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# Parents' positive interpersonal coping after a child's death

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**ABSTRACT**

Despite the challenging context of grieving for the death of a child, evidence shows that it is possible for parents to manage and preserve their relationship. The aim of this study was to examine parents' perceptions of positive interpersonal coping processes that helped their relationship after the death of their child. Individual semi-structured interviews with 17 bereaved maritally committed parents were conducted. The interview guide included questions covering themes such as parents' coping together, relationship strengths and mutual support. Data were analyzed through constructivist grounded theory methods. Three main themes were identified: search for meaning (reframing of partners' different coping processes and the changes/difficulties in the relationship, and development of shared beliefs); communication with the partner (direct and indirect feedback, and mutual learning); and care-in-relation (caring for the partner and the relationship). Dyad-level interventions should aim at promoting mutual empathy, development of shared appraisals, and the identification and consideration of each other's boundaries.

Keywords: bereavement; death of a child; marital relationship; coping; mutual support.

**INTRODUCTION**

When a child dies, parents are confronted with the need to address both the changes in themselves as individuals and in the relationship with their partners (Rosenblatt, 2000). The death of a child can lead to marital distress and divorce (Lyngstad, 2013; Rogers, 2005), however, there is also evidence of resiliency in parents' relationship. Research has shown that not only marriages can survive the death of a child, but that this loss may even contribute to parents' greater cohesion and strengthening of their relationship (Bergstraesser, Inglin, Hornung, & Landolt, 2015; Paley, 2008; Rellias, 2001). Also, there is evidence on the importance of marital support to both the individual and relational adjustment of bereaved parents (Lang, Gottlieb, & Ansel, 1996; Song et al., 2010).Therefore, the question of how parents successfully manage to preserve and maintain their relationship gains particular importance.

Because parents grieve simultaneously and frequently differ in their expression of grief (Schwab, 1996), parents must work through grief in a manner that is comfortable for them as individuals, while simultaneously considering the effects of their actions on the marital bond (Rogers, 2005). This balance between the self and the other is highlighted in the work of Bodenmann (2005), which argues that coping within the couple involves a commitment of both partners to ensure each partner's satisfaction and well-being, as well as to guarantee the adaptive functioning of the couple as a whole.

One relevant concept in individuals' interpersonal coping realm is dyadic coping (DC), broadly defined as process involving both partners and as the interplay between the stress signals of one partner and the coping reactions of the other (Bodenmann, 2005). The conceptualizations of DC include systemic–transactional dyadic coping (Bodenmann, 2005), empathic coping (DeLongis & O'Brien, 1990) and relationship-focused coping (Coyne & Smith, 1991). In these three conceptualizations, positive forms of DC are considered.

In the systemic–transactional model (STM; Bodenmann, 1995, 2005), DC involves not only partners' behavioral strategies employed to reduce stress but also appraisal processes of each other's stress. DC is activated when one partner's appraisal of stress is communicated to the other, who then responds with either positive or negative coping strategies in an attempt to assuage his or her partner's feelings of stress (Bodenmann, 2005). Positive responses include one partner showing understanding and being supportive or both partners engaging in a joint problem-solving discussion. DeLongis and O'Brien (1990) underline DC as the balance between self and other, with the goal of maintaining the integrity of the marital relationship above either partner's needs. According to these authors, the main concept of this model involves attempts to perceive the emotional experience of the partner (empathy), compromising and accommodating to partner's coping methods.

The relationship-focused coping model (Coyne & Smith, 1991) highlights as a positive forms of DC the active engagement and protective buffering. Active engagement consists of the efforts of one partner to involve the other in a discussion and explore his or her emotions to initiate constructive attempts to solve problems. Protective buffering refers to relieving the partner emotionally and to avoiding disagreements by managing one's distress, for example, by minimizing worries, suppressing anger, or giving in.

Regarding empirical evidence, traditionally, research has focused primarily on individual factors rather than on relational factors associated with adjustment to a child's loss (Stroebe et al., 2013). Though studies have considered the interpersonal context of grieving for the death of a child, the knowledge on how parents cope together with this event is still incipient. Studies investigating how parents navigate their lives together after the death of their child have reported that parents experience tensions between being open vs. being closed when deciding to talk with their partner and between grieving together vs. grieving individually (Hooghe, Neimeyer, & Rober, 2011; Toller & Braithwaite, 2009).

In addition, studies have elaborated on several engaging patterns of interaction and their positive association with dyadic adjustment. For example, couples' rituals (through which parents maintain the bond to their child), sharing of emotions, openness, and mutual understanding as key factors in sustaining functional and healthy marriages during bereavement and perceiving the relationship as positive (e.g., Bergstraesser et al., 2015; Paley, 2008; Rellias, 2001; Toller & Braithwaite, 2009). Moreover, parents' respect for their individual grieving needs (Toller & Braithwaite, 2009) and flexibility in the relationship (for example in sharing of emotions) (Paley, 2008; Rellias, 2001) have been shown to be important couples' coping processes.

Finally, given its resemblance with the concept of protective buffering stressed by Coyne and Smith (1991), the Partner-Oriented Self-Regulation (POSR), recently examined in a longitudinal study by Stroebe et al. (2013), is also notable. POSR refers to the attempts to protect the partner by regulating one's own emotions (avoidance of talking about the loss of the child and remaining strong in the partner's presence). This process was found to be detrimental for the couple, as it was associated with greater grief for both the individual and the partner (Stroebe et al., 2013)

Most of the existing research on interpersonal coping with adversity has focused particularly on contexts of illness, such as chronic health conditions (for a review, see Berg & Upchurch, 2007). Interpersonal coping in the context of the death of a child warrants further exploration. Because the loss of a child constitutes a serious risk factor for marital difficulties (Lyngstad, 2013), empirical descriptions of how bereaved parents successfully cope together with such a traumatic event are especially important in understanding bereaved

parents' interpersonal coping in all its complexity and uniqueness. Additionally, a thorough knowledge of parents' positive interpersonal coping efforts can contribute to the reinforcement and optimization of the natural support system for the bereaved parents, that is, their relationship with their partner. This knowledge has been highlighted as particularly important in directing the couple and the parents individually down a restorative pathway (Kissane et al., 2006). Therefore, it is important to explore parents' individual perceptions of how they protect their relationship and also of how they perceive their partner's efforts to protect their relationship. The present study aimed to do so, by examining parents' perceptions of positive interpersonal coping processes that helped their relationship after the death of their child. The qualitative nature of this study also holds particular value: by using parents' voices as a starting point, this approach enabled an in-depth examination of the parents' unique coping behaviors and appraisal processes in relation to each other.

## METHOD

### Participants

The participants of this study ($N$ = 17) were four married couples and nine mothers. All parents were married or cohabiting. Parents' mean age was 45.18 years ($SD$ = 10.46; range: 27–65), and they were married or cohabiting for an average of 23.14 years ($SD$ = 13.10; range 3-45). Parents were on average college educated ($M$ = 13.29 years of education; $SD$ = 3.87; range: 5-19), and with the exception of three parents, all were employed and had other children. The deceased child's mean age was 11.38 years ($SD$ = 11.68; range: 0 (stillborn) – 30), and the time post-death was on average of 6.56 years ($SD$ = 4.15; range: 10 months – 14 years). Twelve deceased children were male, and six died from illness, four died from neonatal death or accident, two died from sudden natural death and one died from homicide. Twelve parents perceived the death of the child as an unexpected event. Eleven parents were receiving or had received psychological support and nine were receiving or had received support from other bereaved parents (e.g., in bereavement parents groups).

