

THE IMPACT OF THE DEATH OF A CHILD  
ON THE PARENT'S MARRIAGE: A CASE STUDY  
OF SUDDEN INFANT DEATH SYNDROME AND  
THE PARENT'S MARITAL RELATIONSHIP

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A DISSERTATION  
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY  
IN THE GRADUATE SCHOOL OF THE  
TEXAS WOMAN'S UNIVERSITY  
COLLEGE OF NUTRITION, TEXTILES, AND HUMAN DEVELOPMENT

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DENTON, TEXAS  
MAY, 1987

## ACKNOWLEDGMENTS

First and foremost I am grateful to my family who have patiently watched and waited for the conclusion of this study. Thanks to my wife, Nancy, who has given up more than I realize to help me do this work. Thanks also to my sons, Kevan and Connor, who are too young to realize how they have helped.

My major professor, Dr. Glen Jennings, has offered a great deal of support and enthusiasm for this project that has helped me to proceed confidently. I appreciate the support of my committee, Dr. Elaine Goldsmith, Dr. Ron Fannin, Dr. Merry Evenson, and Dr. Carol Kershaw.

I gratefully acknowledge others who have contributed to this dissertation. Peggy Troy, R.N., M.S. contributed a great deal by reviewing and assessing transcripts. Leslie Malone, M.S., director of the North Texas SIDS Information and Counseling Project and Melinda Bridges, parent support group contact person, were immensely helpful in assisting me in soliciting volunteers for the research. I am most grateful to the couples who bravely invited me into their homes to discuss the most devastating event of their lives. My dear friend Brenda VanAmburgh, who was always there to

listen, support, and prod, made the five years of commuting an enjoyable experience.

Finally, this dissertation is dedicated to my beloved son, Ryan Palmer O'Malley, whose short time on this earth has forever created in me a respect for the fragility of life and a deeper appreciation for the close and meaningful relationships I enjoy.

## ABSTRACT

### THE IMPACT OF THE DEATH OF A CHILD ON THE PARENT'S MARRIAGE: A CASE STUDY OF SUDDEN INFANT DEATH SYNDROME AND THE PARENT'S MARITAL RELATIONSHIP

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The death of a child is a devastating psychological event for the child's parents. The purpose of this study was to explore the impact of the death of a child on the parent's marital relationship. Sudden Infant Death Syndrome (SIDS) is the leading cause of death among infants in the United States. The population studied were parents whose child died from Sudden Infant Death Syndrome.

The theoretical frameworks used for this study were family systems theory and phenomenology. Family systems is a theoretical concept that views the family as a group of interrelated parts. Phenomenology values the subject's intrapersonal world. Consequently, the phenomenological approach to understanding marriage and family life seeks to elicit the participant's personal view of their experience.

Ten couples whose children died from SIDS were interviewed in a moderately scheduled format. Each couple was asked several open ended questions that focused on the following six areas: 1) The changes in marital satisfaction; 2) The similar or different grief reactions of the spouses; 3) The need for emotional support from each other or others; 4) Actual support received from others for the couple and individuals; 5) The effect of previous losses on the couple's current grief experience; and, 6) The effect on the relationship of similar or dissimilar religious or spiritual views of the spouses concerning the child's death.

The conclusions based on the data generated from the study indicate that marriage therapists should understand the following six dynamics when working with bereaved couples: 1) The couple's relationship may go through various stages relative to their level of marital satisfaction; 2) Grieving spouses will typically have dissimilar styles of grieving; 3) Couples who grieve may need the freedom to not lean on each other for support; 4) Grieving couples may not find adequate support from their friends, family, and community; 5) Previous losses may affect the couple's current grief over the death of their child; and, 6) Couples need the opportunity to explore their

religious and spiritual beliefs concerning their child's death.

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## CHAPTER I

### INTRODUCTION

The death of a child is a devastating experience for the surviving family members. Parents interviewed following the death of their child describe the event as the most severe crisis they had experienced (Defrain & Earnst, 1978). The grieving period for parents whose children have died is often lengthy and complicated because the death is usually unexpected. A child's death violates the natural order of the life cycle (Frantz, 1984). Some researchers believe that after the death of a child the parent's marriage suffers (Cornwell, Murcombe, & Stevens, 1977; Donnelly, 1982; Schiff, 1977) while others tout the marriage as growing closer (Helmrath & Steinitz, 1978).

Sudden Infant Death Syndrome (SIDS) is the leading cause of death among infants in the United States. Approximately 10,000 infants die from SIDS each year (Beckwith, 1978). Deaths of infants from SIDS are recorded as far back as Biblical times. Researchers have been studying the phenomena of Sudden Infant Death Syndrome as far back as the 1800's. Currently researchers all over the United States and in other countries are making a concerted

effort to understand how infants die from SIDS. From the parent's point of view, a healthy child is put to bed and minutes or hours later is found dead.

### Purpose of the Study

The death of a child is a phenomenon which begins a time of grieving for the family members. The parents of the child must grieve individually, but as a part of a marital system their individual grief may affect their relationship (Donnelly, 1982; Schiff, 1977). Sudden Infant Death Syndrome is the cause of death for 10,000 infants in this country. Left to survive this loss are 10,000 couples and countless other family members. The purpose of this study is to explore the impact of the death of a child from Sudden Infant Death Syndrome on the marriage of the child's parents.

Sudden Infant Death Syndrome was chosen as the cause of death of these children because the consistent manner of the death may offer some control of variables. Victims of SIDS die in a remarkably predictable way. A case study approach was used for this study because of the desire to understand the experience from a phenomenological point of view. Qualitative research offers the opportunity for an

in-depth exploration of an experience that is consistent with the purpose of this study (Cook & Campbell, 1979).

### Theoretical Framework

Two theoretical approaches will be used as a framework to guide this study. These frameworks are family systems theory and phenomenology.

Family systems is a general theoretical concept that views the family as a group of interacting parts rather than individuals (Goldenberg & Goldenberg, 1983). This concept of the family was borrowed from general systems theorists (Bertalanffy, 1968), and was based on a mechanical model that indicated that families would return to their previous level of homeostasis when their normal functioning was interrupted. Recently family theorists have presented a new model that suggests that the family has to change or reorganize when certain forces act on it (Hoffman, 1981). The death of a child creates such a force.

The phenomenological approach to understanding marriage and family life has emerged and taken form in the last few decades (McLain & Weigert, 1979). Phenomenology is a term used "... broadly to refer to a tradition within the social sciences concerned with understanding the social actor's frame of reference" (Taylor & Bogdon, 1984, p. 12).

The theoretical frame of reference for this study was a blend of family systems theory and phenomenology. The participants described their experience from their point of view and that data were then analyzed from an interactional or family systems perspective.

### Assumptions

The review of literature on the subject of the death of a child and the dynamics of Sudden Infant Death Syndrome indicate a basis for the following assumptions on which this study is founded:

1. The death of a child is a devastating psychological event that impacts the marital and family system of the surviving family members.
2. The death of a child begins a time of grieving for the child's parents.
3. The grieving process is often more difficult for those who mourn the death of a child. This is particularly true if the death is sudden and unexplainable.
4. Marriages will be affected by the death of a child. The marriage may either suffer or grow stronger but the impact of the death of the child will alter the marital system in some way.

## Research Questions

Although most researchers believe that the loss of a child will impact the marital system in some way, there has not been significant research on the variables that impact the bereaved parent's marriage. The following research questions have been developed in an attempt to define better the variables that impact the couple's marriage:

1. How was the couple's level of marital satisfaction prior to the loss affected by the loss of their child?
2. How was the relationship affected by similar or dissimilar grief reactions?
3. How was the couple's marriage affected by their dependence or lack of dependence on each other through the grieving process?
4. Were the reactions of family, friends, and the community supportive to the couple and did the spouses experience any difference in support because of their gender?
5. How was the grief process affected by previous losses of the couple and were there losses in the previous generation, particularly child or infant deaths, that have affected the couple because the loss was not handled well by that generation?

6. How has the couple's similar or dissimilar religious or spiritual view of their child's death affected their marriage?

### Delimitations

This study was subject to the following delimitations.

1. Couples who have experienced the death of a child from Sudden Infant Death Syndrome participated in this study.
2. Couples in the study volunteered to participate.
3. Participants were couples who have been married at least three years.
4. Couples were eligible to participate in the study if their child died at least 18 months and no more than four years from the time of their participation in the study.
5. Data for the study were obtained through a demographic questionnaire and in-depth interviews.

### Definitions

1. Sudden Infant Death Syndrome. A disease of unknown etiology where an apparently normal healthy infant, usually between the ages of two to six months, dies quietly while sleeping. The cause of death may be determined by a simple autopsy. The SIDS diagnosis is used when no lethal lesions

are determined and other specific criteria are met such as patchial covering the surface of the lungs, heart, and thymus, and microscopic evidence of respiratory inflammation is found (Beckwith, 1978).

2. Grief. A phenomena of sorrow or mental suffering following a personal loss (Funk & Wagnalls, 1982). In this study grief was specifically examined in couples who have experienced the death of their child from Sudden Infant Death Syndrome.

### Summary

Sudden Infant Death Syndrome is a disease of unknown etiology that claims the lives of 10,000 infants in the United States. For the 20,000 parents and countless family members, life goes on. Marriages are thought to be significantly impacted by the death of a child. The purpose of this study was to examine the impact of the death of a child on the marriage of the child's parents. The population examined for this study were couples whose child died from Sudden Infant Death Syndrome. Variables were researched that sought to define how the marriages of bereaved parents are affected.

