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Gender Differences in Bereavement among Couples after Loss of a Child:

A Professionals Perspective

by

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MSW Clinical Research Paper

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Presented to the Faculty of the
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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This qualitative study examined gender differences in bereavement, particularly among couples after the loss of a child. Data were collected through semi-standardized interviews with four helping professionals that work with couples during the bereavement process following the death of a child. Common themes were found through an open coding method that analyzed the data for commonalities among the participants. There were four different themes that emerged from the data: reactions and coping mechanisms, family structure, external influences and effect on the marriage. The majority of the findings from this study coincided with previous research. Implications for this study suggest further research into the similarities and differences of bereavement that couples experience after the loss of a child. Further research will only strengthen the understanding of gender differences in bereavement and couples, and professionals can utilize that knowledge throughout the bereavement process.

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Gender Bereavement Differences among Couples after the Loss of a Child: A Professionals Perspective

Death has generally been a taboo subject in American society mainly due to peoples' fear of the unknown around death, cultural practices or religious belief. The death of a child can be particularly difficult for people to talk about because it goes against many of our society's beliefs, such as when a person should pass away (e.g. old age). In 2007, the mortality rate of children in the United States was 53,300, for ages one through nineteen (National Center for Health Statistics, 2007). The death of a child can result from the following: poverty, hunger, injury, suicide, disease and health complications, along with many other reasons that can cause the death of a child.

Parental bereavement due to the death of a child is one of the most stressful events that individuals could experience in their lifetime, "Bereaved parents often experience a grief that is unexpectedly pervasive, intense, complex, and enduring" (Wing, Burg-Callaway, Clance & Armistead, 2001, p. 60). Bereavement refers to the ongoing process and adjustment to the loss and can involve emotional, behavioral, biological or cognitive reactions (Worden, 2009). Bereavement can be seen in many different forms and each individual will grieve differently depending on their age, gender, race, and religion (Worden, 2009).

Grieving is an experience that all humans feel after the death or loss of someone important to them. Grieving is defined as "the range of emotional and cognitive responses that are experienced following the death of a loved one" (Wing et al., 2001, p. 61). In our society, women and men behave differently than one another, which can be a result of social norms that our society has adapted, as well as other factors that will be

addressed in further detail later in this report. These differences in behavior could play a vital role in the way that individuals grieve. There are few studies that look at maternal and paternal grieving differences among couples as a result of the loss of a child. The primary goal of this study is to explore gender differences in bereavement as a result of the loss of a child from a helping professional's perspective and how this is supported by the systems and role theory framework.

This study will examine the helping professionals' response to couples bereavement after the death of a child. Through qualitative interviews with helping professionals who work with couples who have experienced a significant loss, this study aspires to gain insight into gender differences in the bereavement process, its impact on the couple, and factors that can influence the bereavement process.

Review of the Literature

This review of the literature focuses on factors that contribute to bereavement, gender differences and the effects on the couple, and conceptual framework that serves as the foundation for this study.

The Family Impact

How couples function as a pair in their every day routine will determine their resiliency when a loss occurs. At the center of the nuclear family is a marital relationship (Cummings & O'Reilly, 1997). A nuclear family is stereotypically, in our society, made up of a husband, wife and child/children (Sharp, 2012). The study that Sharp (2012) conducted looked at what people classified as family, and whether living arrangements influenced the definition of family. Based on results from surveys that were conducted in 2003 and 2006, Americans viewed being legally married couples, heterosexual couples

without kids, heterosexual couples with kids, and single parents all as being defined as family (Sharp, 2012). In the 2006 results, homosexual couples without kids and homosexual couples with kids were defined more favorably as family than they were in the 2003 results. A family can be a strong support system during a loss, but a family can be torn apart due to the inability to understand one another's bereavement differences.

Family is a social system in which dyadic relationships are a foundation to how the system runs (Carlson & McLanahan, 2006). If dyadic relationships within the family (mother and father) are strained, it can cause the whole family system to function in a negative way. This type of strain will most likely cause other dyadic relationships within the family to be strained (Cox & Paley, 1997). If a marriage is strained, the tension and frustration will cross over into other relationships within the family, such as the relationship between parents and their child/children (Stapleton & Bradbury, 2012). Marital relationships that are supportive and that function positively have a greater chance of staying together, and have greater marital satisfaction, than couples whose relationship is more negative (Stapleton & Bradbury, 2012).

When there is a loss of a close loved one, it is also referred to as a primary loss. When a loss of a loved one occurs, there are usually secondary losses that are experienced as well. A secondary loss is defined as a loss that develops as a result of an initial loss (Rando, 1985). Parents grieving the loss of a child will experience multiple secondary losses such as the loss of the experience of raising a child, the loss of hope and dreams, the loss of a sense of safety, and loss of the parental role if the lost child was their only child (Walsh & McGoldrick, 2004).

Each person will have different emotions that will arise during their grieving process. Couples have reported that they function as a pair, but grieve differently. This is because males and females tend to grieve differently from one another (Schwab, 1992). The gender differences in grief can cause confusion and misunderstanding for couples about how to best support one another during the grief and bereavement process. These differences in bereavement and the best ways couples can support one another will be discussed in further detail later in this review.

Factors in Bereavement Following the Death of a Child

To understand bereavement, it is important to first understand how the bereavement process works. Couples who have been studied have all reported that the bereavement process is a circular, fluctuating, process rather than a linear, sequential pattern that they pass through (Kagan, 1998). Because the bereavement process is circular, emotions and reactions around the loss will be brought up several times throughout the process (Worden, 2009). Grief around losing someone who is cared deeply about is often referred to as a wound that will heal with time (Rando, 1985). Couples who have lost a child would disagree and describe the loss as losing a limb or a part of their body that loses permanent function (Furman, 1978). Over time the pain is adapted to and the loss is gradually accepted, but the loss is irreversible and their functioning will never be the same (Furman, 1978).

A Death Out of Turn

One of the biggest feelings that bereaved parents will have after the loss of a child is survivors' guilt because of the fact that they outlived their child (Rando, 1985). Since the death of a child before the parents is unnatural, many bereaved parents have a

difficult time with coping mechanisms (Rando, 1985). There is no evidence clearly stating that the age that the child dies is more difficult on parents, but there is evidence that the death of a young child is more socially stigmatizing and not as socially recognized because the child was so young that they had not created a separate identity yet (Corwin, 1995). Typically, larger communities help families after a loss, but when a loss is not as clear-cut (i.e. health complications or the child died within one year of birth) families are left without community validation and support (Boss, 1991, pg. 237-245).

Walsh and McGoldrick (2004) reported that parental guilt is even higher in accidental or ambiguous loss because the child is so dependent on the parental figure for their safety and survival. Ambiguous loss is defined as, “a loss that is not clearly defined or does not bring closure” (Boss, 1991, pg. 237-245).

Social reactions.

Bereaved parents will often rely on social networks for support during the mourning process and long after the death of their child (Walsh & McGoldrick, 2004). Family, friends, and coworkers who are in the couple’s social network may have a difficult time understanding the loss or how to provide support and comfort to the couple. Often members of the social network will back away from the couple as a result of not knowing how to handle the situation (Walsh & McGoldrick, 2004). Making devaluing comments, avoiding talking about the loss, or showing frustration over the couple’s inability to get over the loss are all things that couples have reported that cause the grieving process to become further distressing (Wing et al., 2001). Couples that have lost a child may also experience isolation from other parents because these parents are faced with the fact that losing a child could happen to them (Rando, 1985). For a variety of

reasons, bereaved couples are generally socially isolated and left without social and emotional supports (Rando, 1985). Studies have shown that social support results in better bereavement outcomes after the death of a child (Forrest, Standish & Baum, 1982).