### Procedures

Participants of this study were enrolled within a wider research project entitled "Dyadic interdependence after a child's death: Influence of individual and interpersonal factors in the individual and marital adjustment". The ethics committees of the host institution and participating hospitals approved the study.

Participation in the first phase of this project involved the completion of an online survey made available on the website of the University of Coimbra. The introductory page of the survey provided all the necessary information to make an informed decision about participating in the study, particularly the aims of the study, the inclusion criteria and participants' and the researchers' roles. Ethical considerations related to

confidentiality and anonymity of the answers were also provided in the introductory page. In this survey, parents were invited to participate in the second phase of the research project (qualitative study). Parents who indicated interest provided their contact information. The inclusion criteria for participating in the second phase of the study were as follows: (1) the death of one child; (2) being married or cohabiting; (3) the death of the child having occurred 6 or more months prior (to avoid the crisis period) (Stroebe, Stroebe, & Schut, 2003); and (4) being at least 18 years of age. No maximum limit regarding time after death and children's age was defined for this study. Eligible parents were contacted by email by the first author, followed up by a telephone call to clarify any questions regarding the study's aims and procedures, to ascertain the parents' interest in participating in the study, and to reinforce the ethical considerations. Seventeen bereaved parents who were contacted by email agreed to participate in the study. Participants received no compensation for their participation.

Because of the sensitive nature of the theme, careful attention was given to strategies for minimizing parents' distress (for a review on ethical considerations with bereaved parents' research, see Albuquerque, Pereira, & Narciso, 2016). All parents were interviewed individually at a place of their choice (which was most often their homes), and the interviews were conducted by the first author, a researcher with clinical experience in bereavement. Before proceeding with the interview, interview-specific written informed consent was obtained and participants were informed that they had the right to withdraw or refuse to answer any questions at any point during the interview. Permission for audio recording of the interview was also obtained. After the interview, parents were encouraged to contact the interviewer in case they needed any information regarding grief support organizations.

**Measure**

Data were collected through in-depth semi-structured interviews over a period of four months. Interviews lasted on average 90 minutes (range: 40 minutes-3 hours). To minimize the chances of participants concealing pertinent information that could potentially hurt partners' feelings and to improve our chances of gathering information provided with authenticity and depth, all the interviews were conducted individually (e.g., Eisikovits & Koren, 2010). The interview script included the following three main topics on parents bereavement experience related to the parents individually, the couple's relationship or the broader social context: (1) perceived impact of the death of the child (e.g., "What changes have you identified in your marital relationship as well as in the relationships with other people after the death of your child?); (2) factors associated with individual and marital adjustment to the death of the child (e.g., "Which aspects do you believe to have contributed to your marital adjustment to this event?"); and (3) parents' needs regarding social, partner's

or institutional support (e.g., “Which needs have you felt regarding your relationship with your partner and with others?”). In this study, we focused specifically on the data related to the couple’s coping after the death of the child, addressed by questions such as “How do you cope as a couple with the death of a child?”; “What helped you as a couple after the death of your child?”; “What helped your relationship after the death of your child?” “What constitutes the main strengths in your relationship?”; and “How do you support each other throughout this ordeal?”. Initial answers were probed for more details (e.g., “Could you elaborate”; “Could you give specific examples?”). Near the end the interview, parents were also inquired about the comprehensiveness of their experience (Would you like to add something regarding what helped you as a couple after the death of your child?).

**Data Analyses**

In this study, constructivist grounded theory (CGT) was used as the main methodological strategy for data analysis (Charmaz, 2006). Grounded theory seeks to construct theory through an inductive process of data collection, in which new information is created from the data instead of testing theory-derived hypotheses (Gibbs, 2008). CGT adopts novel characteristics such as the importance given to context and the role of the researcher in the construction of the theory (reflexivity) and the existence of previous knowledge on the subject (for a review, see Albuquerque et al., 2016).

The analysis was conducted by one coder (the interviewer) and three consultants. Following the suggestions of Levitt (2015), we chose the interviewer as the sole coder given the direct access to participants’ words, attitudes and self-presentation. This makes the interviewer best prepared to: (1) develop a close connection with the data; (2) conduct an analysis highly consistent with the participants’ experiences; and (3) advance the understanding of the experience, by recognizing other meanings absent when only transcripts are used.

The interviews were audio-recorded and transcribed *verbatim* in Portuguese. Data were coded, questioned and analyzed in detail in Portuguese, supported by QSR NVIVO 10 software. Analysis of interview transcripts began with initial coding, in which an initial set of codes was generated by close examination of fragments of data (lines, segments and incidents). We then used focused coding to explore similarities and differences between codes and to group them into larger conceptual themes or categories. Finally, we examined how these categories related to each other, which allowed us to transform categories into subcategories and to identify broader thematic categories based on the data (axial coding) (Charmaz, 2006). The steps followed in the data analysis were not strictly sequential. Instead, we moved forward and backward constantly, reexamining

data, codes, and categories. Data collection and coding were concluded when all codes and relationships were substantiated by the data and no new insights emerged, therefore achieving data saturation. Throughout the analysis, it was necessary to return to the data for constant comparison of differences and similarities among themes. Theoretical sampling was used. Decisions on which data would be gathered were based on provisory theoretical assumptions.

Quality checks were based on Lincoln and Guba's (1985) trustworthiness criteria of credibility and transferability. Regarding credibility – confidence in the truth of the findings – three main strategies were used: memoing, theory triangulation and regular debriefing meetings. Memoing consisted on note-taking in order to record the associations among the clustered units of data, emerging theories hypothesis, methods used and the coder's possible personal biases upon the data. Theory triangulation consisted on using multiple theoretical perspectives (e.g., multiple models of dyadic coping) to examine and interpret the data. In the final stage of the analysis, we reflected on how the emerging issues and ideas did or did not match current knowledge. This was performed at the last phase of the analysis, so that the results were the most illustrative of the participants' voices as possible, without being biased with past knowledge. Regular (typically weekly) debriefing meetings of the research team provided a forum for evaluating emerging themes, discussing alternative approaches, and whether research objectivity was being threatened by the coder's personal viewpoints, all the time seeking to come to a common and agreed understanding of the findings. Other strategies included the adoption of a well-established research method (constructivist grounded theory) and peer scrutiny of the research project, namely at conferences presentations. As well, an initial telephone call was placed in order to develop an early familiarity and to establish a relationship of trust with the participants. Finally, iterative questioning and an interview check using questions to determine whether or not the participants experience was fully represented were also used. In relation to transferability, which consists on readers' applicability of the findings to their own contexts, this was ensured through a rich description of the findings and advance in information both for clinicians and general population (e.g., other bereaved parents).

**RESULTS**

Throughout the results section, to present a relative indicator of category saturation, categories are presented followed by brackets illustrating the number of participants coded. Participants' quotes are identified by a letter representing gender (F–Female and M–Male), a number representing the age of the participant, and a number representing the time post loss. For example, the identifier "M, 32y, 7m" indicates a quote by a 32-year-old male who had lost his child seven months ago.