## CHAPTER II

### REVIEW OF THE RELATED LITERATURE

The review of literature will focus on three areas: (1) The dynamics of grief, (2) The impact of the death of a child on individual parents and the marriage and family system, and, (3) The medical and psychological dynamics of Sudden Infant Death Syndrome. The literature review offered very little information concerning the variables which affect the marriages of bereaved parents.

#### Dynamics of Grief

Although people have been grieving for thousands of years, the study of the psychological dynamics of grief is relatively new (Wordon, 1982). One of the earliest explanations of the grief process was offered by Erich Lindemann who was the chief of psychiatry at Massachusetts General Hospital during the now famous Coconut Grove Nightclub fire of 1942. In his classic paper, "The Symptomology and Management of Acute Grief" (Lindemann, 1944), Lindemann described the grief pattern of 101 recently bereaved persons who had lost loved ones in that fire.

Anxiety about death and psychological denial of death have been seen as important dynamics in the psychological makeup of individuals and families (Becker, 1973; Wright 1985; Yalom, 1980). This cultural anxiety and denial was directly challenged for lay persons by Elisabeth Kubler-Ross. The publication of "On Death and Dying" (Kubler-Ross, 1969) "opened the door to let death and dying out of the closet where nursing homes, hospitals, and modern medicine had hidden them for much of our century" (Frantz, 1984, p. xiii). Talk about death and grief began to permeate newspaper articles, books, and talk shows. A step by step guide to understanding the process of grief was now available for public knowledge.

Kubler-Ross' (1969) stages of denial, anger, bargaining, depression, acceptance, and hope have become a standard by which professionals and lay persons measure a persons progress through the grief process. Researchers have since suggested that although most grieving persons will experience these steps, it should not be expected that the phases are neatly ordered and followed literally (Wordon, 1982).

The word grief is defined as "sorrow or mental suffering resulting from loss, affliction, [or] regret"

(Funk & Wagnalls, 1982, p. 556). Frantz describes grief as a form of energy:

It's as if upon learning that death has occurred, someone has taken a giant hypodermic needle and injected us with a high dose of an active ingredient called grief. This grief begins to permeate our system and affects us physically and mentally.

The effects of this grief are felt as long as this energy is present. The process of grieving is the long process of eliminating grief energy from our minds and bodies (Frantz, 1984, p. 13).

Engle (1961) suggests the period of grieving is a psychological healing process. Wordon (1982) defines mourning as an adaptation to loss and further suggests that a developmental viewpoint is relevant to the grieving process in that certain mourning tasks must be accomplished for equilibrium to be returned to the grieving person. These tasks of mourning are: (1) To accept the reality of the loss, (2) To experience the pain of the grief, (3) To adjust to an environment in which the deceased is missing, and, (4) To withdraw emotional energy and reinvest it in another relationship.

Wordon (1982) expands his concept of mourning tasks by describing the numerous feelings, thoughts, and behavior that may occur during these stages. Behaviors most often observed include sleep and appetite disturbance, absent-mindedness, social withdrawal, dreams of the deceased,

searching and calling out, sighing, crying, and treasuring objects belonging to the deceased.

Certain cognitive patterns may also be noted during the grief period. Thoughts that commonly occur are disbelief, confusion, preoccupation, sense of presence, and hallucinations.

Feelings that are manifested during a grief reaction include sadness, anger, guilt and self-reproach, anxiety, loneliness, helplessness, shock, yearning, and numbness. If the bereaved person has been involved in an unhealthy or destructive relationship with the person who has died they may experience a sense of emancipation. Relief may also be a feeling experienced, particularly if the deceased suffered during an illness or from an accident.

Parkes (1972) attempted to identify why grieving persons exhibit a wide range of symptoms. Six categories help determine the intensity of the grief. They are (1) Who the person was who died, (2) The nature of the attachment, (3) Mode of death, (4) Historical antecedents, (5) Personality variables of the bereaved, and (6) Social variables such as subculture and ethnicity.

Freud (1917) noted the similarity in the symptomology of grief and depression. Although grief and depression present a similar clinical picture, the difference in

diagnosis involves the effect of the respective syndrome on self-esteem. While loss may create depressive symptoms such as insomnia and weight loss ". . . morbid preoccupation with worthlessness, prolonged and marked functional impairment, and marked psychomotor retardation are uncommon" (APA, DSM III, 1980, p. 333).

When bereaved persons fail to grieve, psychological problems can arise (Horowitz, 1980; Wordon, 1982). Freud (1917) and Abraham (1927) attempted to differentiate normal from pathological grief. Wordon (1982) suggests four possible grief reactions that may develop. They are: (1) Chronic grief reactions, (2) Delayed grief reactions, (3) Exaggerated grief reactions, and (4) Masked grief reactions. These reactions may stall the grief process and consequently provoke disorders such as chronic depression, somatic symptoms, or maladaptive behavior.

To understand the phenomena of grief that comes from loss there must also be an understanding of the process of attachment. Bowlby (1980) suggests that without attachment there can be no loss. Borrowing from theories such as ethnology, control theory, cognitive psychology, and developmental biology, Bowlby, a British psychiatrist, developed his theory of attachment. The need in the infant for security and safety stimulate behaviors which promote

attachment. Those needs are separate from feeding and sexual behavior. As an infant cries, gurgles, or coos, a responsive behavior is promoted in the caretaker. This interaction creates the bond and attachment. Grief is a response to the breaking of this bond.

### The Impact of the Death of a Child on the Marriage and Family

While all grieving persons are experiencing the loss of an attachment (Bowlby, 1980), the death of a child is the severing of a very special attachment (Donnelly, 1982; Frantz, 1984; Schiff, 1977). Grieving the death of a child often takes longer because the death is unexpected. Frantz (1984) states that:

It's out of order, unnatural. We expect our grandparents and parents to die before we do, and the chances are 50-50 that our spouse, or our brothers or sisters will die before we do. But never in our wildest dreams do we expect that our child will die before we do (p. 14).

Fulton, Gottesman, and Owen (1982) found from interviews of bereaved persons that the death of a child created more acute grief reactions than the death of a parent or an adult child or the death of a spouse. Parents surveyed in another study stated that the death of their child was the most severe crisis they had ever faced (Defrain & Earnst, 1978).

The task of the bereaved parent is not to change the reality of the loss but to find ways to adjust to the reality. Videka-Sherman (1982) found a variety of coping strategies among 174 bereaved parents. The most adaptive coping reactions were those which were externally directed and active such as altruistic activities and replacement of the child. The least adaptive coping strategies were escape and preoccupation with the child.

Theorists who promote the systemic approach to understanding families view the death of a child as an event which impacts not only the parents of the child but all of the family including other generations (Bowen, 1978; Cain, 1979; Frantz, 1984; Wright, 1985). Structural family therapists view the death of a child as a critical time for a dysfunctional shift in the interactions between the parents and the surviving children (Hare-Mustin, 1979). Bowen (1978) describes the loss or addition of a family member as creating shock to the established equilibrium.

Recently family theorists have presented a new model of the family which moves away from the concept of the family as a homeostatic mechanized system (Hoffman, 1981). These "new epistemologists" view the family from an evolutionary model which suggests the family fluctuates at a certain level only temporarily. When certain force, known as a

perturbation, acts upon the family, the fluctuations around the original level become too great and the family must reorganize at a different level (Dell & Goolishian, 1979). The death of a child would certainly qualify as a perturbation affecting the family. The bereaved family may very well experience an unmanageable fluctuation in their system and consequently move into a phase of disorganization. This experience of emotional chaos will lend the family to reorganize at a different level (Hoffman, 1981).

An intergenerational approach to grief is espoused by some family therapists (Boszormenyi-Nagy & Sparks, 1973; Paul & Paul, 1975). Unresolved grief from previous generations may affect subsequent generations. Boszormenyi-Nagy and Sparks (1973) state that "families may be collusively committed to avoiding the resolution of any grief and thereby jointly resist any change or emotional growth in any member" (p. 112).

There is little information available on the impact of the death of a child as it specifically relates to the marriage of the parents. Schiff (1977) reports that studies estimate as high as 90% of all bereaved couples experience marital difficulty within six months of the death of their child. Cornwell, Murcombe, and Stevens (1977) describe

marital fights as a common occurrence after the death of a child from Sudden Infant Death Syndrome. Couples interviewed by Helmrath and Steinitz (1978) following the death of their neonates reported their marriages improved with some couples claiming the event provided an opportunity for growth in their marriage.

Donnelly (1982) offers several first hand interviews with parents which illuminate the variety of ways in which marriage partners react to the death of their child. Marital problems may arise because of dissimilar grief patterns or because of an unhealthy grief reaction which involves the abuse of drugs or alcohol. Couples may also experience tension over their sexual relationship in that one spouse may need the sexual relationship to relieve psychological pain while the other spouse may avoid sex because of the psychological pain. Other marriages may be dysfunctional to begin with and the child's death becomes the motivating factor for a separation.

Helmrath and Steinitz (1978) and Donnelly (1982) both suggest that the community may not support the couple as well as is needed thus creating pressure for the couple to be the major source of support for each other. Schiff (1977) agrees that the spouses may not be able to give much support to each other because of the emotional weight of

their individual pain. She states "after all, in the back of their minds they believed they could lean on each other as they mourned. But you cannot lean on something bent double from its own burden" (Schiff, 1977, p. 58).

Often men are directly or inadvertently excluded from the grief process as they fulfill a societal role of being the supporting partner to their wife (Cain, 1979; Donnelly, 1982; Helmrath, 1978; Schiff, 1977). Donnelly (1982) states that "the bereaved father suffers severely in the lonely pew of suppressed grief. He endures not only the psychological impact of losing his child but the fear of losing his masculinity by publicly displaying his distress" (p. 93).