Loss of primary support.

The death of a child affects both maternal and paternal figures in the marital relationship and can be an overwhelming experience for the couple. The closeness and intimacy in a marriage is often thought of as supportive and nurturing, but after the death of the child it can have adverse effects (Rando, 1985). Couples can become vulnerable after the loss of a child because of the high stress and emotions that are being felt. When people are feeling dislocation due to instability in their life, they will often resort to placing blame on others, especially those who are closest to them (Walsh & McGoldrick, 2004).

Contrary to what society believes about the loss of a child and marital stress, only 2% to 13% of bereaved couples end their marriage in divorce (DeFrain, Martens, Stork, & Stork, 1990-1991). If a couple's relationship ends in divorce after the death of a child, it is typically, not as a result of the loss of the child, but rather from pre-existing problems that the couple faced before the loss of the child (Klass, 1986-1987).

Studies have also shown that a couple's marriage will never be the same after the loss of a child and each spouse will be a constant reminder of the child they lost (Rando, 1985). What they lost in terms of their relationship is irreversible, and will always serve as a reminder of what they had together in the past and what they dreamed of together for the future (Rando, 1985).

Couples can have a hard time understanding one another during the grieving process and often ask questions such as, “Why isn’t my husband grieving the loss of our child?” or “My wife lays in bed all day, every day” (Wing et al., 2001, pg. 68). Problems with communication are something that couples have reported during and after the bereavement process over the loss of their child (Ditchik, 1991). Couples who have a better understanding of each other’s grieving styles will be able to better support their spouses and have a better understanding of their reactions to the loss.

Gender Differences and the Effect on the Couple in the Bereavement Process

Current and previous literature is lacking in the discussion of gender differences in bereavement, and society has genuinely failed at recognizing that there is a difference (Rando, 1985). There is not a clear reason as to why there is a difference in the way that gender differences are present in bereavement. There are several reasons that could be possible explanations for gender differences in bereavement, such as (a) mothers and fathers may have different attachments with the child, (b) males and females have different reactions to stress, (c) societies views on gender bereavement in regards to showing emotions and accepting of emotions, (d) coping mechanisms, and (e) differences in social environments and how the genders identify themselves within that environment (Wing et al., 2001).

The death of a child has a huge impact on a marital relationship. A study conducted by Sanders (1979-1980) found that the loss of a child has a larger intensity of grief on adults than the loss of a parent or loss of a spouse. The loss affects both the mother and the father as a couple and individually in how they grieve the loss.

There have been debates about whether men have less psychological distress over the loss of a child or if they work through their emotions internally (McGoldrick, 2004). A study conducted on depression among men who became widowed found that men are more vulnerable for depression in widowhood than women (Stroebe, Stroebe, & Schut, 2001). This gives possible insight into male bereavement, and how males process their reactions and emotions after the loss of a loved one. Our society is making great strides in recognizing the shift of gender roles and norms, but gender expectations are still very linear and certain responses and emotions are expected from both males and females. The biggest mistake that couples can assume is that because they suffered the same loss that they will grieve similarly (Rando, 1985).

Female bereavement.

In the United States and other cultures, the social and emotional responsibilities are handled by the women (Walsh & McGoldrick, 2004). These responsibilities include things such as outwardly expressing grief, being a caretaker and continuing to hold the family together during difficult times. Often, due to social expectations of mothers, they are at increased risk for blame and guilt (Walsh & McGoldrick, 2004).

Mothers, while receiving little social support from others, are supposed to care for other members of their family, as well as caring for themselves (if there is any extra time to do so) (Wing et Al., 2001). Women turn to support systems outside of the family, as well as family members, to help with their grieving, but many times women will be the only support system that their spouse will confide in leaving women with an even larger burden (Stroebe, Stroebe, & Schut, 2001). This can have a negative impact on couples and how they function after the loss, specifically after the loss of a child. Statistics have

shown that women offer twice as much support to their husbands as the husband offers to the wife (Walsh & McGoldrick, 2004).

Research has indicated that when it comes to the death of a child, women grieve more openly and have a stronger inability to function on a daily basis both physically and emotionally (McCarthy, 2002). Women will explore support groups, psychotherapy, spiritual support and tension reduction as a way of support and understanding through and after the loss (McCarthy, 2002). These are all coping strategies which can help women through the bereavement process.

In the grieving process, women are more likely to worry less about the financial matters around the loss (Walsh & McGoldrick, 2004). Women find comfort in remembering their child, and will find rituals that will be a constant reminder of the child that they lost. Women will also seek out relationships with family and friends and will work on building those relationships as a means of support (Walsh & McGoldrick, 2004). Women want to feel the pain and emotions that come along with the loss of a child because they do not believe they should ever feel happiness again (Wing et al., 2001).

Male bereavement.

In our society and western cultures, men have been traditionally taught not to express emotions or feelings (Walsh & McGoldrick, 2004). Men can have a difficult time dealing with the loss in their life because naturally a loss will bring to the surface many emotions (Rando, 1985). Because of society's views on men and grieving, men are forced to develop tunnel vision and dissociate from their reactions of the loss. These social norms cause men to be disconnected from their feelings of pain and guilt (Walsh & McGoldrick, 2004). There is a strong correlation between a significant loss and

depression among males, but it does not manifest itself until later on in the bereavement process (Stroebe, Stroebe, & Schut, 2001).

Studies have found that men will participate in risky behavior in order to avoid mourning the loss of their child (Bibby, 2001). These behaviors can be drug abuse, excessive alcohol consumption or even violence (Bibby, 2001). Men are more likely to use violence and retaliation in order to feel in control of their emotions, and life, during the mourning process (Martin & Doka, 2000). When men shut down in response to a loss, families pay a high emotional price because men are unable to be responsive to their own and other's emotional needs (Walsh & McGoldrick, 2004).

In the grieving process, men are more likely to have a shorter, and less intense grief following the death of a child (McCarthy, 2002). When fathers lose their children, they have feelings of powerlessness, self-protection and the need to feel in control. They meet that need by participating in risky behavior which is noted above (Stinson et al., 1992). During difficult, high stress times men will turn toward work as a place to escape to because they do not want to lose control of their emotions, and do not know how to respond to emotions conveyed by loved ones close to them (Walsh & McGoldrick, 2004). Because of the high stress after the loss of a child, men also have a greater risk of health problems.

Effect on the couple.

Couples have reported high marital distress after the loss of a child with the main cause being the differences in grieving between the genders. The rate of marital distress after the loss of a child is around 46% (Gilbert, 1989). This marital distress can be caused by the lack of adequate support from the spouses and from miscommunication.

This distress can be more prevalent in younger couples. This is likely due to the couple not having been through a lot of hardships together at this point in their marriage, and that they are still mastering effective communication (Stapleton & Bradbury, 2012).