Throughout the analysis of the processes of parents' interpersonal coping, three categories emerged based on saturation level: Search for meaning [17]; Communicating with the partner [13]; and Care-in-relation [13]. A summary of the main categories and codes is presented in Table 1.

*Table 1 about here*

**Search for meaning**

Parents referred to engaging in an individual search for meaning, which consisted in reframing partners' different coping and grieving mechanisms [13] and reframing changes/difficulties in the relationship [9]. In addition to the individual meaning searching processes, parents also reported the notion of co-constructing meaning for their life together [11].

***Reframing partners' different coping and grief***

Regarding this topic, two coping strategies were identified: search for meaning in partners' behaviors [9] and positive reframing of differences in timings of coping [6].

*Search for meaning in partners' behaviors.* Parents engaged in cognitive efforts to search for underlying mechanisms and contributing factors for their partner's different coping processes and needs. Parents most frequently attributed their partner's different needs and behaviors, such as not wanting to talk about the child or not wanting to go to the cemetery, as self-protection coping mechanisms [7]: "He could not hear the name of our child at home (…) Today I realize that he was running away from it all (…) It was an escape" (F, 44y, 7y). This reappraisal was important because it appeared to allow participants to perceive partners' behaviors as a way to self-protect and not as having an intention of being hurtful, therefore contributing to protecting the relationship. Other less salient explanations were also found to contribute to the differences within the couple, such as personality characteristics [5], strong affective bonds with the child [2], beliefs on social roles regarding maternity [2], and past grief experiences [1].

Parents' narratives suggested that they were able to suspend immediate appraisals and assumptions and investigate the meaning behind their partner's behavior. Reframing partner's behavior as being related to uncontrollable factors (e.g., their particular way of coping or lack of acquired resources in dealing with grief) enabled understanding and empathy regarding partners' possibly avoidant, hostile or hurtful reactions, therefore constituting an important aspect of parents' coping with the loss of a child.

*Positive reframing of different timings in coping.* Parents identified benefits gained from the different timings in needs and coping efforts [6]. For example, one father mentioned how important it was that at least one of them was stabilized enough to be able to support the other: "Since my daughter died till now, we have

never been downhearted at the same time. There is always one of us who is a little better and can pull the other up" (M, 32y, 7m). This was also referred by his wife: "We end up helping each other a lot so when I'm down, he comes to me and helps; when it's him, I do the same and we end up pulling ourselves up" (F, 27y, 7m). Taking turns in making emotional contact is emphasized here as an important interpersonal coping mechanism among parents. Grieving intensely at the same time might lead to intensification of suffering. Therefore, parents perceive that it is important in supporting the partner that one is not so overwhelmed by his/her grief.

Parents also benefited from having different timings of coping and grief when facing obligations in other domains of their lives. If one partner was incapacitated and unable to respond in his or her normal fashion, the other partner stepped in. Frequently, this role trade targeted routine tasks that were part of a normal family routine, such as child care, household tasks, and normal errands: "My husband is more pragmatic than I am, and he returned more quickly to the things of the day-to-day life" (F, 52y, 13y). Hence, benefits involved a function of complementarity, and parents experienced their differences as strengths.

***Reframing regarding the relationship***

Regarding the reframing related to the relationship, two main themes emerged: reframing relationship difficulties as temporary and normal [8] and the relationship as a commitment [5].

*Relationship difficulties as temporary and normal***.** Reframing the relationship's difficulties as temporary included the identification of the passage of time as an important factor for restoring the partner individually and, consequently, of providing support for the partner: "I support my wife 'try to see things this way, not like that', and sometimes I can help her gain a new perspective. But the reality is that only time will somehow repair" (M, 41y, 6m). This father's wife attested his reframing of marital difficulties as temporary: "It takes time, we live another life, another other way of being here... we respect each other's ways and hope that with time it will pass" (F, 39y, 6m).

Also related to this theme was the perception of the positive evolution of communication and support within the relationship, the acknowledgement that the couple's adjustment is a process that takes time – "Little by little we are starting to communicate with each other" (F, 44y, 7y) – and hope and confidence in restoring the relationship. The reframing of relationship difficulties also involved efforts to normalize the struggles, namely regarding conflicts – "Sometimes there are things that are not quite what we wanted, but that is the normal couples' things... people also cannot live 365 days in a harmonious way" (F, 44y, 7y) – and sexual difficulties – "It was hard for me, but I knew that it was normal (…); it will happen when it has to happen" (F, 32y, 16m). Certain cognitive efforts such as normalizing relationship difficulties and believing in the restoration of the

marital relationship and looking at it as a process were associated with parents' commitment to their relationship and to each other.

*Relationship as a commitment.* Underlying the reframing efforts, there was a strong sense of commitment to their marriage, to support their partner, despite all the struggles: "There can be a year when you cannot have a relationship, but people are there, are present and the important issue is to bear that period where there are no conditions for anything" (M, 48y, 2y). For this father, it was patent a sense of bearing the hard times and hope in the future of the relationship. Another father associated commitment in the relationship with love: "If you love, you have to be there" (M, 53y, 10y). This father's wife also highlighted her commitment to support him: "I had to find strengths to help my husband" (F, 53y, 10y). Inherent to the sense of commitment in parents' narratives was a genuine concern and feelings of responsibility for partner's and relationship's wellbeing.

Parents explained that the partner was the best person to support them because he/she was the only one that could truly empathize with their experience [3]: "There is one thing we have together, we share and we have the same feeling. We understand perfectly well the pain of each other. I know that I fully understand his pain, just like he completely understands mine" (F, 48y, 2y). Parents perceived each other as experts of each other's pain, and there was a sense of uniqueness in mutual empathy regarding understanding each other's grieving experience. Even if they could not grieve together and have the same relationship as before the loss, parents were dedicated to be present and available. Reframing and committing to enduring hard times enabled them to respect each other needs, stay connected and support each other.

***Co-constructing meaning for their life: Developing shared beliefs***

Parents' need to believe that they hold a shared view appears to be strong. In particular, parents discussed the importance of converging on views about their future [8], their life [5] and their child [4].

*Converging on views about their future.* Frequently, parents looked for a shared focus, for something to look forward to together with their partners. The parents' common goals and projects encompassed several forms, including joint problem-solving, such as preparing for old age, focusing on judicial processes regarding the death of the child or surviving children's upbringing; involvement in a charity project; and having grandchildren or another child. Having something to focus on together was associated by the participants with greater cohesion between the parents. For example, one father stated: "Doing something together to help another person, I think it would make us even stronger… We know each other very well and we would make a good team" (M, 48y, 2y).

*Converging on views about life.* Parents focused on the importance of having a positive view of life.

For example, as one mother said: “I think he also turned out to be much more optimistic and we ended up helping each other a lot (...) we ended up pulling each other up… we are now more alike, in the way of seeing life” (F, 27y, 7m). Coherent with this association between similarity regarding the way of viewing life and mutual support, this mother’s partner referred to how the shared life and loss beliefs, namely regarding positivity, constituted the definition of their relationship: “Being positive and thinking that things happens for a reason and that we have to take some kind of lesson, we have to move forward…I would say this is how I can describe our relationship” (M, 32y, 7m). Other shared perspectives consisted in living one day at a time, appreciating each day, and establishing priorities together.