Cain (1979) believes that much of the reason behind the exclusion of father stems from a belief that fathers do not bond in as meaningful a way as do mothers. The research of Lamb (1976) and others (Biller, 1971; Lynn, 1974) suggests that fathers are equally capable of bonding as mothers and therefore may experience loss with a similar emotional intensity. However, fathers may respond to the loss differently. Mandell et al. (1980) studied 28 fathers who lost infants and discovered identifiable patterns in their reactions which were particular to men, such as, a necessity to keep busy with increased work and a limited ability to ask for help. Fathers, then, may have an intense experience

of loss but a suppressed grief response which may create psychological problems for them and their marriages.

The death of a child dramatically interrupts order of the life cycle and therefore creates a potential hazard for the grieving process (Frantz, 1984; Schiff, 1977; Wordon; 1982). Guilt, which is a common experience of the grieving person (Kubler-Ross, 1969; Lindemann, 1944), is a particularly troublesome dynamic for the grieving parent. Often the parent may believe the child's death was caused by their neglect or their behavior (Kushner, 1981). This magical thinking can lead to an existence of torture for the surviving parent. Schiff (1977) states that the parents "are convinced their own sin set the stage for their child's death" (p. 39). Guilt is a very common experience of parents whose child has died from Sudden Infant Death Syndrome because of the mystery surrounding the cause of death (Nikolaisen & Williams, 1982).

### Sudden Infant Death Syndrome

The literature describing the medical and psychological aspects of Sudden Infant Death Syndrome (SIDS) has abounded in the last fifteen years. Research on the medical aspects of SIDS dates back to the 1800's (Beckwith, 1978). At that time a theory was being developed which suggested that the

cause of death was an enlarged thymus. Previous to that time it was believed that an infant found dead in the morning was the victim of overlaying or suffocation. Baker et al. (1974) note that a verse from the Bible I Kings 3:19-20 is probably a recording of a SIDS death:

And this woman's child died in the night; because she overlaid it. And she arose at midnight and took my son from beside me, while thine handmaiden slept, and laid it in her bosom, and laid her dead child in my bosom.

Beckwith (1978) discovered that this view of the cause of death was substantiated by the existence of a German placard dated 1291 which recognized the danger of suffocation by overlaying and forbade mothers from taking their infants to bed with them until the infant had reached three years of age.

The fact that SIDS did not receive attention in pediatric literature is not surprising since infant and childhood mortality rates were so high for so many centuries. Parents were more conditioned for a child's death even if the death was unexpected (Beckwith, 1978).

The theory of the enlarged thymus was gradually disputed and by the late 1800's the care of the infant again became the focus of attention when healthy children were unexplainably found dead. Suffocation from night clothes or coverings were generally thought to be the cause of death in

the 1900's and in the early decades of the 20th century. Uninformed parents may still suspect suffocation is the cause of death due to the positioning of the infant when she or he is found. Often before death there appears to be a short silent struggle in which the child may pull the covers over their head and wedge themselves in the corner of the crib (Guntheroth, 1982).

Modern research dedicated to explaining sudden infant death began in the 1940's. Beckwith (1978) notes that landmark papers by Werne and Garrow published between 1942 and 1953 ushered in the modern era of SIDS research. These authors presented findings which disputed the idea of infant suffocation by the discovery of certain inflammatory mechanisms in the infants.

The term "Sudden Infant Death Syndrome" was officially recognized after the Second International Conference on Sudden Infant Death (Guntheroth, 1982). "Crib Death" and "Cot Death" were commonly used terms to describe the event. Currently, many correlations are stated in defining sudden infant death but no definite cause and effect has been determined. Autopsies typically reveal a set of findings such as mild upper respiratory inflammation but none of these findings are cause enough for death.

B. Beckwith (personal communication, October 17, 1984) describes SIDS as a way of dying rather than a cause of death. Guntheroth (1982) describes the death as a result of a failure to arouse from prolonged apnea (nonbreathing). A certain degree of maturation is important for an infant to arouse from an apnea spell. A new hypothesis is being researched which relates the cause of death to irregularities in the brain stem and its effect on the central nervous system (Norton, 1985).

Demographic studies of SIDS cases reveal certain profiles but again no definite cause and effect can be established. Bergman, Ray, Pomeroy, Whal, and Beckwith (1972) describes epidemiological data that depicts most cases. Sudden infant death occurs more frequently among lower socioeconomic groups and the size of the family is usually large. Often premature babies are the victims of SIDS and the male to female ratio is 3:2. There is no evidence of racial distribution or specific genetic contribution. The death most often occurs between two and six months. The literature from other countries suggests a similar incidence level and similar demographic factors (Beckwith, 1978). Valdes-Dapena (1981) notes that most cases occur in the autumn or winter months when the probability of respiratory infections and colds is high.

In 1974 the Sudden Infant Death Syndrome Information and Counseling Program was established by the SIDS Act (Donnelly, 1982). The purpose of this act has been to provide government funding for the dissemination of information about the phenomena of SIDS and to provide money for counseling for SIDS survivors. Since the act was passed there has been a great deal of attention paid to the psychological impact of SIDS on the family (Valdes-Dapena, 1981).

For the many years that the sudden death of infants has occurred, parents have blamed themselves and been blamed by authorities for the death. As previously mentioned parents frequently believed the baby died from suffocation or smothering. Parents have also suspected their child died from choking on mucus or regurgitating food or perhaps an unsuspected illness, hemorrhaging or reactions to medication (Pomeroy, 1972).

Unfortunately, for many years autopsies were not performed on infants or if an autopsy was performed, the uninformed pathologist would create a cause of death because of the lack of obvious organic evidence. This response from the medical authorities did nothing to alleviate the parent's self-blame (B. Beckwith, personal communication, October 17, 1984). Not finding conclusive evidence for the

death threatened many pathologists and many believed that designating the death SIDS would be an admission of ignorance (Fossum, 1984).

The reactions of parents to SIDS are similar to other grief reactions with the exception that the shock factor is greatly increased (Guntheroth, 1982; Zoe, 1978). Parkes (1975) found that bereaved persons who had an "anticipatory grief" experience, that is, time to prepare for the death of a loved one, did better when assessed at 13 months than did persons with no advanced warning. In the SIDS experience a healthy baby is put to bed and minutes or hours later found dead.

Defrain and Earnst (1978) found that the individuals dealing with a SIDS death experienced individual and family disorganization after the event. They discovered that 8.3 months passed for the family to regain the level of organization experienced prior to the death. It took 15.9 months to gain the level of personal happiness experienced prior to the death.

### Summary

A review of related literature focused on general dynamics of grief, the death of a child as it affects the marriage and family, and medical and psychological aspects

of Sudden Infant Death Syndrome. Researchers have in recent years defined the stages and manifestations of grief very specifically. It is believed that the death of a child creates a potentially hazardous grieving experience. Sudden Infant Death Syndrome creates grief for thousands of parents in this country each year. The marriages of these and other grieving parents are believed to be affected by the death of their child but defining the variables of this experience and the impact of these variables has yet to be sufficiently researched.

## CHAPTER III

### METHODOLOGY

This chapter explains the method of the study including a description of the style of research. The structured interviews and demographic information sheet are explained. The method of subject selection and the procedure for gathering data also are described.

#### Sample

This study was based on the reports of ten volunteer couples from the Dallas-Fort Worth area. Solicitation of couples was based on referrals through the Dallas-Fort Worth Sudden Infant Death Syndrome Support Group and Information Service. Couples interviewed for the study met the following criteria:

1. They were married for at least three years.
2. They experienced the death of their child from Sudden Infant Death Syndrome. The death must have occurred no less than 18 months and no more than four years prior to participating in the study.
3. There was a willingness of both spouses to be interviewed.

## Method

A case study approach using a moderately scheduled interview format (Gordon, 1969) was used to conduct this study. Couples were interviewed together. The questions for the interview were based on beliefs about the phenomena of the death of a child gathered from the existing review of the literature. Interviews were tape recorded and then transcribed and analyzed. A questionnaire soliciting demographic and pertinent data was also used. An explanatory letter was sent describing the nature of the study and follow-up phone contact was made prior to the interview.

## Pilot Study

A pilot study was performed with one couple who had experienced the death of their child from Sudden Infant Death Syndrome. Following the formal interview session the interview questions were reviewed by the couple and the researcher to check for clarity. Suggestions for changes in wording were made by the couple and the researcher and these changes were incorporated into the final questionnaire.

## Rationale

The qualitative method was chosen for this study for two reasons. First, only data "after the fact" are available from the participants since there was no prior knowledge that the event being studied was going to occur. Secondly, it is believed that the phenomena of a child's death and its impact on marriage can best be understood by in-depth interviewing. The goal of this study is to determine the dynamics of a specific phenomena. Qualitative research assesses a dynamic reality and is the method of choice for an in-depth knowledge of a phenomena (Cook & Campbell, 1979).

The qualitative or phenomenological approach to understand marriage and family life has emerged and taken form in the last few decades (McLain & Weigert, 1979). Phenomenological research is committed to an understanding from "the actors own perspective" (Taylor & Bogdon, 1984, p. 2). McLain and Weigert (1979) describe the strategies for phenomenological understanding by Alfred Schutz as the most agreed upon model of research by phenomenologists. Schutz's style is described in three steps:

First, the phenomenon must be identified and described as it appears immediately and experientially in the natural attitude of acts in their everyday lives. An adequate description at the beginning of the investigation is crucial for subsequent analysis.