Husbands may become less expressive and avoid communication because they are afraid that they will say or do the wrong thing and remind their wives of the loss, resulting in deeper mourning (Wing et al., 2001). It is important that couples create open communication lines and understand bereavement behaviors so that they can be of support to one another and create a stronger marital bond (Rando, 1985).

Summary

In order to provide bereaved couples with an effective intervention, therapists must first understand the differences in gender bereavement to fully address the couple's individual needs (Rando, 1985). It may be beneficial for the bereaved parents to receive therapy intervention soon after the death of their child, but many parents are able to go through the bereavement process without any additional help. Therapy can help the individual needs of the couple, but it will also help with marital satisfaction (Wing et al., 2001). Studies indicate that bereaved couples will seek therapy in three contexts; (a) depression or other problems related to the loss, months or years after the loss; (b) feelings of guilt, blame or anger; and (c) marital dissatisfaction. These issues will be addressed in group, individual or couple's therapy; although many couples will decide not to seek professional help at all through the bereavement process (Hughes, 1995).

Professionals can help bereaved parents and couples understand that they will experience heightened periods of grief over time (e.g., birthdays, when their child was supposed to graduate, weddings, etc.) and that their grief and bereavement is a circular

process in which emotions will come and go at different times during the process (Walsh & McGoldrick, 2004). Therapists can help couples realize that they may need a break from the grief, and if they begin to feel happy that it is not a betrayal to the child that they lost (Rando, 1985). It is also can be helpful if therapists normalize the bereaved parent's feelings and responses around the death of their child and let them know that it is okay to feel that way as long as they are not a threat to themselves or others (Worden, 2009).

A critical topic to address in working with bereaved couples is the differences in gender bereavement and helping the couples to understand the differences (Wing et al., 2001). Encouraging the husband to do activities that are therapeutic and offering ways of releasing anger, frustration and other emotions that may arise during the bereavement is important for the therapist to address (Bibby, 2001). The therapist should help women to cope with any guilt or blame that they may be placing on themselves. Normalizing behaviors for women are very important so that they do not feel isolated from the rest of the world, or feel as if they are the only wife that feels this way (Walsh & McGoldrick, 2004). Also, helping women to understand how men grieve, and that it is not a lack of love that the husband has for his wife or family, but just a way of dealing with his grief (Rando, 1985).

Conceptual Framework

The conceptual framework that is used to explain this study is the social role theory, particularly gender role theory which is a sub-theory of social role theory. This theory is an accepted theory in the field of social work (Forte, 2007).

Gender Role Theory

Role theory is explained as the belief that people behave in predictable ways based on social roles and guided by social norms (Forte, 2007). Social roles include cultural roles, bio-sociological roles, situation specific roles, social differentiation and gender roles (Forte, 2007). Expectations, rights, social norms and behaviors are social roles that a person fulfills throughout their life. How persons act in their day-to-day life, and identify themselves, is defined by their roles in society (Forte, 2007). Social roles and norms guide a person's behavior, and in order to change behavior, roles must be changed because specific roles bring specific behaviors (Forte, 2007).

In the 1980's, when social role theory emerged, it originated to explore the causes of sex differences and also their similarities in social behavior (Eagly, Wood & Diekman, 2000). According to social role theory, "the differences in behavior of men and women that are observed in psychological studies of social behavior and personality originate in the contrasting distributions of men and women into social roles" (Eagly, 1987, 1997, pg. 1380-1383). Because the social role theory looks at social differences in the sexes that influence gender roles, it is important to understand gender roles.

Gender roles have the power to influence behavior which is explained by the concepts descriptive and injunctive norms. Descriptive norms are defined as, "expectations about what people actually do" (Eagly, Wood & Diekman, 2000, p. 131). Descriptive norms are what people know as normal or typical. People will look to others for guidance when a situation is unfamiliar or confusing and will conform to gender-typical behaviors. Injunctive norms are defined as, "expectations about what people ought to do or ideally would do" (Eagly, Wood & Diekman, 2000, pg. 131). Injunctive

norms are what people know as desirable and ideal. These norms are often guided by what people think are acceptable from others, but because of gender roles, the acceptance of these norms will depend on the sex of the person and also what people expect of a particular gender (Eagly, Wood & Diekmann, 2000).

According to Early, Wood and Diekmann (2000), gender is the strongest category of personal characteristics that capture a person's attention, even when compared with race, age, and occupation. As early as three years of age, children show stereotypical gender differences when choosing toys and activities (Ruble & Martin, 1998). In our society, women are a subordinate group, and typically perceived as inferior in power, but interestingly, women are found to not be devalued (Eagly, Wood & Diekmann, 2000). Males are seen as more domineering and holding more power in our society. In American society, the stereotype of women is more positive than the stereotype of males because women are more communal than males and, therefore, are seen as peace makers (Eagly, Wood & Diekmann, 2000).

Role theory relates directly to this study. When a crisis occurs, particularly in a family, roles are redefined (Hutchinson, 2008). For the purpose of this study, the focus is on maternal and paternal roles, and how they are redefined after the loss of a child, especially if that was the couple's only child. The family system must regain stability, and this is done by shifting and redefining roles within the surviving family (Cait, 2005).

Methodology

The methodology section includes the purpose of this study, the research design, sampling procedures, protection of human subjects, details about the data collection instrument and process and data analysis plan.

Purpose of Study

Due to the lack of research on this topic in the field of social work, this research study was exploratory. According to Monette, Sullivan and DeJong, exploratory research is conducted to determine why or how something occurs (2008). Exploratory research is less structured and uses open-ended methods of data collection.

Therefore, the research question for this study was as follows: What are the gender differences in bereavement among couples after the loss of a child?

Research Design

This research study explored helping professional's perspective of gender differences in bereavement among couples after the loss of a young child. Qualitative research methods were used to give voice to helping professionals' experience who work with this topic and to the couples that the professionals have worked with that have suffered such a tragic loss. Qualitative methods provide deeper and more insightful data than other methods, (Monette, Sullivan, & DeJong, 2011), therefore, they are most appropriate for this study. The data collected, allowed the researcher to explore the helping professionals' experience working with couples that have experienced the loss of a child, as well as how the bereavement process has affected their marital relationship. Due to limited research on this topic, the stories and data that were collected strengthen the existing literature.

Sample

The population for this study consisted of helping professionals' that work with couples who have lost a child. The criteria for the selecting the sample was helping professionals' that have worked with couples during the bereavement process and have

had more than one year of experience in this work. The participants were selected through a non-probability, snowball method.

A non-probability, snowball method of sampling was utilized to obtain participants for this study. Berg (2009) described the basic strategy of snowballing as identifying several people with relevant characteristics and interviewing them. The initial participants were asked names of other people who possess the same relevant characteristics that they do, therefore, causing a chain of subjects that were created by referrals from other participants. According to Berg (2009), non-probability sampling, the sample chosen by the researcher, is not chosen on probability theory, but instead, efforts are focused on (1) creating a quasi-random sample, and (2) having a clear idea about what larger group or groups the sample may reflect. The sample for this study was drawn from helping professionals' throughout the Twin Cities who have worked with couples around bereavement after the loss of a child. A snowball sample allowed the researcher to have an idea of what a larger group may reflect without having to access all helping professionals working in bereavement.