*Converging on views about their child.* In addition to congruity in beliefs regarding the loss, parents also seemed to search for congruity regarding the way they maintained the bond to their child: “My husband taught me that our child is still alive in our hearts, and this has been helping me for a long time” (F, 32y, 16m). Joint efforts to keep the child present in their lives in a different but meaningful way constituted a beneficial coping strategy for parents.

**Communication**

Communicating with the partner involved giving and demanding direct feedback [10] and, when this feedback was unavailable, gathering feedback indirectly [9]; and learning adaptive coping strategies from each other [8].

***Direct feedback***

Communication with the partner was associated with receiving *direct feedback*, that is, information from the partner on his/her emotional state, difficulties and needs: “Asking how can I help, because sometimes I do not know what to do to help her” (M, 32y, 7m). Consistently, this father’s wife also talked how he provided feedback on his needs, for example, when, at a certain moment, he did not wanted to talk about the loss: “There were times when he did not want to talk and he asked if we could not talk at that time” (F, 27y, 7m). Requesting feedback from the partner was important in understanding how to best support him/her. Additionally, the provision of direct feedback of their needs was relevant. As one mother stated: “I explain that I am not upset with him, I simply do not want to talk” (F, 39y, 6m). Being clear on what one wants or needs was important to dissipate possible misconceptions regarding one’s behavior. Therefore, giving clear feedback was important in reassuring the relationship stability. Both searching for feedback from the partner and giving feedback to the partner, by stating one’s needs, emerged as relevant parents’ interpersonal coping processes because it enabled

not only the exchange of information but also turning toward and connecting with one another, thus reassuring both relationship stability and the wellbeing of the partner.

***Indirect feedback***

When parents were not able to talk about how they were coping with the loss directly, they looked for indirect feedback, particularly through non-verbal communication [5] and external resources [4].

*Non-verbal communication.* Parents looked for their partner's non-verbal signs that informed on his/her emotional state: "One glance is enough to know how she is, and she does the same with me" (M, 48y, 2y). This attunement regarding partner's non-verbal communication suggested an inherent sense of deep mutual knowledge. Additionally, one mother said that her way of obtaining information from the partner was by exploring, providing hypotheses and using the reaction of her husband to validate or discard them: "I ask questions to try to guess what is hurting him ... And when I start to hit the target is when he starts to cry, to show more feelings" (F, 32y, 16m). Here, the perceived importance of partners sharing their emotions was also observed. The awareness of mutual indirect feedback between partners regarding emotional reactions, such as hostile and impulsive behaviors, could also be discerned: "She seems to be very calm and then there is a boom, because she is not well. It is hidden there" (M, 48y, 2y). Partners' sudden setting off was emphatically understood as a sign of partners' emotional instability. Additionally, the possibility of discharging anger on their partner was a sign of confidence in the bond of the relationship: "When I give him two shouts, because he knows me well, he knows that I am having a bad day" (F, 48y, 2y). Picking up on nonverbal signs and efforts in interpreting them created a sense of mutual understanding between the parents, therefore constituting important interpersonal coping processes.

*External resources.* Another way of receiving indirect feedback included the *use of external resources* [4] such as spirituality: "He does not take the initiative to talk (*about his grief, their son*)…but sometimes there are homilies that impact us more and we talk about it... (F, 47y, 22m)". Metaphors (e.g., aspects discussed in a priest's sermon) were used as a way of talking and thinking together about the parents' loss. Another identified external resource for bereaved parents was group sessions, in which disclosing was used as an indirect way of obtaining information about each other and processing the loss of their child together. Parents suggested that sometimes it was too painful to talk about their child and their loss. However, by analyzing the non-verbal behavior of the partner and using the resources around them, parents were able to access information about their partner's grieving and process the loss together, while respecting their partner's need for distance.

***Learning from each other***

Parents focused on exchanging information and providing advice on grieving in a way that they believed to be helpful. For example, one father explained: “For me and mostly for my wife’s sake, I try to make her see that life goes on (…) The loss will always exist but we have to learn to deal with it, we have to move on” (M, 41y, 6m). Without denying the reality of the loss and its impact, parents tried to guide each other toward restoration. Such targeting of restoration included the encouragement to focus on aspects of life such as work, surviving children and the marital relationship. For parents, the ultimate goal of supporting the partner was to contribute, as much as possible, to decreasing the other’s suffering: “We try helping the other make his journey with the least possible suffering” (F, 63y, 14y); “What I try to do, is to take her to other paths, so that she can get out of that place, without guilt” (M, 41y, 6m). As this father’s wife attested: “We did not think that either I or he could have done something different to change what happened (…) I think that was very good for us… we helped each other find peace in ourselves” (F, 39y, 6m). Supporting the partner involved challenging self-diminishing perspectives, fostering new perspectives and building on the strengths in the parents’ lives.

**Care-in-relation**

Parents elaborated ways of caring for the partner and being attentive to his/her individual needs. This coping process, which we have designated “care-in-relation”, includes two main interactive functions: protection of the partner and protection of the relationship. Flexibility and empathy in understanding the needs of the partner and acting accordingly are highlighted as ways of demonstrating care-in-relation. Two contexts of the marital relationship in which care-in-relation emerged as an important resource were mutual support [13] and conflict management, though with a smaller incidence of the latter [5].

***Care-in-relation in mutual support***

Parents’ care-in-relation was present both when demanding and giving support [11] and in searching for the partner’s or own external support [5].

*Demanding and giving support.* When asking for support and self-disclosing, parents referred to having considered the emotional state of the partner. For example, one father mentioned talking about his and his partner’s grief only when the other parent was stabilized (M, 32y, 7m); another mother said that even when she needed to talk about the child, if her husband looked fine or distracted or was having a nice moment, she would not go to him; she would not “pull him down” (F, 39y, 6m). Similarly, her husband stated that “If she is listening to music or ... I'm not going to be like "leave that good moment there and come talk about bad moments". I do not do this to her, nor she does it to me. We respect each other’s space”. (M, 41y, 6m). Some parents mentioned that, occasionally, asking for support from the partner appeared to collide with the partner’s

opportunity to take time off from grieving (e.g., engaging in distracting activities). Therefore, they acknowledged this coping strategy of the partner as valid and important. Inherent to the processes of holding grief inside (not talking, expressing emotions) was the wish to protect the partner. For example, one father mentioned: "It is to be there without touching it, knowing that the other is there (…) Sitting next to, but without speaking, with the least possible dialogue, so not to hurt the other person" (M, 48y, 2y). This is consistent with his wife needs: "If he asks what is going on, I react aggressively (…) When I am not well, he would not tell me anything. He knows me well" (F 48y, 2y). Giving space by not talking about the child describes a way of honoring the partner's needs and protecting him/her, thus enhancing as a way of care-in-relation.