Second, the relevant general features of the social world need to be specified and described. Third, the particular modifications of attention that are constitutive of the specific phenomenon in question must be carried out. The outcome of this procedure is the development of a conceptual metaframework or metalanguage, in term of which the phenomenon can be identified and described as it is constituted in the consciousness of everyday actions (McLain & Weigert, 1979, p. 163).

This description of Schutzian analysis indicates that the researcher works from the general to the specific and ultimately creates a language to describe the phenomena, which is consistent with the participants' consciousness about the phenomena. Taylor and Bogdon (1984) note that the term phenomenology should not be connected with specific schools of philosophical thought such as the Schutzian methods described. Phenomenology is a term used ". . . broadly to refer to a tradition within the social sciences concerned with understanding the social actor's frame of reference" (Taylor & Bogdon, 1984, p. 12). There are numerous methods available that provide access to the actors phenomenological experience.

### Validity

A random sample of the participants' transcripts were reviewed by a health care professional who has knowledge of the subject matter. Transcripts were analyzed using the "Summary of Quantitative Responses" form (see Appendix B).

An 84% agreement was achieved between the researcher's and the independent assessor's analysis of the transcripts.

### Development of the Interview

The moderately scheduled interview form, developed by the researcher, contained open ended questions that focused on six areas of research interest to explore the effect of the death of a child on the parent's marriage. These areas of interest include: 1) The changes in marital satisfaction; 2) The similar or different grief reactions of the spouses; 3) The need for emotional support from each other or others; 4) Actual support received from others for the couple and the individuals; 5) The effect of previous losses on the couple's current grief; and, 6) The effect on the relationship of similar or dissimilar religious views of the spouses concerning the child's death.

A final section of the interview allowed the couple to describe other influencing variables on their grief process and marriage. Couples were also encouraged in this section to share with other bereaved couples their suggestions about maintaining a good marriage during the grief process.

### Summary

Volunteer couples were interviewed in a moderately scheduled interview format to gather data concerning the effects of the death of their child on their marriage. Relevant demographic data were also collected. A case study approach was the research method chosen because of the potential it offered to describe the dynamics of the participants' phenomenological perspective. A case study approach offered in-depth knowledge of how the experience of losing a child to Sudden Infant Death Syndrome affected the participants' marriages.

## CHAPTER IV

### CASE STUDY RESULTS

This chapter presents the results of interviews with ten couples who have experienced the death of a child. The interviews were guided by questions generated from the structured interview developed for this study (see Appendix A). To protect the confidentiality of the subjects the names of both the spouses and their child have been changed.

#### Couple 1: Bill and Martha

Bill and Martha's baby was three and one-half months at the time of his death. He was their second child and the second male. Subsequently they have had a female child who was born 19 months after their baby died. Jay was with the babysitter when he died and was discovered in his crib at about 2:00 in the afternoon. The medical examiner believed he had been dead about 15 minutes when he was found. The baby was taken to the hospital by paramedics shortly after being discovered. Martha was called and after arriving at the hospital was told her baby had died. She told Bill when he arrived. Martha knew of Sudden Infant Death Syndrome but never believed it could happen to her baby. Bill did not

know much about SIDS, but believed it was associated with suffocation. Both now believe they are well informed about SIDS because of their experience.

#### Level Of Marital Satisfaction Prior To And After The Loss

Both Bill and Martha describe their marriage before the death of their child as very satisfying. They had struggled with infertility for eight years before conceiving their first child. Both also agreed that they have become much closer since his death. They believe Jay's death caused them to "pull together" in a way they had previously not experienced. There was not a specific time of emotional distance after Jay's death, but circumstances created a problem for them in that Bill had started a new job around the time of the death and was gone for long hours for the six months following the death.

#### Similar/Dissimilar Grief Reactions

Both agreed that Martha was much more expressive of her grief than Bill. Bill, however, was still dealing with his mother's death from cancer which had occurred 10 months before Jay's death. Bill describes himself as characteristically withdrawn. Bill's description of Martha after Jay's death was that she was consistently breaking

down emotionally and not acting rationally. "She would go for long periods of time where she couldn't do anything else but cry. She couldn't even act rationally. She'd be in the middle of a sentence and start crying."

When asked if Martha's expressiveness inhibited Bill in his expressiveness, the answer was "Yes." Bill believed he must act in a controlled rational manner to achieve balance with Martha's uninhibited grieving style. Martha did not have a problem with Bill's unexpressiveness over Jay's death because she had long before accepted that as part of Bill's personality. She related only seeing him shed tears once in their relationship prior to Jay's death, and that was at his mother's death.

Ironically Bill and Martha expressed their grief differently when it came to dealing with Jay's possessions. Martha wanted everything reminding her of Jay boxed up and put away, including his pictures. On this issue Bill did express himself, and insisted they not act impulsively. Bill and Martha ultimately worked out this problem and have kept some significant reminders of their child.

The final response to this section of the interview was that they indeed did experience and express their grief about Jay's death differently. These differences did not significantly affect Bill and Martha's relationship because

each had accepted the characteristic differences in each other long before Jay's death. Bill knew and expected Martha to be uninhibited and expressive of her grief and Martha knew that characteristically Bill would deal with Jay's death more internally.

#### Dependency On Each Other For Help

This couple had a mutual expectation for support from each other even though Bill did not openly express feelings of pain. Both agreed that they ended up acting self-sufficiently as a couple because their level of support from others was not significant. Consequently, neither Bill or Martha looked outside the relationship for help. Bill and Martha believe if they had not had each other to lean on they would have experienced emotional trouble because their outside support was so inadequate. Although the support primarily went one way, from Bill to Martha, there were no problems with this system because of Bill's characteristic quietness.

#### Support As A Couple And Male/Female Support Differences

Bill and Martha attribute their poor support by others to two reasons: No one could really know what they were going through, and those people they knew who were close to

the baby were grieving too much themselves to help. An unexpected source of support came from a church they did not attend. A colleague of Martha's activated her church to help Bill and Martha, and this group became more supportive to them than their own church. The responsiveness of these people subsequently led Bill and Martha to leave their own church and join this more supportive group.

Martha believed Bill was not given as much support to grieve as she was given. Bill suggested that although a couple of men showed concern for him, he was generally treated awkwardly. Martha and Bill did note that although there was an underlying difference in the way they were treated, their primary response to this question was that neither of them were treated well. The most common response they received was that their baby's death was God's will and therefore they should not feel bad. The implication was that it would be self-centered to grieve since the baby is actually in a better place (heaven). Martha was given somewhat more permission to feel bad, but both Bill and Martha believed that people generally bypassed their feeling state by explaining the event as God's will. Martha commented that the general response to them was to brighten them up because, after all, the baby is much better off. Bill and Martha found this approach very unhelpful.

Neither Bill nor Martha received any counseling. They said they benefited from contact with the SIDS support group.

### Previous Losses

The most significant previous loss mentioned was Bill's mother who died from cancer 10 months prior to Jay's death. Her death had an effect on the couple because Bill was still involved in his grief and also because he believed his mother would have been a comfort for him during the time after his son's death. There had been one death of an infant in the previous generation in Martha's family. Her maternal grandmother had an infant girl die. Martha was unsure how this death was handled in the family because her grandmother died when Martha was 12. Martha does remember the child was spoken of. Martha suspects the child could have died from SIDS. The child supposedly had a cold and died suddenly from pneumonia.

### Similar/Dissimilar Religious Viewpoints

The response to this section was a significant theme for Bill and Martha. Not only was their son's death viewed from a similar religious viewpoint but both reported experiencing a spiritual renewal. The key to this change has come from

Bill and Martha's change to a different church. The new congregation has allowed them to express their feelings more openly, even if the feelings are ones of sadness. The new church also focuses more on the interpersonal relationships of the members. This church experience came at a time when this couple was desperately needing support. As mentioned earlier, their original church fell short in supporting them after Jay's death.

The only other significant religious experience mentioned was by Bill. Initially after Jay's death he recalled feeling that the loss was punishment by God. Although these feelings were strong enough to be noticed by Bill, the experience did not last very long.

#### Other Variables And Final Thoughts

Not having been with their son at the time of his death paradoxically relieved this couple of the guilt they believe they might have experienced if they had been there. They did, however, comment on the helplessness they experienced. There was no surgery, no experts brought in, nothing special done to save Jay's life.

Another factor that has influenced this couple's grief is their relationship with their other two children. Martha wonders if her older son's severe hyperactivity is not at

least in part due to all of the stress he has experienced over his brother's death. Their subsequent daughter was on a monitor for SIDS prevention. This added an emotional and financial strain on the couple. Both agreed they have become fiercely protective of their living children.

Bill commented on a shift in priorities since Jay's death. He is less driven to make money and more focused on spending time with his family. He has also developed a certain toughness which has freed him to act more as his own person. His attitude when things get tough at work is "so what?" He believes nothing could happen to him that could be worse than his experience of having his son die.

Martha describes herself now as more emotionally fragile. Since her son's death she experiences a frequent fear that something else may happen to someone else in the family.

When asked about suggestions they would have for other bereaved couples, Martha described the contrasts she now feels in herself that were not present at the time of Jay's death. Although she believes she will never "get over" his death, she is able to laugh and enjoy herself now. Bill would want other couples to know they will quit hurting every minute. He suggests that couples get counseling either formally or through their church because if a couple

does not have a strong marriage the death of a child "will surely tear it apart."