The sample size for this study was four participants, which allowed for, a more in-depth exploration of the topic. An e-mail was sent out to colleagues who knew potential participants for interviews, therefore, initiating a snowball sample. The e-mail asked colleagues for participants' names and contact information. At initial contact, the researcher called possible participants and provided them with information about the study using a Recruitment Script (Appendix B) designed by the researcher and approved by the Research Chair. If the participant was interested, the researcher reviewed the consent form or offered to send a copy via e-mail to review. Once the participant

reviewed the consent form, the researcher and participant scheduled an appointment for an interview, at their convenience and the consent form was signed.

Four participants were involved in this study, including three women and one male. Each participant was of a different profession, including a nurse at metro hospital, school district employee, chaplain at a metro hospital and licensed marital family therapist in private practice. Two of the interviews were conducted at the participant's respective place of employment, and two of the interviews were conducted over the telephone. All of the participants had at least ten years or more of experience in their field of employment. There were fifteen eligible participants that were offered an opportunity to participate, but only four accepted the offer. All the interviews were conducted beginning of February 2013 through the end of March 2013.

Protection of Human Subjects

The consent form (Appendix A) and interview schedule (Appendix C) was reviewed by the research committee and research chair, Dr. Kendra Garrett, at the University of St. Thomas for approval. The research proposal followed the Institutional Review Board (IRB) process that has been developed by the University of St. Thomas. This study interviewed only professionals, and questions were non-threatening.

To ensure protection of the participants, a consent form was given to possible participants. The consent form consisted of information on the background of the study, risks and benefits of participation, procedures, confidentiality and compensation. The participants were given the consent form and a copy of the interview questions along with contact information for the researcher, research chair, and the University of St. Thomas Institutional Review Board should they have had any questions arise before and/or after

they decided to participate in this study. Before any data collection began, participants were asked to sign the consent form signifying that they understood the study they are participating in. The participants were notified that if at any time during the interview they wished to skip a question or stop the interview, they can do so voluntarily and will not be penalized. The participants were notified that their participation in this study is confidential, and there is no direct risk or benefit to them. Participants were informed that the interviews were audio taped, and that quotes may be used, but any identifying information would be redacted by the researcher. Participants were notified that the researcher would be recording and transcribing the interviews. The researcher informed participants that the data collected in the interviews would be kept in a secure file cabinet at the researcher's home. The data will be kept until July 1st, 2013, and then destroyed.

Data Collection Instrument & Process

The data was collected from personal interviews. For this study, the research used a semi-standardized interview schedule. A semi-standardized interview identifies the importance of the use of predetermined questions and allows for digression and probing beyond the answers when needed (Berg, 2009). This format of questioning was desirable due to the content of the research. The researcher asked predetermined questions, but the participant had the opportunity to stray from the topic at hand. The researcher asked follow-up and clarifying questions as needed, to gain a deeper understanding of the participant's experience. The interview schedule began with easier non-threatening questions and became more focused on the study as the questions progressed. The interview consisted of nine questions that were developed by the researcher that gathered the participants' demographic information, professional

experience, and experience working with couples with bereavement after the loss of a child. Follow-up questions were asked for clarification and elaboration if needed. The questions were reviewed and approved by the Research Chair and Clinical Research Committee.

Section A: Demographic Information

1. What is your professional discipline?

2. What is your gender? Male _____ Female _____
3. How many years of experience do you have in your professional career?
4. In what setting are you currently working with couples and bereavement issues?
 - a. Private Practice
 - b. Health Care system
 - c. Other, if so, please explain

Section B: Open Ended Questions

5. What are the primary reactions that you see occurring for couples who have experienced the loss of a child?
6. Have you observed role changes in families after the loss of a child? If yes, please explain.
7. Have you noticed specific differences between males and females in how they express grief after the loss of a child? Please provide example(s).

- a. Do you see different or similar coping strategies between males and females?
8. Is there a difference in men's and women's bereavement when the parents are older vs. younger? If yes, please explain.
9. Have you noticed a difference in men's and women's bereavement when the loss is ambiguous?
10. Is there a difference in men's and women's bereavement when there are other children in the family or if the child that passed was the only child?
11. Does the loss of a child affect the overall level of marital satisfaction? If so, how?
12. Do you see a difference in men's and women's bereavement based on an individual or couple's external support system?
13. Is there anything else you would like to share that would be beneficial for this study?

Data Analysis

The researcher used grounded theory for data analysis in this study. In grounded theory, the data is analyzed without a preexisting coding scheme. An inductive approach examined the specifics of the data and move towards more general themes. Inductive approach refers to collecting raw data to create codes and then applying the codes collected to applicable theories, rather than having existing theories applied toward raw data, known as a deductive approach (Berg, 2009). The data was analyzed in great detail to find repetitious codes in the transcripts. Codes were grouped into themes. Any code that had at least two independent examples was considered a theme. Quotes from

participants are included in italicized font throughout this section to give a deeper understanding of the topic at hand. There were four themes and two sub-themes that arose from this study, which are the following: reactions and coping strategies (similarities & differences), family structure, external influences and effect on the marriage. Once these themes were determined, the researcher compared and contrasted the data collected against the current literature available.

Researcher Biases and Limitations

In a qualitative analysis, the researcher's biases may affect the findings. The researcher expected to observe a large difference in gender differences during bereavement due to social roles that are defined for males and females. The researcher also expected to find that the loss of a child puts quite a strain on a marital relationship. During the interviews, the researcher recorded personal feelings that arise to add enrichment to the study.

Due to size of the study and time constraints, the study did not address homosexual couples, and how bereavement styles affect their relationship. This study also generated a smaller sample size, therefore, generalizing data was more difficult.

Findings

The purpose of this research study was to gain a deeper understanding of differences in bereavement that couples face after the loss of a child. The study aimed to gain insight into a helping professional's perspective on couples who have lost a child and have gone through the bereavement process. Four themes arose from this study: reactions and coping mechanisms (similarities & differences), family structure, external influences and effect on the marriage. These themes will be discussed in further detail

below. Most of the data collected in this study coincides with previous research and literature; although, it is important to note discrepancies between the literature and this study as the participants generalized several areas of the bereavement process for couples rather than males and females independently.

Reactions and Coping Mechanisms

Participants were asked about primary reactions that they see occurring for couples during the bereavement process. Participants were also asked if they noticed any specific differences between male and females and how they express grief. The participants all separated the reactions of bereavement into “similarities” and “differences” when describing emotional reactions.

Similarities.

All of the participants identified that when it comes to the loss of a child both males and females express disbelief and shock around the loss. They have a difficult time comprehending the extent of the loss and believing that the loss actually occurred, so they hold onto the hope that it was all just a dream. Participants noted that their male and female clients reported feeling “helplessness” and feeling a sense of not being in control of their lives, which affected their ability to make rational decisions in many aspects of their lives. One participant stated:

When I am working with couples after they have lost a child, almost every couple has asked the question, “why me” and trying to make meaning out of their loss. Males and females have both told me that they feel like failures and that they failed at a “job” that someone was dependent on them for.

Three out of the four participants indicated that males and females both experienced physical symptoms, with the primary symptoms being headaches, stomachaches, exhaustion, and loss of sexual desire with their partner during the bereavement process. Two of the four participants expressed that couples have told them that they felt irritable, had increased anxiety and many preoccupations.