Another example of care-in-relation was parents' perception of their partner's willingness to change in order to support them: "I noticed his effort to understand that I was in pain, and so he talked more. He understood that for me this was better" (F, 43y, 7y). One mother said that even though her husband did not need to go to the cemetery as often as she did, he would sometimes visit the grave of his infant child with his wife because he knew it was important for his wife that they shared these moments together (F, 48y, 11y). In addition, one mother stated the importance of making up for not offering support. She mentioned that even though her husband did not want to talk about the child at one particular moment, it was very important that when he felt ready to talk that he would approach her and offer support (F, 27y, 7m). This finding highlights the importance of respecting each partner's need for distance as well as the importance of the partner making a connection when he/she feels more stabilized.

*Search of partner's or own external support.* Another indication of care-in-relation was the encouragement of partners' search for external support and one's search for it. The recognition of limitations in supporting the partner attested to the importance of each partner's search for external support (namely, psychological counseling) as an important resource for the partner's restoration: "We have to know what we are doing (…) my wife was in a path of self-destruction, a total neglect for everything, and I started looking for a psychologist for her" (M, 48y, 2y). Accordingly, the parents who sought psychological counseling mentioned not only that it contributed to their adjustment to the loss individually but also that it resulted in important benefits for the marital relationship, such as learning to understand the partner's reactions – "Having talked to the psychologist helped me to realize what was normal and what was not normal in my husband" (F, 32y, 16m) – and taking on the strain and burden of support within the marital relationship: "It is important to have someone else who to talk to (…) because we cannot think rationally, and it is hard to support each other" (M, 53y, 10y). Parents protected each other and the relationship (care-in-relation) not only by acknowledging one's difficulties

in supporting the partner and encouraging external support but also by not relying exclusively on the partner for support.

***Care-in-relation in conflict management***

Care-in-relation in conflict management was mainly present in the ability to avoid or recover after the conflict [5]. This consisted in not holding grudges: "He is not prideful and I learned not to be like that with him. After five minutes we are ok. We recover fast" (F, 39y, 6m); and making every effort to return to the relationship as it was: "Even if we are upset with each other, we cannot stop talking to the person, even if we just say the strictly necessary (…) We can have big conflicts but no one sulks" (F, 65y, 14y). Not turning away completely and keeping some type of connection was perceived by the parents as a useful way to recover after conflicts.

Moreover, one mother attested to the importance of compromising, by agreeing to disagree: "We can have an argument, and he has his opinion and I have mine, but we manage to keep it rational and sometimes the conclusion is that I am right and so are you" (F, 27y, 7m). In addition to these abilities to recover from conflict and settle down after, one mother also stressed the importance of preventing the conflict by identifying its triggers: "I think we know each other very well and so when we see that the fuse is starting to lit, there is always one of us that calms down" (F, 39y, 6m). Through this approach, parents were able to keep the conflict from escalating, therefore protecting their partner and their relationship.

**DISCUSSION**

In this qualitative study, we examined parents' perceptions of positive interpersonal coping processes that helped their relationship after the death of their child. The main findings of this study suggest a hypothesis for coping that involves communication, search for meaning processes and care-in-relation, with two common features: (re)appraisals and coping behaviors (see Figure 1). These findings also provide an important contribution to the literature by clarifying parents' interpersonal coping processes that take place in the context of the death of a child and their positive connection to the marital adjustment to such a traumatic loss.

*Figure 1 about here*

Having to concurrently grieve for the loss of their child and support each other may elicit several stressful interactions between parents. When facing a stressful event, couples or individual members of the couple first evaluate its meaning for them, individually or collectively (Boss, 2002; Lazarus & Folkman, 1984). In this study, parents' search for meaning was important to their relationship because it enabled empathy and acceptance toward each other, commitment in each other's wellbeing and a sense of communion derived from

shared views. In this context, both individual as well as shared (re)appraisal processes emerged as relevant processes in the parents' interpersonal coping realm.

**Individual (re)appraisal processes**

Our findings suggest the presence of cognitive restructuring processes such as reframing that may have enabled parents to maintain a positive view of their relationship and of their partner during their suffering, coherent with their previous belief structure. The reframing of relationship difficulties as temporary and their normalization included an inherent commitment and hope for the restoration of the marital relationship, which is in line with the notion that in times of despair, hope fuels energies and investment to rebuild relationships (Walsh, 2007). Hope involves not only an agency to change but also includes encouragement to persevere when change is not yet observed (Snyder et al., 2000), therefore helping parents remain committed to each other during marital difficulties. Moreover, authors have argued that perceptions of the relationship are closely connected to perceptions of partners. A more positive perception of a partner's characteristics and a belief that the relationship will be successful are associated with a higher investment in the relationship (Karney & Bradbury, 1995). In this study, we found that the cognitive efforts undertaken to understand partners' individual coping and their positive assessment were important parents' interpersonal coping processes. Consistent with the study of Gilbert (1989), parents changed their appraisals of their partner's behavior by changing the meaning of their behavior and viewing it from a more positive perspective. This positive reframing was related, in particular, to their differences in grieving and coping.

The need to confront/distract from grieving at different times has been argued to lead to incompatibility (Stroebe & Schut, 2015). However, instead of viewing their differences as problematic, the parents interviewed in this study viewed their grieving timings as complementary. In line with prior findings (e.g., Gilbert, 1989), if one partner was unable to respond in his or her normal manner, the other partner stepped in. Through this role flexibility, the parents were able to use each other's strengths and receive comfort from each other, which can be difficult when both partners are overwhelmed by their grief (Gilbert, 1997). This role flexibility can be understood in the context of the Dual Process Model (DPM) of coping (Stroebe & Schut, 1999), which describes adaptive coping as the oscillation between spending time confronting a death and the emotions of grief (loss-orientation) and restoring their daily routines (restoration-orientation). For example, more loss-oriented people benefit from their partner stepping in and focusing on daily activities. It is also important that this role flexibility depicts different timings of grieving – going through emotions at different times – rather than differences in coping per se. Therefore, rather than viewing differences in these timings as an obstacle to

overcome, the focus should be on how these differences are interpreted. In future research, it would be relevant to examine, within couples, the perception of partners' coping and possible appreciation of the differences, as well as whether these perceptions influence parents' relationships.

**Developing shared appraisals**

Similar appraisals shared by the parents also emerged as important processes in their marital adjustment. These included appraisals of how life is perceived, the way in which their deceased child is integrated into their lives, and the perception of the future as a couple. A shared narrative was found to be helpful not only in the grief process itself, as previously reported (Toller, 2008), but also in maintaining togetherness in the couple (Riches & Dawson, 1996). An important process for the development of shared appraisals was the interactive construction of meanings. Using the couple relationship as a knowledge-builder (as in Nadeau, 2008), parents in our study often offered advice and helped each other reframe their view of the loss, learning from each other adaptive coping strategies and exchanging beliefs, therefore simultaneously engaging in coping efforts coherent with supportive and joint dyadic coping efforts (Bodenmann, 2005). This finding is consistent with studies suggesting that having similar perspectives of an event may both result from and affect collaborative efforts, positive coping and mutual engagement (Bodenmann, 2005). This is also consistent with the cultural background of the participants of this study. Collectivistic oriented cultures, such as the Portuguese (Hofstede, 2001), show more emotion-focused coping and joint DC than cultures with a more individualistic orientation (Vedes et al., 2016). Possible mechanisms of the positive effect of perceived similarity in relationships include feeling understood and validated and signaling that the partner understands the self and that he/she is not alone (e.g., Pollmann & Finkenauer, 2009). In this study, however, we could not examine which mechanisms accounted for the relationship between shared appraisals and marital adjustment, which would be an important research question to explore in future studies.