Couple 2: Stan and Anna

Stan and Anna had just returned from a doctor's appointment with Katy and her two older twin sisters. Stan laid Katy down in her crib while he attempted to prepare the twins for their nap. When he returned a few minutes later, he found Katy not breathing. Stan immediately began resuscitation efforts, and a frustrating time began as he and Anna attempted to get medical help. Their phones had just been disconnected. Stan finally radioed for help from his company truck radio. Eventually help arrived and efforts to revive Katy continued but to no avail. The shock of Katy's death was great because she was Stan and Anna's "healthy" baby. Their twin daughters had been born premature and were both critically ill and hospitalized for several months. Stan and Anna lived through several near death experiences with the twins. Katy was full term and had never had physical problems. She was nine months old at the time of her death.

Level Of Marital Satisfaction Prior To And After The Loss

Stan and Anna remember experiencing a great deal of tension in their marriage before Katy was born. Their tension was due to the financial and emotional strain of dealing with their premature daughters who preceded Katy. Prior to the twin's birth, they describe the level of marital satisfaction as very high.

After Katy's death, Stan and Anna would experience angry outbursts with each other. This type of negative interacting continued for close to a year. Finally they began to realize they were destroying their marriage by their fighting. They also realized that they wanted to stay in their marriage and they admitted the problems they were experiencing were related to the unresolved grief over Katy's death. At this point they began to work to improve their relationship and sought counseling to help. They slowly ceased fighting over unimportant issues and began to communicate their feelings of pain over Katy's death. They describe their marriage as much closer now. The twin's improved health also helped this couple's relationship because of the lessening of emotional and financial pressure.

### Similar/Dissimilar Grief Reactions

Stan quickly responded that he and Anna handled their grief differently. Simply stated, Anna expressed the pain she felt and Stan withheld his feelings. Stan remembers crying a great deal on the day of the funeral but after that he "clammed up." The result of this emotional repression for Stan was a conversion of these feelings into angry outbursts.

These differences in grieving caused problems in Stan and Anna's marriage. Anna did not understand why Stan was not showing his feelings, and his silence troubled her. She recalls feeling hurt that Stan would not include her in his grief.

### Dependency On Each Other For Help

Stan recalls expecting nothing from Anna. He believed he could handle his feelings alone and he did not want to create any pressure for Anna by sharing his pain with her. Anna felt quite differently. She did expect Stan to help her by listening to her and supporting her emotionally. Anna was disappointed when Stan kept distant from her and consequently offered little support.

The result of their differences in expectations was that Stan and Anna did not lean on each other for support.

Rather, they pulled farther away from each other emotionally. Their inability to help each other and the lack of communication about the problem left Stan and Anna's marriage in trouble. Neither of them felt much energy to work on the growing problem, and as mentioned earlier this level of emotional distance lasted about a year after Katy's death.

Stan and Anna did not lean on others much for support. Looking back, they both wished they had looked to others more since this might have relieved some pressure they felt for not being able to help each other.

#### Support As A Couple And Male/Female Support Differences

Stan and Anna received poor support from their family, friends and community. Much of what they received from others was unsupportive or even cruel. Anna's mother accused her of killing the baby. Stan's mother's belief was that the baby was dead and that should be the end of the discussion. Some close friends, including Katy's godmother, blatantly ended the friendship with Stan and Anna without an explanation. Many family members were unsupportive of Anna's pregnancy with Katy because of the illness of the twins.

Stan and Anna did not believe they were treated differently because they were male or female. They were both treated poorly. This caused the severing of several relationships with both family and friends. Eventually when Stan and Anna began to turn to each other, it decreased the sense of isolation they had both experienced since Katy's death. As mentioned previously, Stan and Anna both received counseling and found it helpful.

#### Previous Losses

There were no significant losses that affected Stan and Anna. In the previous generation, Stan's mother had two babies that died, but Stan was unsure of the circumstances surrounding these deaths. He does not recall his mother ever speaking of her feelings concerning the death of her children. This noncommunicative approach was consistent with the way she dealt with her granddaughter's death as well.

#### Similar/Dissimilar Religious Viewpoints

Stan and Anna showed a similar spiritual and religious viewpoint of Katy's death. Although they do not fully understand why Katy died, they believe that her life had a purpose. They share a strong belief in an afterlife and

believe Katy's spirit lives on. This similar belief has played an important role in their marriage because it served to unite them even when there was great emotional distance in other areas.

### Other Variables and Final Thoughts

The premature birth of Stan and Anna's twins was an obvious significant factor that affected them as they dealt with Katy's death. Their struggle to keep the twins alive had drained them emotionally and financially. Katy was their perfect baby whose health was good and whose care was relatively simple. They had lived for over a year with uncertainty about the twin's future, but were never in doubt about Katy's life.

Another significant factor for Stan and Anna was that Katy was nine months old when she died, which is an older than usual child for a SIDS death. The attachment to her was deepened because of her developmental responsiveness to them and to her sisters.

Stan and Anna suggest that other couples talk to each other about their grief "no matter what." Couples need to find time to let each other know what is being individually experienced. Without communication, the couple may drift apart and begin not to care what happens to the marriage.

### Couple 3: Robert and Lucy

Robert and Lucy had a three month old daughter, Mary Kay, who died from Sudden Infant Death Syndrome. Mary Kay was their first child. They have had one daughter since their baby's death. Mary Kay had been going to a babysitter's for three weeks since Lucy's maternity leave had ended. The babysitter discovered Mary Kay at noon, and she had apparently been dead for several hours. Lucy was called right away, and Robert was reached in time to arrive at the babysitter's house before the paramedics transferred the baby to the hospital. Although at one level Lucy knew her child was dead, she kept insisting that the medical personnel do something to save her baby. The reality of her death took some time to accept. The attending paramedics mentioned the possibility of SIDS, and that diagnosis was confirmed the next day by the medical examiner. Robert and Lucy had only a minimal understanding of SIDS prior to their daughter's death.

#### Level Of Marital Satisfaction Prior To And After The Loss

Robert and Lucy had been married and without children for several years before Mary Kay's birth. They described their marriage as consisting of two people on parallel lines

that seldom touched. There was a feeling that the marriage was at a plateau. There was not a feeling of closeness nor was there much disagreement. Both were primarily committed to the pursuit of their individual careers, and exerted little energy into the marriage relationship.

Robert and Lucy experienced a closeness that began developing during the pregnancy. There was also a great deal of fear as they imagined the responsibilities of having a child at this stage of their lives. After Mary Kay's death Robert and Lucy describe their relationship as dramatically changed. They believe their priorities have been altered because of the death. They experience more interrelatedness now. No longer do they take each other for granted.

Robert and Lucy describe themselves as being much more conscious of each other's feelings now, perhaps even too much so. They have each become protective of the other, which has caused them to avoid discussing uncomfortable subjects. They feel so badly for each other over Mary Kay's death that they go out of their way not to hurt each other's feelings. Lucy believes this improvement in their marital closeness and their increased empathic response to each other began as a reaction to Mary Kay's death, but over time

has become sincere, and is now well integrated into their relationship.

### Similar/Dissimilar Grief Reactions

Both Robert and Lucy recall feeling bitter after Mary Kay's death, but the focus of their bitterness was different. Robert's feelings of bitterness were more religiously oriented. He could not understand how God could have allowed this to happen. Lucy felt bitterness at the babysitter. She now realizes that this anger was not rational, but at the time Mary Kay died, Lucy had difficulty separating the babysitter's responsibility from her daughter's death.

Functionally, Lucy handled herself better than did Robert. Robert recalls drinking heavily for the first two months, and he did not take much responsibility for the tasks of daily living. He was losing his job during this same time and developed an "I don't care" attitude about this situation. From Robert's position, the worst had already occurred in his life so one more loss was not going to matter.

One common feeling during Robert and Lucy's mourning was the need to know what had happened. Robert funneled a great deal of his emotional energy into finding out all he

could about SIDS. Although Lucy did not exert as much energy in SIDS research, she was receptive to Robert's findings.

This couple did not find themselves differing greatly on their level of grief nor in their sense of freedom to express their feelings. They both talked a great deal as a means of getting them through their grieving period. They moved through their grief at a similar pace, and when one would express their grief in a different way than the other, this difference would be discussed between them.

#### Dependency On Each Other For Help

Robert and Lucy did not expect much from each other because of their strong concern for how the other was doing. Initially they were so conscious of not wanting to burden each other that they would avoid discussing their feelings. Eventually they knew they must talk even though it might provoke pain. They had to convince one another to accept their support.

Lucy leaned primarily on one other friend who she describes as very helpful. Robert did not have others to help him. Lucy's need to get support from outside the marriage did not present a problem for the marriage. She felt concern that Robert had no one else to lean on.

### Support As A Couple And Male/Female Support Differences

Except for a few close friends and family members, Robert and Lucy believe they were poorly supported throughout their grieving. They note being especially disappointed in their parish priest. He was one person they had hoped would guide them through this experience, but they were to be disappointed.

Robert and Lucy believe they were treated slightly differently because they were male and female. Those who responded to them with support did so with equal concern for both. However, Robert experienced the men he associated with made very little effort to talk with him about his loss. Robert believes that those who did respond to him may have done so because he was open about his feelings. He suggested that men may be isolated because of their inability to express their grief.

Neither Robert or Lucy sought counseling during their grieving time. They were both active in the SIDS support group a few weeks after Mary Kay's death. They both received a great deal of help from their involvement with other SIDS parents.

### Previous Losses

Neither Robert or Lucy experienced significant personal losses prior to Mary Kay's death. Lucy knew that her father had a sibling die but she was unaware of the effect of this loss on her father or his family.