It is important to note that both men and women share a commonality in the bereavement process in that they do not want their child forgotten and have a deep fear that as time passes after the child's death, their child will be forgotten by others. All of the participants noted that males and females both want their loss to be accepted by others and they want it validated. The following quote was shared by a participant that was working with a couple after they lost a child: *“Sunshine feels like an insult. . . I don't know if my life will ever be bright again.”*

Differences.

All of the participants identified that males and females exhibited several differences during the bereavement process. It is important to note that the participants found the biggest bereavement differences in couples to be that females generally grieve more externally and openly, whereas, males tend to grieve more internally.

The four participants expressed that females like to “experience the grief,” meaning that they want to feel the sadness and pain from the loss of their child. Females want to experience these feelings out of guilt because it makes the loss more real to them, validates the extent of the loss, and “keeps the memories alive.” The following is part of a conversation that one of the participants had with a client:

I once had a mother tell me: I had this child who was so healthy and whole that I love and protect and then they are gone, and I feel as though I failed them. I am a failure as a mother.

The four participants stated that females talk about their experience of losing a child and confide in others to work through the process. Females will use coping mechanisms that are more emotionally focused to work through the bereavement process. All of the participants noted similar coping strategies that females utilize. Females focus on relationships and reaching out for external supports (family, friends, counseling, etc.) to verbalize their grief and to talk about the child so that it keeps their memory alive. Another way that females will “keep the memory alive” is by honoring the child by celebrating their birthday and other milestones even after the child has passed. Females will also keep track of developmental milestones and important dates that the child would have gone through if they would have lived longer, such as a first day of school, obtaining a driver’s license, or going to prom and graduation. Three out of the four participants noted that females simply want their child’s name spoken often as another way to keep the “memory alive.”

The four participants acknowledged that men generally internalize their grief, and thus do not want to talk about it. Because of the differences between the genders, females often have a difficult time understanding why their spouse will not talk about the loss, and they feel the loss is less significant to the male than it is to them. One of the participants shared a quote from a client: *“I don’t need to cry to be sad. . . I feel the pain by the knives that are ripping at my heart.”*

All of the participants identified that males are generally non-expressive in their grieving. They will often suppress their emotions and grieve when they are alone, away from others. The participants noted that males will often keep their grieving to themselves so that they provide their spouses the room to grieve more openly. Males will generally use language to express their grief rather than emotions.

The four participants described males coping strategies as action based. All participants gave specific examples of various actions that they had heard about from their male clients throughout the years. All of their stories were examples of the males creating memorials such as a bench, a garden, starting a financial foundation for an organization in the child's honor, or a finding a physical object that can be placed in the home as a reminder of the physical presence that is no longer there. A participant shared this example of a male client that created a memorial:

My client's child loved Christmas and had a lighted Christmas tree by their bed at the time of their passing. My client wanted to keep that Christmas spirit alive after the child's passing, so he went and put that tree next to the child's grave. He checked on it every day to make sure that the lights were still lit so that it would shine on his child's grave.

Family Structure

All four participants identified that family structure and function were affected in some way or another after the loss of a child. The participants noted that one of the biggest difficulties in family functioning after the death of a child is getting the family back to equilibrium. Many times, one of the spouses will have to take the role of mother

and/or father if the other partner is unable to carry out his or her role in the immediate aftermath of the loss.

Three of the four participants expressed their clients having difficulty completing tasks around the home and having a difficult time managing finances. Not only does the financial impact come from couples having to miss work in the aftermath of their child's passing, but also because the couple is focused on so many other things related to the child's death that financial responsibility becomes almost "forgotten." A participant shared this story from a couple that she was working with after the loss of their child. The couple had difficulty managing tasks around the home, but the participant noted that this type of forgetful behavior is usually not the case.

I once had a couple that lost their child, and because they were experiencing, rightfully so, such heavy grief they fell behind in all aspects of their life. The dishes and garbage piled up in their home. They lost a sense of personal hygiene, and they would very often forget to pay bills. Not only were they experiencing such tragic grief and loss, but they told me they felt ashamed of the life they were living, but did not have the energy or life in them to change it.

Only child versus other children. The four participants explained that when there is a death of an only child that it is a completely different experience than for parents who lose a child, but who still have other children in the home. This is primarily the case because as stated in above, parents are unsure if they are still considered a parent after the death of their only child. A participant noted the following quote that a couple shared with them after the loss of their only child:

My clients, a couple, stated to me in a session, “Are we still a parent? We had this human being that we held in our arms every day whom we nurtured, loved, cared for in every aspect, and now they are not physically here, but boy are they still alive in our hearts; therefore, I still feel like I am a parent. . . People just don’t understand my dilemma if they haven’t been through what we have been through.” I couldn’t tell them that they are no longer parents anymore because I would not be validating their experience, but I had to simply support them in that moment.

Three out of the four participants also noted that older parents that lose an only child have a different experience than young parents that lose an only child because the older parents have the realization that they will not be able to have any future children, so they have a more difficult time facing the question “Are we still a parent?” One of the participants shared this quote from an older couple that lost their only child: *“I have all of this love. Where do I put it now. . . this simply means the end of a particular dream for me.”*

The four participants identified that if there are other children in the family, roles will often begin changing before the even child passes, that is to say if the child has a serious illness versus a sudden death. The participants shared that other children, more particularly if the living child is older, will try to take on the role of the mother and/or father to try and get the family back to equilibrium and to protect their parents.

Participants also expressed that living children will often try to take on the role of the child that has passed because they see the heartache that their parents are facing in the absence of the child that has passed. One participant noted:

This couple I had once told me that their eight-year-old daughter became increasingly dependent on them after the loss of their three-year-old son. Their daughter would request help going to the bathroom, would throw temper tantrums at home and in public, showed more of an interest in boy activities along with other examples they shared. The couple told me they thought it was their daughter's way of grieving the loss of her brother, but when they asked her about it, the daughter said, "I thought you wanted me to be more like [brother]."

External Influences

All of the participants identified that external influences have a large impact on how the couple experiences the loss. The participants were in agreement that the biggest external stressor to couples after the loss of their child is a lack of support from family and friends. Couples generally feel isolated in their loss and do not get the validation that their loss is significant or real, especially if the child was very young at the time of their death.

The four participants stated that couples rely on family and friends as a support system, and three of the four participants also added that couples will confide in a faith community for support after the loss. It is important to note that one participant expressed that, in his or her work with couples, the couples expressed that they found the faith community was lacking and non-supportive for them in a time when the couple needed it most.

All of the participants came to the conclusion that males will often seek out support groups versus individual therapy because they have the opportunity to hear from other males who are going through the same experience and because they do not feel as

exposed with their emotions as they would in individual therapy. Males will also seek out activities that keep their mind distracted such as playing sports, working on hobbies, spending time with guy friends, and working extra hours. A participant shared this story from one of her male clients following the loss of his child:

One of my clients told me that he dealt with his emotions by joining a local softball team. He told me that he really did not have that big of interest in softball, but he found it to be a way to release his emotions through physical movement and a way to surround himself with others, but in a way that he would not have to talk about his tragic loss.

