents (mothers and fathers) with sufficient command of German to fill in a questionnaire were contacted by mail. Of a total of 72 parents who had lost their premature baby, 54 filled in and returned the questionnaire (response rate: 75%). Nonparticipants did not differ from the study sample regarding sex, age, or time since loss of their baby. Of the 54 respondents, 10 had no partners and were therefore excluded from the present study, leaving 22 couples. All couples were married and lived together at the time of assessment. Characteristics of the parents are presented in Table 1. Of the 22 pregnancies, 4 were twin pregnancies, and 1 was a triplet. Parents in the sample lost a total of 28 babies; their mean gestation age

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