### Similar/Dissimilar Religious Viewpoints

As previously mentioned, Robert experienced a great deal of anger at God and the church. Although Lucy was let down by the church's response, she did not become angry. Currently Robert and Lucy are debating whether or not to have their new baby baptized. Robert is encouraging Lucy to join him in leaving their current church and even change denominations. Their differences in religious viewpoints have not negatively affected their relationship.

### Other Variables And Final Thoughts

One significant factor for Robert and Lucy was that they were an older than average couple having a baby. Being at a later stage in their life cycle they were accustomed to their life style and adjusting to a pregnancy and infant was a frightening transition. It became a transition that brought them closer together and subsequently helped them to support each other after Mary Kay's death.

Robert strongly states the importance for other couples who have experienced the death of a child to be able to communicate with each other through the grief process. He specifically encourages men to express their feelings to help eliminate the grief feelings from their emotional system. Withheld feelings will show up later in psychological problems.

Lucy encourages other couples not to spend energy protecting other people from one's grief feelings. She suggests that couples should not hesitate to talk about the child who has died even though it may create awkwardness in others. For Lucy it has remained important to talk about Mary Kay. To avoid talking about her would be denying she ever existed.

#### Couple 4: Nick and JoAnn

Nick and JoAnn lost their third child, a boy, to SIDS when he was six weeks old. Their two surviving children are females. JoAnn had taken Nicky to the babysitter's for the first time because her maternity leave had ended and she was returning to work. A few hours later the babysitter called and told JoAnn something was wrong with the baby. JoAnn arrived at the sitter's a few minutes later. The babysitter's son had begun efforts to revive the baby when

JoAnn arrived. JoAnn moved her son to her car to attempt to get him to the hospital. The paramedics arrived before they had left and took over resuscitation efforts. After thirty minutes of waiting at the hospital, JoAnn was informed that her son was dead. Nick arrived later and JoAnn told him Nicky had died. Because Nick had recently been hospitalized for emotional problems, someone at the hospital decided it would not be good for him to see his son the day of his death. Nick believed this decision affected his grief.

JoAnn had some prior knowledge of SIDS. Nick had no understanding of SIDS prior to Nicky's death.

#### Level Of Marital Satisfaction Prior To And After The Death

This couple believed they had a healthy marriage before their son's death. Their previous children had helped to solidify their marriage. Nicky's birth was not planned. Nick and JoAnn had made a decision to not have any more children after their second daughter's birth. This decision was based on financial reasons. Nick had a vasectomy which obviously was not successful because JoAnn became pregnant with Nicky. Nick had strongly desired a son and consequently, he and JoAnn viewed Nicky as their "miracle baby." The circumstances of Nicky's birth added an even more solidifying element to their marriage and family.

No specific changes were noted by this couple in their level of marital satisfaction after their son died. Nick and JoAnn attribute their consistency with each other throughout the time of grief to their shared religious position, which will be described later.

#### Similar/Dissimilar Grief Reactions

Initially JoAnn recalls being "numb" and unable to cry upon learning of her son's death. Nick's reaction was to immediately express his sadness with tears. This was not characteristic of their normal level of openness, and soon their grief patterns shifted. Nick described his subsequent response as more withdrawn. JoAnn would have to "pull out of him" his feelings. JoAnn said she openly talked about her grief a great deal. Nick had more of an experience of helplessness when he thought of his son's death. JoAnn described feelings of "going crazy" as she tried to sort out what happened to her baby.

Neither Nick or JoAnn believed their differences in handling their grief significantly affected their marriage. They attribute this lack of impact on their relationship to the fact that they had been married several years and knew each other well.

### Dependency On Each Other For Help

Neither Nick or JoAnn were aware of any specific expectations they had from each other after Nicky died. The couple shared a belief that although Nick was more withdrawn and JoAnn was more expressive, they had an innate sense of balance which prohibited them from having a "bad day" at the same time. This balance allowed each of them not to have to repress their individual pain to make room for the other's pain. Both agreed that although they supported each other at times, they also handled much of their grief alone or with others. Minimizing their leaning on each other was helpful to their grieving process.

A main support system for this couple was the SIDS support group and the director of the SIDS Counseling Information Service. Being with other parents who had experienced a similar event helped relieve much of their guilt about Nicky's death. This support was helpful to them individually and as a couple.

### Support As A Couple And Male/Female Support Differences

Nick and JoAnn had mixed feelings about the level of support they received as a couple. Both were surprised at the quality of support they received from Nick's family because of their lack of helpfulness during previously

stressful events. The couple felt rushed in their grief by their friends. There was an expectation that after a few months Nick and JoAnn should be "over it."

Nick believed he did not receive as much attention over the loss of his son as did JoAnn. This fact was not particularly troubling to him since he preferred to keep his feelings to himself. Nick was also between jobs when Nicky died which eliminated a potential support system for him. Nick and JoAnn also recall receiving support as a family. Their daughters were also affected by Nicky's death and Nick and JoAnn were appreciative of attention shown to them.

### Previous Losses

Nick's mother died from cancer about ten years before Nicky's death. JoAnn suggested that much of what precipitated Nick's psychiatric hospitalization was unresolved grief from that loss. It was the history of Nick's hospitalization that motivated the personnel at the hospital where Nicky died not to let Nick see his son dead. Their fear was that such an experience might cause Nick another "breakdown." Nick thinks that decision caused more damage to him than what would have occurred if he had been allowed to see his son.

The closest previous loss for JoAnn was her father, who had died several years prior to Nicky's death. In the previous generation, JoAnn's mother's brother had died at age two. She recalls very little being said about this death, and believes it was rarely discussed in her mother's family.

This couple believes these previous losses may have played a role in the grief experience of their son's death. They recall feeling emotionally drained from these previous grief experiences. The impact of these death's created for them an attitude of "what next?"

#### Similar/Dissimilar Religious Viewpoints

Nick and JoAnn explained in this section their deep religious beliefs concerning Nicky's death. They hold a strong conviction about God's will, and do not feel resentment or anger at the short life of their son. Their belief in a life after death has been very helpful in their adjustment to Nicky's death. This belief was a uniting factor for Nick and JoAnn's marriage, and consequently helped them to grow closer since the death.

### Other Variables And Final Thoughts

Again, Nick and JoAnn mentioned their religious faith as an integral part of their grieving. Although this dimension had been a part of their lives prior to Nicky's death, their convictions grew stronger as they sought to understand why their "miracle baby" had died.

For other bereaved couples, Nick and JoAnn suggest that each person must have their individual time to grieve. Spouses can be most helpful by providing emotional room for their grieving partner to experience his or her feelings.

#### Couple 5: Ron and Betty

Ron and Betty had each been married previously, and Ron had a son from his previous marriage who was an adolescent at the time Jacob died. Jacob was the first child from their marriage. They have had two subsequent children.

On a Sunday morning Betty had gone into Jacob's room to get him dressed, and found him dead. Ron was out of town for the day on a business trip. Betty called the fire station near their house and the baby was taken to the hospital where the emergency team attempted to revive him. The attending physician communicated his opinion that the death was SIDS, and all subsequent reports confirmed his

diagnosis. Betty knew nothing about SIDS, and Ron had heard about it but did not have any specific knowledge of it.

#### Level Of Marital Satisfaction Prior To And After the Loss

After an unhappy previous marriage for each, Ron and Betty describe their relationship before Jacob was born as "almost perfect." To have a healthy son born was "icing on the cake." After his death, the relationship began to go through changes. As each spouse tried to deal with Jacob's death in their different ways, they began to pull apart. Ron began to read all the literature on SIDS and grieving that he could find. Betty would attempt to talk with Ron and become frustrated with his lack of response. Their communication, and eventually their level of satisfaction began to decline.

Betty and Ron also recall problems in their sexual relationship. Being sexual with each other was associated with the conception of Jacob, and this emotional connection began to trouble both of them. This change in sexual desire was mutual and consequently they both experienced this type of distance from the other.

The relationship began to grow closer after the adoption of their daughter. Ron began to realize that he had been intellectually available to discuss Jacob's death

but he had been emotionally withdrawn. Betty had previously been frustrated because she did not think Ron was really listening to her when she shared her pain about Jacob's death. It was at this point they sought the help of a counselor who helped them to see their individual patterns and how their grief was damaging their marriage. The counseling this couple received was also a factor in the improvement in their marital satisfaction.

#### Similar/Dissimilar Grief Reactions

Betty and Ron clearly handled their grief differently. They have also had similar reactions to Jacob's death, but not at the same time. As previously mentioned, Ron began to withdraw and intellectualize the event by reading and researching. This suppression of feelings led to a depression. Ron had historically struggled with bouts of depression and negative depressive thinking.

Betty was very expressive of her sadness. She remembers talking to anyone who would listen. She believes she was sad and grieving, but not depressed. Because of the adoption of their daughter four months after Jacob's death and a pregnancy which began two months after the adoption, Betty recalls "losing herself" in the tasks of caring for two children who were 11-1/2 months apart in age. Although

it has been three years after Jacob's death, Betty is now experiencing depression. Depression is not characteristic for her as it is for Ron, and consequently, she feels uncomfortable with this unfamiliar experience. She believes her own grief process was interrupted by the demands of taking care of two small children. The interruption of her grief and the suppression of her pain has turned into depression.

Ron is still feeling some intense feelings of loss and sadness over Jacob's death but he is externalizing his feelings more by talking and therefore is not feeling the level of depression he experienced during the first year. Ron's opinion is that the death of a child is not something you "get over" but something you must learn to live with.