As noted above, females rely heavily on family and friends for support in the aftermath of their loss. Females want to talk about it, and will often seek out every opportunity to be around family and friends. Generally, females would rather talk about their loss one-on-one with a family and/or friends rather than in a larger group setting. With this being said, females also face a great risk of being abandoned by their family and friends after the loss of a child because their friends are unsure of how to be of support. Three of the four participants were in agreement with this statement, with one of them sharing this story:

One of my female clients had a wonderful support system with many family members and a ton of friends surrounding her (and her husband) before her daughter passed away from a terminal illness. When their daughter passed away, the female told me it was like “her army was there for the battle, but abandoned her for the war.” She told me that when she needed them the most, and needed

them for the long haul, they fled because they were afraid and did not know how to fight it anymore.

Effect on the Marriage

All of the participants were in agreement that in the long run, losing a child does not affect the marriage to the point where it would result in divorce. The participants all expressed that the loss is very significant, and this causes stress on the couple's marriage, but it does not drive the marriage to end in divorce. The loss causes a larger stressor in the couple's relationship, but this decreases as the bereavement process continues.

The four participants identified that if the marriage becomes troubled after the loss of a child, it is not as a result of the death of their child, but rather underlying problems that the couple had before the loss occurred. Two of the four participants noted that the couples they worked with have actually seen more positive effect on their marriage after the loss of a child. This positive change was not seen right away, but rather over time, and couples related this positive change to experiencing a deeper bond that only the two of them shared after their tragic loss.

Three out of the four participants noted that couples they worked with rediscover their marriage after the loss of a child. This happened, particularly if the child was dealing with a serious health issue for which the parents became caregivers. Although parents have a difficult time not being a caregiver anymore, they rediscover their relationship with their spouse because they have more time, both emotionally and physically, to attend to their spouse. Below is a quote that a participant shared on what she tells her clients:

Marriage is built on HOPE. You may be struggling with the feeling of hope after such a tragic loss in your life, but if you have HOPE in your marriage, then you have the foundation of something that will carry your relationship even in times of hardship.

Discussion

This study explored helping professionals' perspective on gender differences in bereavement among couples after the loss of a child. Insight was gained through discussion with the participants, and findings revealed reactions that couples experience after the loss, both similarities and differences. The findings also revealed family structure changes that occur after a loss, external influences that affect the bereavement process, and marital satisfaction.

Reactions and Coping Mechanisms

All of the participants identified and supported the notion that males and females grieve differently throughout the bereavement process. This notion is also supported by the literature. Grieving is an experience that all humans feel after the death or loss of someone important to them. In our society, women and men behave differently than one another, which can be a result of social norms that our society has adapted over the years.

The four participants noted that women grieve more openly, and are more expressive in their bereavement process. This is supported by the literature in that research indicates that when it comes to the death of a child, women grieve more openly and have a stronger inability to function (McCarthy, 2002). More so, females want to feel the pain and emotions that arise after the loss of a child because they do not believe they should ever feel happiness again (Wing, et. al, 2001). The literature coincides with

what the participants in this study noted, stating that females going through the bereavement process do not want their child forgotten and have a deep fear that as time passes after the child's death, they will be. The literature also points out that too often, due to social expectations of mothers, they are subject to blame and guilt (Walsh & McGoldrick, 2004).

All of the participants expressed that females use relationships and talking about the loss as their primary coping mechanisms. Literature supports this notion. Women find comfort in remembering their child after they are gone and will find rituals that will be a constant reminder of the child that they lost. Women will also seek out relationships with family and friends, and will work on building those relationships as a means of support (Walsh & McGoldrick, 2004). The literature also found that women are likely to explore support groups, psychotherapy, spiritual support and tension reduction as a way of support and understanding from others of what they are going through after the loss (McCarthy, 2002). The four participants noted females will seek out external supports to talk about the loss (family, friends, counseling, etc.).

Males can have a more difficult time dealing with the loss in their life because a loss will bring to the surface many emotions (Rando, 1985). Three out of the four participants identified that males generally internalize their grief and do not want to talk about it. Literature has found that due to society's views on men and grieving, men are forced to develop tunnel vision and dissociate from their reactions of the loss. These social norms cause men disconnect from their feelings, pain and guilt (Walsh & McGoldrick, 2004). Furthermore, the four participants noted that males are generally non-expressive in their grief and will keep their grieving to themselves to allow room for

their spouse to grieve more openly. There have been debates about whether men have less psychological distress over the loss of a child or if they work through their emotions internally (McGoldrick, 2004). The literature supports these findings by stating that, in the grieving process, men are more likely to have a shorter and less intense grief following the death of a child (McCarthy, 2002). During difficult, high stress times men will turn towards work as a place to escape to because they do not want to lose control of their own emotions and do not know how to respond to emotions conveyed by loved ones close to them (Walsh & McGoldrick, 2004).

The four participants described males' coping strategies as action based. The literature found that men will participate in risky behavior in order to avoid mourning the loss of their child (Bibby, 2001). These behaviors can be drug abuse, excessive alcohol consumption or even violence (Bibby, 2001). The participants shared client stories of males creating memorials such as a bench, a garden, starting a financial foundation for an organization in the child's honor, or finding a physical object to be placed in the home as a reminder of the physical presence that is no longer there. The participants did not share any stories of their clients participating in risky behavior, but they did not deny it.

Family Structure

A marital relationship is viewed as the center of the nuclear family dynamics (Cummings & O'Reilly, 1997). A nuclear family is stereotypically made up of a husband, wife and child/children (Sharp, 2012). It is important to note that throughout this section that participants identified that family structural change happens to both men and women, and they did not distinguish between the two genders so a generalization

could not be made. Although the participants identified that this is not an area of difference, more research is needed to explore this area.

The death of an infant or child has a huge impact on a family and the relationships that make up that family unit. The four participants were in agreement with what previous literature states. The participants identified that, many times, one of the spouses will have to take the role of mother and/or father if the other partner is unable to carry out their roles in the immediate aftermath of the loss.

The four participants explained that when there is a death of an only child that it is a completely different experience than for parents who lose a child, but who still have other children in the home. This is the case primarily because parents are unsure if they are still considered a parent after the death of their only child. Previous literature was not explored around this specific topic in the literature review, but it was important to note these findings due to the fact that it determines a type of grief that couples will face.

It is also important to note another finding that three out of the four participants identified, but that was not explored in the literature review; the grief that older parents versus younger parents experience. Three of four participants identified that older parents who lose an only child have a different experience than young parents that lose an only child because the older parents have a realization that they will not be able to have any future children; thus they have a more difficult time facing the question “Are we still a parent?”

Another finding that the four participants identified, but that was not explored in the literature review is around the effect the loss has on other siblings in the family. The participants shared that other children, more particularly if the living child is older, will

try to take on the role of the mother and/or father to try and get the family back to equilibrium and to protect their parents. Participants also identified that living children will also often try to take on the role of the child that has passed because they see the heartache that their parents are facing.

External Influences

All of the participants identified that external influences have a large impact on how the couple experiences loss. The participants generalized this, and did not distinguish between males and females or the differences that they experience with external influences. Therefore, further research is needed to determine the degree of similarities and differences between males and females as individuals, rather than as a paired unit.

The participants were in agreement that the greatest external stressor to couples after the loss of their child is the lack of support from family and friends. The literature is in agreement and supports these findings. Family, friends, and coworkers who are in the couples' social network may have a difficult time understanding the loss or how to provide support and comfort to the couple. Often, members of the social network will back away from the couple as a result of not knowing how to interact and handle the situation of the loss (Walsh & McGoldrick, 2004). Making devaluing comments, avoiding talking about the loss, or showing frustration over the couple's inability to get over the loss are all things that couples have reported that cause the grieving process to become further distressing (Wing et al, 2001).