**Coping behaviors: Search and provision of feedback**

One of the most relevant interpersonal coping behaviors was parents' search and provision of feedback on each other's grief and coping. This behavior relates to the active engagement described by Coyne and colleagues (Coyne & Fiske, 1992; Coyne & Smith, 1991) – exploring and inquiring about each other's emotions – and the self-disclosure feature present in the interpersonal process model of Reis and Shaver (1988), which is defined as sharing information on one's personal needs, wishes, or emotions. Prior research has indicated that if parents knew more about their partner's thoughts and feelings, it would be easier for them to recognize and respond to their partner's distress signals (Mikulincer & Shaver, 2005) and be supportive (Rosenblatt, 2000).

Our findings are consistent with these perspectives because the exchange of feedback and search for meaning in the partner's grief enabled parents to put themselves in the position of their partners and understand their needs. Acknowledging and respecting their partners' needs was displayed in several ways, which was possible through care-in-relation.

**Coping behaviors: Care-in-relation**

Care-in-relation, which aims mainly to protect and care for the partner and the relationship, was stressed as important to parents' interpersonal coping because it contributed to adapting to the partner's needs. This coping process involved the ability to change and to be flexible, which has been stressed as crucial to restoring order, safety and stability in the family after trauma (Walsh, 2007), and is one of the characteristics that distinguishes functional from dysfunctional couples (Olson & Gorall, 2003). Another relevant process in care-in-relation was parents' empathy in understanding and acting in accordance to partners' needs. This behavior is consistent with the model of empathic coping (DeLongis & O'Brien, 1990), which highlights the importance of responding to the partner sensitively, according to previous interpretations of the partner's needs. Among the parents who participated in this study, flexible interpersonal coping involved in care-in-relation was found in relation to conflicts, including being able to compromise during conflicts (O'Brien & Delongis, 1996), but care-in-relation in demanding and giving support had the strongest presence in the parents' narratives. In this respect, care-in-relation was observed in both giving space and searching for external sources of support.

Parents indicated that there were times when it was better to refrain from communication and give space to the partner. Toller and Braithwaite (2009) reported similar coping processes; in their study, parents needed to vent and to share emotions about their child's death with their partner, but at the same time, the pain was often so pronounced that parents needed time on their own. This parallel need to withdraw from contact and move inward is important to resting and recovering, to diminishing the level of arousal, and to processing and assimilating loss (Sabar, 2000). Moreover, providing this time or space was important for the relationship. Indeed, by doing so, parents accepted their partner's coping strategy of seeking distance in times of stress, as well as acknowledged their need for agency, which according to O'Brien and Delongis (1997) is an essential feature in couples' coping. We agree with the suggestion of Hooghe et al. (2011) that discreet silence about one's loss experience can be considered an adaptive response to grief. Our results contradict, however, the findings of a recent study on the detrimental effects of attempts to self-regulate remaining silent to protect the partner (Stroebe, et al., 2013). One aspect that may account for this inconsistency is that in our study it was unclear whether the person giving space had to hold in grief. It is possible that if a person does not have to self-

regulate and does not have the need to share his/her pain, POSR processes may not be as detrimental as they may be if a person is in fact holding in and going against their need to be open about their grief with his/her partner. Hence, research involving individual coping and needs as potential mechanisms (moderators or mediators) in the associations between POSR and individual and relational adjustment should be pursued. Additionally, future research on empathic accuracy among bereaved couples – the extent to which partners in a relationship can accurately infer each other's thoughts and feelings (Ickes, 1993) – could be of value.

In addition to respecting the boundaries of the other, by giving space, acknowledging one's own boundaries and difficulties in terms of providing support to the partner also attest to care-in-relation in the relationship. In this study, seeking help outside the marital relationship was identified as an interpersonal coping mechanism, as reported in other studies (e.g., Bergstraesser et al., 2015; Gilbert, 1989; Pailey, 2008). Parents in our study identified seeking external support as important to obtaining alternatives and more adjusted perspectives on the partner's coping, therefore contributing to its acceptance. This finding is in line with evidence suggesting that by seeking outside help, parents were able to understand and accept their dissimilar grieving mechanisms and eventually grieve together as a couple (Toller & Braithwaite, 2009). The loss of a child affects both partners simultaneously and, thus, there will be times when they both feel intense grief and cannot bear their partner's pain (Rosenblatt, 2000). Accordingly, participants in our study explained how they needed to be relieved from the pressure of being the only emotional support for their partner. Therefore, in line with the findings reported by Pailey (2008), talking with others may have resulted in reduced emotional burden for the supporting partner and allowed the one being supported to vent in a way that did not cause their partner more pain.

**Strengths and Limitations**

This study offers important contributions to the literature. Our findings provide a significant description of the specific mechanisms that bereaved parents use when coping as a couple with the death of a child, which enable them to balance their own, their partner's and their relationship's wellbeing. Of particular importance was the focus on parents' cognitive coping processes, which have been largely neglected in the parental grief literature. In addition, information was provided on how and when certain interpersonal interactions (e.g., talking about the child) between partners impact the marital relationship. The emphasis on couple resources can also be considered a central component to intervening and assisting bereaved parents. The use of a qualitative design also allowed for a more fine-grained analysis of coping processes, and CGT allowed for an analytical contribution to the descriptive nature of the coping processes. Also, consistent with the research by Martin and

Doka (2000), this study moves beyond gender grieving stereotypes, by focusing in the parents' patterns in the ways they experience, express, and adapt to loss and not focusing on males and females processes of grieving.

Despite these strengths, this study is not without limitations. First, we underline the sampling bias, a limitation commonly found in grief literature (for reviews see Albuquerque et al., 2016; Oliver, 1999), which resulted from the self-selection of parents and that may have excluded severely maritally distressed parents. Second, the inclusion of both members of the couple, though warranted, was limited, and although we adopted a dyadic perspective, the interviews were analyzed on an individual level. Therefore, we were not able to establish whether the perception of a partner's coping process as positive matched the perception of his/her partner. When considering future research, it is essential to acknowledge the difficulties of recruiting both partners, specifically the male partners (as observed in this study), and to elaborate on strategies that may diminish the general lower male participation rates that are common in bereavement research. However, in studies that involve experiences with significant suffering, such as the present one, there is a risk for emotional activation. This may be conflicting with participants with avoidant coping, which has been shown to be more characteristic of males (Stroebe et al., 2003). Also, in the Portuguese culture, the marital relationship is seen as a private affair with little openness to others outside the couple, which might make Portuguese people in general, and Portuguese men in specific, particularly skeptical in participating in this type of research (Vedes et al., 2016).