Initially, as mentioned earlier, the different grieving styles of these individuals did affect their marriage. Emotional distance was created. Currently Ron is concerned about Betty's depression and is intentionally distancing himself from getting too involved in her feelings because of his fear of slipping back into a depression himself. He believes he is being attentive and he attempts to listen to Betty up to a point, but he backs away when he feels his mood begin to drop. The distance this is creating is less threatening to this couple than the distance they felt in

the initial months after Jacob's death. They believe they are responding better to these dynamics in their relationship because they are able to identify and talk about what is occurring.

Betty is now thinking negatively for the first time in her life and that has caused confusion for both her and Ron. Ron believes that in many ways Betty was idealistic before Jacob's death and because of his death and other losses which will be described in a subsequent section, Betty is not necessarily being negative but has a more realistic view of life.

#### Dependency On Each Other For Help

Initially Ron and Betty had different expectations of each other based on their different grieving styles. Ron knew from his reading that they would have a difficult time supporting each other so his expectation was to simply carry on with the practicalities of life. Betty was acting from her feeling state and did not care as much about meeting the responsibilities of everyday life. She recalls wanting Ron to listen to her and to be there. She had a difficult time when Ron went back to work before she did. This differing in expectations was one of the factors that led Ron and Betty into counseling.

Ron and Betty did not lean on each other much because each was hurting a great deal. They identified with each other's grief and discussed their common pain, but were unable to give to each other freely. Betty immediately began to lean on others. She remembers wanting to do little except talk to friends about her feelings. Ron also talked a great deal to others about Jacob's death. His talking, however, was not about his pain but was about the intellectual side of SIDS, i.e., the research about causes. When Ron would risk discussing his pain, he remembers others shying away from him. Ron slowly began to turn back to Betty for support after finding others uncomfortable with his pain. This couple's looking to others for support affected their marriage positively because it gave them some time to heal individually before attempting to support each other.

#### Support As A Couple And Male/Female Support Differences

As a couple Betty and Ron experienced inadequate support from their friends, family and community. There were a few close friends who were attentive and helpful but several people pulled away.

As male and female Ron and Betty were treated differently. As mentioned earlier, Ron was seldom supported

when he shared feelings of grief with others. Betty believed she was more accepted in her grief. A significant display of the male/female difference was when Ron's company offered to pay for Betty's counseling, but no offer was made for Ron.

### Previous Losses

Both Ron and Betty had siblings that died. Ron's adult brother died several years ago. Prior to her birth, Betty's parents had twin boys and one of these boys died in infancy from an illness. Ron was moderately affected by his brother's death. Both Ron and Betty believe these losses were not dealt well by their parents. It appeared that the parents of Ron and Betty released a great deal of suppressed grief after the death of their grandson Jacob. This was more obviously true for their mothers. Betty describes her father as even more suppressed after Jacob's death. He is usually a very religious man, but has not attended church since his grandson's death and he refuses to talk about it.

Ron named Jacob after his brother who died. He believes this fact has made it more difficult for his mother because of the identification with her son. She did not openly grieve after Jacob's death, but in the last few

months she has begun to share her feelings about both her son's and her grandson's death.

### Similar/Dissimilar Religious Viewpoints

Ron and Betty were not participating in church at the time of Jacob's death. Their religious viewpoints had been discussed between them but their church life and spiritual pursuits were not high priorities in their relationship. After Jacob's death, this changed. Both described a need that developed in them after their son's death to reexamine their beliefs in order to help them find some meaning in this event.

Currently they have become involved in a church and they relate this decision to the changes they went through after Jacob's death. Both wish they had been in this church at the time of his death so they could have had a more supportive group of people to help them.

### Other Variables And Final Thoughts

Ron and Betty experienced several unpleasant events after Jacob's death which affected their grief process. Shortly after he died they lost their business and all of their money invested in it. This created financial pressures which resulted in having to deal with creditors

who were openly unsympathetic to their emotional circumstances.

During Jacob's life and after his death, Ron and Betty were remodeling a house. Ron recalls not having the emotional energy to oversee this project so he would agree with any decision presented him. Eventually he discovered the contractor had taken the money and not completed the work.

These events were adding emotional strain on this grieving couple. Ron and Betty were losing confidence that they could make good personal and financial decisions. Also, as mentioned in a previous section, Ron and Betty adopted a daughter after two months and had a son 11 months later. While these two additions brought joy into their lives, it was also a distraction, particularly for Betty, from the grief process.

Ron and Betty suggest other couples who experience the death of a child must find support with other couples who have had a similar experience. They strongly emphasize that couples cannot support each other all of the time. It must be acceptable for the individual spouses to have time to grieve individually.

### Couple 6: Scott and Debbie

Scott and Debbie's daughter was taking a nap at the babysitter's when she was discovered dead. Debbie arrived at the babysitter's shortly after Monica was discovered and because she was a nurse she quickly responded with resuscitation efforts. It was later that Debbie learned that a SIDS baby cannot be resuscitated.

Debbie had only minimal knowledge of SIDS that was learned during nurse's training. Scott had no knowledge. They have an older daughter and one subsequent son.

#### Level Of Satisfaction Prior To And After The Loss

Prior to Monica's death, Debbie and Scott report no marital problems and a high degree of satisfaction with the relationship. Because they had been married several years, they believe they had worked through the typical marital adjustments that come from blending different personality types. They had decided to have Monica at this stage in their life because their relationship was going so well and they were certain they wanted to continue the marriage.

In the initial stage after Monica's death, Scott and Debbie noticed little change in their level of marital satisfaction. Learning about SIDS helped them to know that

no one was to blame. This knowledge helped them support each other rather than accuse one another.

Beyond the initial phase of grieving, Scott and Debbie continued to remain close to each other. They attribute this continued level of closeness in part to the fact that they immediately decided to have another child. Debbie became pregnant a month after Monica's death. They focused their energy on the pregnancy and caring for their new infant because they knew dealing with a new baby after Monica's death would be a trying emotional experience.

#### Similar/Dissimilar Grief Reactions

An important aspect to Scott and Debbie's different grieving styles was that Scott believed he was not as emotionally attached to the baby as was Debbie. Consequently, he responded more rationally than emotionally to the loss. This difference was not only a function of Scott and Debbie's different attachment levels, but it was also characteristic of their basic personality differences. Debbie is characteristically more expressive of her feelings than Scott. She valued talking about the experience. He preferred to keep the event a private matter.

Any conflicts over Scott and Debbie's different grieving styles was settled by talking about it. Debbie

recalls wondering if Scott was affected at all by Monica's death because he expressed so few feelings about the event. Scott asked Debbie to understand he was handling his grief differently and to give him the freedom to do so. Debbie began to understand that she and Scott would approach the loss differently and that could be acceptable.

#### Dependency On Each Other For Help

Debbie had an expectation that Scott would be there to help her and she was not disappointed. Scott did not have the same expectation of Debbie. The fact that the support went only from Scott to Debbie worked well because of Scott's lower level of attachment to the baby. Scott felt like he had ample support to offer Debbie because he was not drained from his own grief.

Debbie had friends and family from which to receive support and she recalls this being helpful to her. Scott did not lean on anyone and that was acceptable to him since he preferred to remain private about the death. There were no problems caused in the relationship due to the needs for support from each other or the need for support outside the relationship.

### Support As A Couple And Male/Female Support Differences

As a couple Scott and Debbie felt good about the support they received. As individuals Debbie believes she was attended to more because she was female. This again did not pose any problems for Scott because his needs were significantly less. He describes his circle of friends as mostly male and "men don't discuss children or home anyway." Scott did not need more to be said beyond "I'm sorry." Neither Scott or Debbie received any counseling after Monica's death.

### Previous Losses

There were no significant losses for this couple. Consequently the loss of Monica was not preceded by any other grief experiences.

### Similar/Dissimilar Religious Viewpoints

Scott and Debbie shared a similar religious viewpoint about their baby's death. This factor was a help for their relationship in that they could be emotionally closer because of the similarity rather than experience the potential distance caused by a disagreement.

### Other Variables And Final Thoughts

Debbie suggested three factors that were significant in helping her deal with the loss of Monica. The fact that she had an older daughter who had needs kept Debbie active and involved. Also the fact that she quickly became pregnant encouraged Debbie to take good care of herself physically. Finally, getting back to work became a positive factor for Debbie. Keeping active prohibited her grief from becoming depression.

Debbie and Scott suggest other couples be tolerant of each other's different grieving styles. Also they suggest that having some information about the grieving process can help a person understand what they are experiencing is appropriate and normal.

#### Couple 7: Jeff and Sara

Sara and Jeff's baby, Missy, died on a Sunday morning, Father's Day. Sara recalls waiting for Missy to cry for her food which she usually did at a predictable time. Finally Sara went into her room and found her dead. They drove themselves to the hospital and administered CPR along the way. They were questioned about possible child abuse before being told that Missy probably died from SIDS. Sara and Jeff

had only minimal knowledge of SIDS prior to their daughter's death. They have had one subsequent child.

#### Level Of Marital Satisfaction Prior To And After The Loss

Jeff and Sara report that before Missy died their relationship had been emotionally close and they had not encountered any "rocky roads." They describe some phases that the relationship went through after her death. There was an initial closeness after Missy died. They felt as if they must "stick together" to get through the ordeal. Sara believes this was an important time for Jeff because he had never experienced the death of anyone close. After the initial shock of Missy's death wore off, Jeff and Sara drifted apart and the communication in the relationship declined. At the one year anniversary of her death the level of satisfaction improved somewhat. However, at the one year mark Sara was pregnant again and consequently there was some new stress and tension added to the relationship.