The participants also noted that couples generally feel isolated in their loss, and do not get the validation that their loss is significant or real, especially if the child was

very young at the time of death. The literature supports these findings. Couples that have lost a child may experience isolation from other parents because these parents are faced with the fact that losing a child of their own could happen to them (Rando, 1985). For whatever reasons, bereaved couples are generally socially isolated and left without social and emotional supports (Rando, 1985).

It is also important to note a finding that participants identified, but was not addressed in the literature review. The four participants stated that couples rely on family and friends as a support system, and three of the four participants also added that couples will confide in their faith community for support after the loss. It is important to note that one of the participants did not support the faith community as a support system, and expressed that, in their work with couples, the couples expressed that the faith community had been non-supportive for couples in a time that the couple needed it most. This participant suggested that faith communities need to understand grief and the bereavement process better so that they can be of greater support to their members in times of need.

Effect on the Marriage

Contrary to what society believes about the loss of a child and marital stress, only 2% to 13% of bereaved couples end their marriage in divorce (DeGrain, Martens, Stork, J. Stork, W., 1990-1991). If a couple's relationship ends in divorce after the death of their child, it is typically not the result of the loss of the child, but rather pre-existing problems that the couple faced before the loss of their child (Klass, 1986-1987). This is supported by the findings. Also, participants did not note any differences between males' and females' experiences when it comes to the effect on marriage, and a generalization

was made based on the couple as a pair rather than males and females independently. Further research is needed to explore the degree of similarities and differences between males' and females' experience in their marriage after the loss of a child.

The four participants identified that if the marriage becomes troubled after the loss of a child it is typically not as a result of the death of their child, but rather underlying problems that the couple had before the loss occurred. In the literature review, it was noted that the marital relationship can be affected if one spouse blames the other spouse for the death of their child: "Even given explanations by a physician, many mothers and fathers will continue to blame the mother for somehow being responsible for the death of their child which can cause unnecessary pain and difficulties in the marital relationship" (Wing et al., 2001, pg. 65). The same literature also noted that since parents experience the same loss, they should experience the same grief, but through other literature, this has been shown not to be true and that male and female grieving styles are very different (Wing et al., 2001).

Two of the four participants noted that the couples they worked with have actually seen a more positive effect on their marriage after the loss of a child. This positive change was not seen right away, but rather over time, and the couples related this positive change to the fact that they had experienced this deeper bond that only the two of them shared after such a tragic loss.

Three out of the four participants noted that couples they worked with rediscover their marriage after the loss of a child. Furthermore, the participants explained that although the parents have a difficult time not being a caregiver anymore, they rediscover their relationship with their spouse because they have more time, both emotionally and

physically. The literature review does not address this. The literature does identify that couples' relationships after the loss of a child do become vulnerable and that it is important that the couple try to bring the relationship back to equilibrium as soon as possible (Rando, 1985). This equilibrium can be obtained by couples rediscovering their relationship and tuning in to their spouse's needs and desire.

Conclusion

Researcher Reactions

The researcher made note and documented any reactions that arose during the interviews for this study. First, the researcher was surprised to find the overlap in professional duties and their involvement with couples during the bereavement process. The registered nurse, licensed marriage and family therapist, public school employee, and chaplain all provided some type of group or individual counseling within their scope of practice, with some of them providing more than others and on a more daily basis. Second, the researcher was surprised at how cohesive the literature was to the findings that the participants provided. Finally, the researcher was surprised at the interpretation that each participant had on grief, loss, and the bereavement process. Depending on their profession, they each viewed the process differently, whether it was a circular or linear process that couples experienced.

Limitations and Recommendations for Future Research

In future research on this topic, a larger sample size would be ideal to gain a broader perspective. In order to obtain a larger sample size, a more extensive recruitment process could be used, which would involve participants giving the researcher names of other participants they felt would meet the required criteria. Also, allowing more time for

participant recruitment would likely result in a larger sample size. The four participants were three Caucasian women, and one Caucasian male, ranging in age from mid 40's to 60 years of age. Obtaining a more culturally diverse population in order to gain a broader perspective on how other cultures view grief and the bereavement process would be helpful for this study. Future research could also look at studying the couples themselves or other professions who may have an active role in the couples' bereavement process.

Implications for Social Work

This study suggests that further research is needed to gain a deeper understanding of gender differences in bereavement, specifically among couples after the loss of a child. The researcher reviewed the University of St. Thomas Library databases including Social Work Abstracts, PsychoInfo, Sociology Abstracts and Google Scholar and identified two gaps in the literature: limited information on gender differences in bereavement and the lack of current research on this topic. It is hoped that the current research can close these gaps to further understand gender differences in bereavement with changing gender roles in today's society.

More research is needed in the areas of changing gender roles, and how, or if, this impacts gender differences in the bereavement process. In today's society, gender roles are changing quickly, for example, males are often now staying home with the children while the female is the primary breadwinner, which could have an impact on the bereavement process. Furthermore, more current research is needed around this topic due to the majority of research on this topic being decades old.

Through this study and the previous literature, males and females are shown to experience grief and the bereavement process differently. Therefore, research can look

into mental health professionals and the therapeutic approaches that have shown the most success in helping couples cope and move through the bereavement process.

Furthermore, researchers can look into ways that males and females understand the opposite gender's bereavement process and ways that they can help one another when going through the bereavement process. Further, research is also needed to explore differences in how males and females experience the bereavement process: identity issues, external influences, parental status and effect on the marriage.

In order to provide bereaved couples with an effective intervention, social workers must first understand the differences in gender bereavement to fully address the couples' individual needs. Due to limited research on gender differences in bereavement, and the stigma that exists around grief and loss, particularly with males, the implication for social work practice is critical. Social workers who work with this population have the unique opportunity to hear their clients' personal stories and the obstacles that they have faced. With that being said, it gives social workers the opportunity to gather more data that will give light to the similarities and differences that males and females experience during the bereavement process.

Summary

The purpose of this study was to gain a deeper understanding of gender differences in bereavement among couples after the loss of a child through a helping professional's perspective. The study provided the researcher a unique opportunity to hear experiences from four helping professionals about their work with couples who have lost a child and are going through the bereavement process. The loss of a child is like no other experience that couples will ever go through in their lifetimes. The individual

burden, along with the marital distress, can be a downward spiral for bereaved parents and couples. It is important that clinicians understand the circumstances around parents' bereavement and how it affects the marital bond. It is also critical that clinicians and clients understand not only the similarities, but also differences in gender bereavement so that they can fully support one another through the process. Couples that have encountered the loss of a young child will share an unimaginable experience that will hopefully strengthen their marital bond.

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Appendix A

Consent Form

Institutional Review Board



CONSENT FORM

Please read this form and ask any questions you may have before agreeing to participate in the study.
Please keep a copy of this form for your records.