Evidence has shown that perceptions tend to be reasonably accurate accounts of behaviors (Hobfoll, 2009). Hence, we believe that our focus on perceptions, even though biased by participants' personal views of events, is of reliable value. In addition, the sample was heterogeneous regarding the death and child characteristics (e.g., cause of death, time since death, or age of the child at death). The sample composition can be considered a limitation; however, we aimed and we were able to find patterns and common themes that were evident across the sample, regardless of its heterogeneity. Finally, it is noteworthy that given the qualitative nature of this study, these findings should not be generalized to the wider population of bereaved parents. Certain results of this study should also be considered with caution. For example, we could not establish a direct connection between specific cognitive efforts, such as reframing and coping behaviors. Because the interview questions were directly related to coping processes that helped participants as a couple, the couple's efforts were framed as positive. However, their direct association with marital adjustment was not always evident and therefore should be explored in future studies. In addition, our results refer to parents' perceptions of what was helpful to them. Future research should outline interpersonal coping as involving both positive and negative processes. Moreover, certain cognitive efforts were referred to as reframing, given the search for meaning

efforts present in the parents' narratives and the fact that these appraisals had a positive impact on parents. Parents' narratives suggest that parents' appraisal processes were more elaborated and not particularly intuitive, but we cannot ascertain whether these appraisals consisted of direct, immediate and intuitive evaluations or of reinterpretations of the event (for definitions of these processes, see Gross & John, 2003). Finally, this study provided several themes that can be followed up with further qualitative and quantitative research. Indeed, mixed methods studies would be of value, namely those using an integrative, where each method would be intended to produce data on a specific part of a whole, or a multi-dimensional logic, where the different questions and methods are explored in a collective manner, resulting in multi-nodal explanations (Mason, 2006).

**Conflict of Interest**

The authors declare that they have no conflict of interest.

**Research involving Human Participants and/or Animals**

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

**Informed consent**

Informed consent was obtained from all individual participants included in the study.

**Author Contributions**

SA: designed and executed the study, analyzed the data and wrote the paper. LCF: collaborated with the design and assisted with the data analyses. IN: collaborated with the design, assisted with the data analyses, and collaborated with the writing of the paper. MP: collaborated with the design and writing and editing of the paper.

**REFERENCES**

Albuquerque, S, Pereira, M., & Narciso, I. (2016). Couple's relationship after the death of a child: A systematic review. *Journal of Child and Family Studies, 25*, 30-53. doi:10.1007/s10826-015-0219-2

Berg, C. A., & Upchurch, R. (2007). A developmental-contextual model of couples coping with chronic illness across the adult life span. *Psychological Bulletin, 133,* 920-954. doi:10.1037/0033-2909.133.6.920

Bergstraesser, E., Inglin, S., Hornung, R., & Landolt, M. A. (2015). Dyadic coping of parents after the death of a child. *Death Studies, 39*, 128-138. doi:10.1080/07481187.2014.920434

Bodenmann, G. (1995). A systemic-transactional view of stress and coping in couples. *Swiss Journal of Psychology*, *54,* 34-49. doi:10.1037/11031-000

Bodenmann, G. (2005). Dyadic coping and its significance for marital functioning. In T. Revenson, K. Kayser, & G. Bodenmann (Eds.), *Couples coping with stress: Emerging perspectives on dyadic coping* (pp. 33-50). Washington, DC: American Psychological Association.

Boss, P. (2002). *Family stress management* (2nd ed.). Newbury Park, CA: Sage.

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage.

Coyne, J. C., & Fiske, V. (1992). Couples coping with chronic and catastrophic illness. In T. J. Akamatsu, M. A. P. Stephens, S. E. Hobfoll, & J. H. Crowther (Eds.), *Family health psychology* (pp. 129-149). Washington, DC: Hemisphere.

Coyne, J. C., & Smith, D. A. (1991). Couples coping with a myocardial infarction: A contextual perspective on wives' distress. *Journal of Personality and Social Psychology, 61,* 404-412. doi:10.1037//0022-3514.61.3.404

DeLongis, A., & O'Brien, T. (1990). An interpersonal framework for stress and coping: An application to the families of Alzheimer's patients. In M. A. P. Stephens, J. H. Crowther, S. E. Hobfoll, & D. L. Tennenbaum (Eds.), *Stress and coping in later-life families* (pp. 221-240). New York, NY: Hemisphere.

Eisikovits, Z., & Koren, C. (2010). Approaches to and outcomes of dyadic interview analysis. *Qualitative Health Research, 20,* 1642-1655. doi:10.1177/1049732310376520

Gibbs, G. (2008). *Analyzing qualitative data*. London: Sage

Gilbert, K. R. (1989). Interactive grief and coping in the marital dyad. *Death Studies, 13*, 605-626. doi:10.1080/07481188908252336

Gilbert, K. R. (1997). Couple coping with the death of a child. In C. R. Figley, B. E. Bride, & N. Mazza (Eds.), *Death and trauma: The traumatology of grieving* (pp. 101–121). Washington, DC: Taylor & Francis.

Gross, J. J., & John, O. P. (2003). Individual differences in two emotional regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, *85*, 348-362. doi:10.1037/0022-3514.85.2.348

Hobfoll, S. E. (2009). Social support: The movie. *Journal of Social and Personal Relationships*, *26*, 93-101. doi:10.1177/0265407509105524

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations* (2nd ed.). Thousand Oaks, CA: Sage.

Hooghe, A., Neimeyer, R., & Rober, P. (2011). The complexity of couple communication in bereavement: An illustrative case study. *Death Studies*, *35*, 905-924. doi:10.1080/07481187.2011.553335

Ickes, W. (1993). Empathic accuracy. *Journal of Personality, 61*, 587-610. doi:10.1111/j.1467-6494.1993.tb00783.x

Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin*, *118*, 3–34. doi:10.1037/0033-2909.118.1.3

Kissane, D., McKenzie, M., Bloch, S., Moskowitz, C., McKenzie, D., & O'Neill, I. (2006). Family focused grief therapy: A randomized controlled trial in palliative care and bereavement. *American Journal of Psychiatry*, *163*, 1208-1218. doi:10.1176/appi.ajp.163.7.1208

Lang, A., Gottlieb, L., & Ansel, R. (1996). Predictors of husbands' and wives' grief reactions following infant death: The role of marital intimacy. *Death Studies*, *20*, 33-57. doi:10.1080/07481189608253410

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping.* New York, NY: Springer.

Levitt, H. M. (2015). Interpretation-driven guidelines for designing and evaluating grounded theory research: A constructivist-social justice approach. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 455-483). New York, NY: Springer.

Lincoln, Y. S., & Guba, E. G. (1985) *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lyngstad, T. H. (2013). Bereavement and divorce: Does the death of a child affect parents' marital stability? *Family Science*, *4*, 79–86. doi:10.1080/19424620.2013.821762.

Martin, J. L, & Doka, K. (2000). *Men don't cry . . . women do: Transcending gender stereotypes of grief.* Philadelphia, PA: Brunner/Mazel.

Mason, J. (2006). *Six strategies for mixing methods and linking data in social science research*. Manchester: University of Manchester

Mikulincer, M., & Shaver, P. R. (2005). Mental representations of attachment security: Theoretical foundation for a positive social psychology. In M. W. Baldwin (Ed.), *Interpersonal cognition* (pp. 233-266). New York, NY: Guilford Press.

Nadeau, J. (2008). Meaning-making in bereaved families: Assessment, intervention, and future research. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and intervention* (pp. 511–530). Washington, DC: American Psychological Association.

O'Brien, T. B., & Delongis, A. (1996). The interactional context of problem-, emotion-, and relationship-focused coping: The role of the big five personality factors. *Journal of Personality*, *64*, 775-808. doi:10.1111/j.1467-6494.1996.tb00944.x

Oliver, L. E. (1999). Effects of a child's death on the marital relationship: A review. *Omega: Journal of Death and Dying*, *39*, 197–227. doi:10.2190/1L3J-42VC-BE4H-LFVU.

Olson, D. H., & Gorall, D. M. (2003). Circumplex model of marital and family systems. In F. Walsh (Ed.), *Normal family processes* (2nd ed., pp. 514–548). New York, NY: Guilford Press.

Paley, N. (2008). *Partners in grief: couples' narratives of the transition from pediatric palliative care into bereavement* (unpublished doctoral thesis). British Columbia University, Vancouver, Canada.

Pollmann, M. M. C., & Finkenauer, C. (2009). Empathic forecasting: How do we predict other people's feelings? *Cognition and Emotion*, *23*, 978-1001. doi:10.1080/02699930802264895

Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In S. Duck, D. F. Hay, S. E. Hobfall, W. Ickes, & B. M. Montgomery (Eds.), *Handbook of personal relationships* (pp. 367-389). Chichester: John Wiley and Sons, Ltd.

Rellias, B. U. (2001). *The trauma of the sudden death of a child: The impact on couple relationship* (unpublished doctoral thesis). Loma Linda University, Loma Linda, USA.

Riches, G., & Dawson, P. (1996). Making stories and taking stories: Methodological reflections on researching grief and marital tension following the death of a child. *British Journal of Guidance and Counselling*, *24*, 357-365. doi:10.1080/03069889600760331

Riches, G., & Dawson, P. (1996). An intimate loneliness': Evaluating the impact of a child's death on parental self-identity and marital relationships. *Journal of Family Therapy*, *18*, 1-22. doi:10.1111/j.1467-6427.1996.tb00031.x

Rogers, C. H. (2005). *The effect of the death of a child on midlife mental and physical health: An exploration of risk and resilience factors* (unpublished doctoral thesis). Georgia State University, Atlanta, USA.

Rosenblatt, P. C. (2000). *Parent grief: Narratives of loss and relationship*. Philadelphia, PA: Taylor & Francis.

Sabar, S. (2000). Bereavement, grief, and mourning: A gestalt perspective. *Gestalt Review*, *4*, 152-168. doi:10.4135/9781412972031.n174

Schwab, R. (1996). Gender differences in parental grief. *Death Studies*, *20*, 103-114. doi:10.1080/07481189608252744

Snyder, C. R., Ilardi, S. S., Cheavens, J., Michael, S. T., Yamhure, L., & Sympson, S. (2000). The role of hope in cognitive behavioral therapies. *Cognitive Therapy and Research, 24*, 747-762. doi:10.1016/b978-012654050-5/50008-7

Song, J., Floyd, F., Mailick Setzer, M., Greenberg, J. S., & Hong, J. (2010). Long-term effects of child death on parents' health related quality of life: A dyadic analysis. *Family Relations*, *59*, 269-282. doi:10.1111/j.1741-3729.2010.00601.x

Stroebe, M., Finkenauer, C., Wijngaards-de Meij, L., Schut, H., van den Bout, J., & Stroebe, W. (2013). Partner oriented self-regulation among bereaved couples: The costs of holding in grief for the partner's sake. *Psychological Science*, *24*, 395-402. doi:10.1177/0956797612457383

Stroebe, M., & Schut, H. (1999). The Dual Process Model of coping with bereavement: Rationale and description. *Death Studies*, *23*, 197–224. doi:10.1080/074811899201046

Stroebe, M., & Schut, H. (2015). Family matters in bereavement: Toward an integrative intra-interpersonal coping model. *Perspectives on Psychological Science*, *10*, 873-879. doi:10.1177/1745691615598517

Stroebe, M., Stroebe, W., & Schut, H. (2003). Bereavement research: Methodological issues and ethical concerns. *Palliative Medicine*, *17*, 235-240. doi:10.1191/0269216303pm768rr

Toller, P. W. (2008). Bereaved parents' negotiation of identity following the death of a child. *Communication Studies*, *59*, 306-321. doi:10.1080/10510970802467379

Toller, P. W., & Braithwaite, D. O. (2009). Grieving together and apart: Bereaved parents' contradictions of martial interaction. *Journal of Applied Communication Research*, *37*, 257-277. doi:10.1080/00909880903025887

Vedes, A. M., Pedro, M. F., Patrao, I. M., Albuquerque, S., Ramalho, S. C., Pereira, M., ... Ribeiro, M. T. Dyadic coping among Portuguese couples. In M. K. Falconier, A. K., Randall, & G. Bodenmann (Eds.), *Couples coping with stress: A cross-cultural perspective* (pp. 105-121). New York: Routledge.

Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process, 44,* 207-227. doi:10.1111/j.1545-5300.2007.00205.x

Table 1.
*Summary of the main categories and codes*

| **Categories and codes** | |
|---|---|
| **Search for meaning** | |
| Reframing partners' different timings in coping and grief | Search for meaning in partners' behaviors |
| | Positive reframing of different timings in coping |
| Individual reframing regarding the relationship | Relationship difficulties as temporary and normal |
| | Relationship as a commitment |
| Co-constructing meaning for their life: Developing shared beliefs | Converging on views about their future |
| | Converging on views about their life |
| | Converging on views about their child |
| **Communication with the partner** | |
| Direct feedback | Giving and demanding information from the partner on his/her emotional state, difficulties and needs |
| Indirect feedback | Non-verbal communication |
| | External resources: spirituality; bereaved parents group session |
| Learning from each other | |
| **Care-in-relation** | |
| Care-in-relation in mutual support | Demanding and giving support |
| | Search of external support |
| Care-in-relation in conflict management | Ability of avoiding or recovering after the conflict |

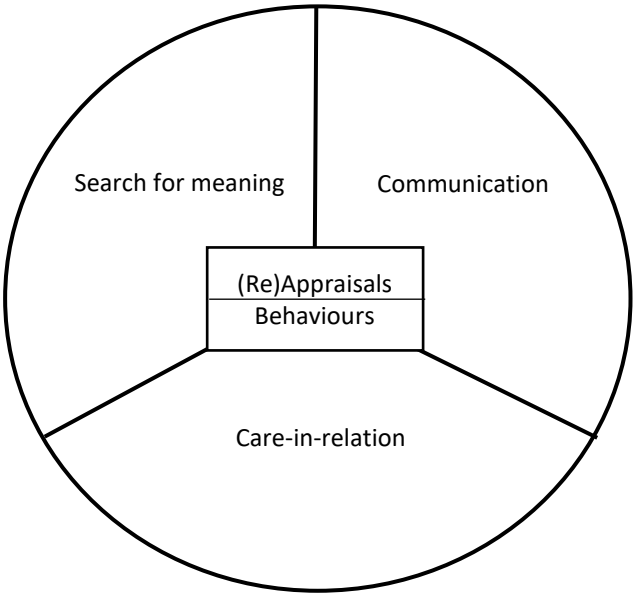


FIGURE 1.
A THREE-COMPONENT CONCEPTUALIZATION OF BEREAVED PARENTS' MARITAL COPING - WITH (RE)APPRAISALS AND COPING BEHAVIORS AS COMMON FEATURES