Project Name	A Helping Professionals perspective: Gender Differences in Bereavement among Couples after the Loss of a Child	IRB Tracking Number	395147-1
General Information Statement about the study:			
You are invited to participate in this study which is looking at gender differences in bereavement among couples after the loss of a child. This study is being conducted by Teri Welte, graduate student at the School of Social Work, University of St. Thomas/St. Catherine University and is supervised by research chair, Kendra Garrett, Ph.D.			
You are invited to participate in this research.			
You were selected as a possible participant for this study because:			
You were selected because of your expertise and have experience working with the population that is being studied.			
Study is being conducted by:			
		Teri Welte	
Research Advisor (if applicable):			
		Kendra Garrett	
Department Affiliation:			
		School of Social Work	
Background Information			
The purpose of the study is:			
The purpose of this study is to determine if there is a difference in beavement style between men and women, particularly after the loss of a child and affects on the marital relationship.			
Procedures			
If you agree to be in the study, you will be asked to do the following: <i>State specifically what the subjects will be doing, including if they will be performing any tasks. Include any information about assignment to study groups, length of time for participation, frequency of procedures, audio taping, etc.</i>			
If you decide to participate, you will be asked to do the following things: participate in one audio taped interview. The interview will last approximately 45-60 minutes. The interview will take place in a place of your choosing.			
Risks and Benefits of being in the study			
The risks involved for participating in the study are:			
The study has no known risks.			

Revised: 7/6/2011

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The direct benefits you will receive from participating in the study are:	
There are no benefits that are associated with this study.	
Compensation	
Details of compensation (if and when disbursement will occur and conditions of compensation) include: <i>Note:</i> In the event that this research activity results in an injury, treatment will be available, including first aid, emergency treatment and follow-up care as needed. Payment for any such treatment must be provided by you or your third party payer if any (such as health insurance, Medicare, etc.).	
None	
Confidentiality	
The records of this study will be kept confidential. In any sort of report published, information will not be provided that will make it possible to identify you in any way. The types of records, who will have access to records and when they will be destroyed as a result of this study include:	
Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. The researcher will keep the research results on a password protected computer and in a locked file cabinet at the researchers home and only the researcher and research chair, Kendra Garrett, will have access to the data. The data analysis will be finalized on July 1 st , 2013. The researcher will then destroy all original reports and identifying information that could be linked back to the participant. The audio data will be destroyed immediately after the interview is transcribed. Transcribed data will be used for educational purposes and will be shredded and discarded by the researcher no later than July 1 st , 2013.	
Voluntary Nature of the Study	
Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any cooperating agencies or institutions or the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until the date\time specified in the study.	
You are also free to skip any questions that may be asked unless there is an exception(s) to this rule listed below with its rationale for the exception(s).	
Participation in this study is voluntary. Your decision whether or not to participate will not affect your future relations with the University of St. Thomas in any way. During the interview, you can refuse to answer any question if you choose. If you decide to participate, you are free to stop at any time and no further data will be collected. If you do participate and later decide to withdraw, please notify the researcher within one week after the interview was conducted to have your data withdrawn.	
Should you decide to withdraw, data collected about you	will NOT be used in the study
Contacts and Questions	
You may contact any of the resources listed below with questions or concerns about the study.	
Researcher name	Teri Welte
Researcher email	welt3030@stthomas.edu
Researcher phone	(218)209-8491
Research Advisor name	Kendra Garrett

Research Advisor email	(651)962-5808		
Research Advisor phone	kjarrett@stthomas.edu		
UST IRB Office	651.962.5341		
Statement of Consent			
I have read the above information. My questions have been answered to my satisfaction and I am at least 18 years old. I consent to participate in the study. By checking the electronic signature box, I am stating that I understand what is being asked of me and I give my full consent to participate in the study.			
Signature of Study Participant <input type="checkbox"/> <i>Electronic signature</i>		Date	
Print Name of Study Participant			
Signature of Parent or Guardian (if applicable) <input type="checkbox"/> <i>Electronic Signature</i>		Date	
Print Name of Parent or Guardian (if applicable)			
Signature of Researcher <input checked="" type="checkbox"/> <i>Electronic signature*</i>		Date	
Print Name of Researcher	Teri Welte		1/7/2013

*Electronic signatures certify that:

The signatory agrees that he or she is aware of the polities on research involving participants of the University of St. Thomas and will safeguard the rights, dignity and privacy of all participants.

- The information provided in this form is true and accurate.
- The principal investigator will seek and obtain prior approval from the UST IRB office for any substantive modification in the proposal, including but not limited to changes in cooperating investigators/agencies as well as changes in procedures.
- Unexpected or otherwise significant adverse events in the course of this study which may affect the risks and benefits to participation will be reported in writing to the UST IRB office and to the subjects.
- The research will not be initiated and subjects cannot be recruited until final approval is granted.

Appendix B

Recruitment Script

Greetings,

I am Teri Welte, a graduate student in the School of Social Work at the University of St. Thomas and St. Catherine University. I wish to invite you to participate in my research project. I am conducting a study to examine differences in gender bereavement among couples after the loss of a child. This study will also examine helping professionals' experiences and perspective in working with couples around bereavement after the loss of a child. You were selected as a possible participant because you are a helping professional and have knowledge and/or experience in working with couples around bereavement issues.

There are no known risks or benefits to participate in this research. There is no obligation to participate in the study. To ensure confidentiality, your participation in this study will not be shared with any clinic or hospital administrator or staff member. The interview can take place in the setting of your choice, again to protect your confidentiality.

If you agree to be in this study, I will ask you to participate in an interview that will take from 45 minutes to an hour. The interview will be audiotaped to ensure an accurate recording of the interview. The audiotapes will be transcribed verbatim by me and then analyzed. Only the data findings will be included in the final research paper. Your name and any other identifying information will be redacted. The clinical findings will be presented at the MSW Clinical Presentation Day in May, 2013.

All audiotapes, transcripts and other research data will be stored in a password protected computer at my home. You have the right and opportunity to stop the interview at any time should you decide to no longer be involved in the project.

I am including a copy of the consent form you will need to sign if you decide to participate in this study and a copy of the questions. These forms will give you more details about what I am asking of you as a participant.

If you are interested in participating in this study, please contact the researcher, Teri Welte. Please read through the informed consent form that is attached along with the interview schedule.

Thank you for your consideration!

Sincerely,

Teri Welte

MSW Student in the School of Social Work, University of St. Thomas

Appendix C

Interview Schedule

Section A: Demographic Information

14. What is your professional discipline?

15. What is your gender? Male _____ Female _____

16. How many years of experience do you have in your professional career?

17. In what setting are you currently working with couples and bereavement issues?

- a. Private Practice
- b. Health Care system
- c. Other, if so, please explain

Section B: Open Ended Questions

18. What are the primary reactions that you see occurring for couples who have experienced the loss of a child?

19. Have you observed role changes in families after the loss of a child? If yes, please explain.

20. Have you noticed specific differences between males and females in how they express grief after the loss of a child? Please provide example(s).

- b. Do you see different or similar coping strategies between males and females?

21. Is there a difference in men's and women's bereavement when the parents are older vs. younger? If yes, please explain.
22. Have you noticed a difference in men's and women's bereavement when the loss is ambiguous?
23. Is there a difference in men's and women's bereavement when there are other children in the family or if the child that passed was the only child?
24. Does the loss of a child affect the overall level of marital satisfaction? If so, how?
25. Do you see a difference in men's and women's bereavement based on an individual or couple's external support system?
26. Is there anything else you would like to share that would be beneficial for this study?