The behavior that most improved in Jeff and Sara's relationship was an increase in their communication. Currently they describe their relationship as closer than it was during the year that followed Missy's death, but Sara thinks they do not communicate as freely as they did before the death. She describes a need to be cautious about the

things she says so as not to create uncomfortable feelings in either one of them.

### Similar/Dissimilar Grief Reactions

Sara describes Jeff as "very tight lipped" concerning Missy's death. Sara had been through previous losses which she believes helped her cope with this loss more openly. Jeff remembers not really knowing what he was feeling about Missy's death and he is continuing to be in this confused state. His approach at the time was to intellectualize her death as "one of those things that happens" and he recalls using his energy to make the best of a bad situation. Jeff took no time off from work but went back to get away from thinking about her death. Sara was frustrated with Jeff's silence. He was not as responsive to her as she needed nor was he open about himself. Sara eventually became difficult to approach because of some irritability and tension concerning her pregnancy. This stress created more distance.

Sara believes that their differences in grieving did create problems for their relationship because of the decline in their communication. Their emotional separation during this stage was described as each of them being in their "own world." Sara's need to talk and Jeff's need to

process the event nonverbally caused distance in the relationship.

### Dependency On Each Other For Help

Sara and Jeff recall having very few expectations of each other during their grieving period. They grew away from leaning on each other after the initial shock of Missy's death. Jeff did not ask for or receive support from outside the marriage. Sara leaned on one friend with whom she believed she could communicate well. She spent more time sharing her feelings with this friend than with Jeff. Sara also found more comfort with this friend than with her family.

Sara's need for support from her friend caused some tension in the marriage. Jeff became jealous of the amount of time Sara was spending on the phone talking about her feelings. Jeff did not understand why Sara needed to talk so frequently and so long about Missy's death. Although Jeff protested, Sara continued to look to others to help her through her grief.

### Support As A Couple And Male/Female Support Differences

For the most part, Sara and Jeff felt like they were supported well by their family, friends, and community.

They were helped both emotionally and functionally by their friends. Jeff and Sara agreed that Jeff's mother was more of a problem than a help. They describe her as acting socially inappropriately about the death which created more discomfort than support. At one point, Sara's mother-in-law suggested Sara must be to blame for Missy's death because she had also experienced the death of both of her parents. When confronted by Jeff and Sara, Jeff's mother would deny that her behavior was inappropriate.

Sara believes they were treated differently from each other by some groups and similarly by others. Sara's friends did not approach Jeff because of his quietness. As for mutual friends, she believes they were treated equally. Jeff did not feel any discomfort with being approached less because it fit well with his characteristic need for privacy. Sara is currently in counseling and finding it helpful.

### Previous Losses

As previously mentioned, Sara's parents have both died within the last eight years. In the previous generation, Sara's paternal grandparents lost two children. A daughter was born with a heart defect and died within two or three weeks of birth. Their son also had a heart problem and died

from drowning after a heart attack at age 14. Sara describes that part of her family as emotionally cold and consequently these deaths were not discussed. She believes the family handled their grief poorly. She does not know if their lack of closeness was because of the deaths or if they were not a cohesive family before and the deaths made matters worse. Sara is curious about this dynamic in her original family and plans to discuss her questions with an aunt with whom she is close.

When Missy died, both Jeff and Sara found out about deaths that had occurred that they did not know about. Jeff had an aunt whose child died from SIDS and Sara discovered a cousin whose child had died.

### Similar/Dissimilar Religious Viewpoints

The spiritual area has changed for Jeff and Sara. Before Missy died they described their religious life as a "sore subject." Sara was more committed to attending church than Jeff. Since the death they have mutually become more involved and describe this change as helping their marriage to grow closer.

### Other Variables And Final Thoughts

Two variables that Sara and Jeff believe affected their grief were Sara's previous losses and her subsequent pregnancy. The previous losses did help prepare Sara for the grief over her daughter but these losses had also drained a great deal of her emotional energy through the years. She is discovering now in her counseling that she is dealing with all of her losses. Although the pregnancy was stressful, Sara and Jeff found it helpful to know they were going to have another chance to raise a child.

Jeff and Sara suggest that other couples going through the loss of a child realize that it is appropriate to handle the event individually. They believe that there may be some distance in the relationship after the death but the couple should not panic and think they are falling apart. They also suggest there should be some balance in grieving individually and grieving together. Although it is still difficult for them, Jeff and Sara believe other spouses must talk openly with each other.

Finally they recommend that couples should not pin themselves down to a certain time frame to grieve. Sara is struggling with certain aspects of her parents' deaths which occurred several years ago. It is important to remember

that this kind of loss may take a very long time to work through.

#### Couple 8: Mike and Sally

Mike and Sally's SIDS baby was their first and a boy. They have subsequently had another male child. Sally was at work when the local community hospital called to say her son had been brought in and she needed to come right away. The babysitter had laid Jeffrey down and when she returned to change his diaper a few minutes later she discovered he was not breathing. The babysitter was a former nurse and immediately began CPR. When Sally arrived at the hospital, she was told by a physician that Jeffrey was dead on arrival. Sally had known nothing about Sudden Infant Death Syndrome and Mike had only heard the term. Jeffrey was born with a mild heart condition and consequently Mike and Sally assumed it was a failed heart that caused their baby's death. The diagnosis from the autopsy indicated that Jeffrey had died from SIDS.

#### Level Of Marital Satisfaction Prior To And After The Loss

Mike and Sally describe their marriage before Jeffrey's death as satisfying although they were in transition at the time of his death because they were new parents and Sally

had just returned to work. They were also experiencing stress because of not having a perfect baby. Although Jeffrey's heart condition was not thought to be life threatening, it created concern for Mike and Sally.

After the death, Mike and Sally recall withdrawing from each other. They believe this change was not because of a lack of satisfaction with each other, but was based on a need to deal with their pain individually. After attending a SIDS parent support group meeting, Mike and Sally began to more openly discuss their grief with each other. The initial withdrawal has decreased and they are currently feeling close to each other once again.

#### Similar/Dissimilar Grief Reactions

Mike describes himself as characteristically more withdrawn than Sally. He also experiences feelings with less intensity. This characteristic held true as the couple moved through their grief process. Mike's job required him to be out in the field a great deal and consequently he did not have much daily contact with people after Jeffrey's death. Sally generally talks more than Mike and she talked a great deal with people after the death. She was concerned that Mike needed to talk more than he did. Mike did not seem to mind his solitude.

Another difference in the expression of their grief was that Sally wanted Jeffrey's room left alone and none of his things touched. Mike preferred to change the room but being more "laid back" he deferred to Sally's intense desire to leave the room as it was.

Mike and Sally believed their different way of handling their grief was for the most part helpful to their relationship. Mike's easy going style allowed Sally to express her intensity without worrying that she would overwhelm him with her feelings.

#### Dependency On Each Other For Help

Mike and Sally did not recall specific expectations they had of each other after Jeffrey's death. They described themselves as leaning on each other for support but seldom would they need each other at the same time; there was a balance in their caretaking.

Both Mike and Sally leaned very little on others after their son died. No one really understood their grief except for other parents they met through the SIDS support group. Sally recalls feeling like she "had the plague." People at work would essentially ignore her because of their discomfort about what had occurred. There were days she would come home early because of the isolation she felt at

work. This feeling of alienation caused Mike and Sally to turn more toward each other. They believe this reciprocal support was beneficial to their relationship.

#### Support As A Couple And Male/Female Support Differences

Mike and Sally's general support as a couple came from their families and from a few friends. As mentioned in the previous section, the support from most of their contacts was poor.

Mike and Sally both agreed they were treated differently because of their gender. Sally suggested that generally people would respond to her more because of their belief that she was closer to the baby than Mike. She wished that others would have paid more attention to Mike because he was also hurting over the loss. Neither Mike or Sally had counseling except for the help they received in the SIDS support group.

#### Previous Losses

There were no significant personal losses for either Mike or Sally and only one loss in a previous generation. Sally's grandmother had a baby die, but it was not discussed in the family.

### Similar/Dissimilar Religious Viewpoints

The religious viewpoint of their grief experience was not an aspect that was discussed between Mike and Sally. Sally suggested that it was a topic that was "on the back burner." Neither believed they had a dissimilar viewpoint concerning Jeffrey's death.

### Other Variables And Final Thoughts

Because Jeffrey had a heart condition, Mike and Sally had difficulty accepting the SIDS diagnosis. The medical opinion was that there was no relationship between his heart problems and his death.

Another important variable for this couple was the poor treatment they received at the hospital. The insensitivity of the hospital personnel complicated the beginning of their grief experience.

Mike and Sally believe other couples need to be open to each other and talk about their feelings. Sally suggested that men need to be more open about their feelings since they experience as much loss as females. They also emphasized spending time with other couples who have been through the experience. They believe they have become emotionally closer to each other since Jeffrey's death but

they can understand how easy it would be for couples to become more emotionally distant.

Couple 9: Bill and Julie

Laura was Julie and Bill's first child. Julie went back to work when Laura was two months old. The first babysitter Julie chose did not work out and Laura had been going to the second sitter's a little over a week when the call came one afternoon that Laura had been laid down for a nap and then found dead. The paramedics came to the babysitter's and began treatment and then took her to the hospital where Julie was instructed to meet them. SIDS was not immediately given as the cause of death, but Julie had read an article about it and thought that could be the cause. Bill had no prior knowledge of SIDS. Julie and Bill have had one subsequent female child.

Level Of Marital Satisfaction Prior To And After The Loss

Julie and Bill describe their marriage before Laura's birth as very satisfying. At the time of her birth and at some points during the pregnancy they recall "drifting" from each other. They attribute this distance to the normal adjustment of adding a third person to their family. Bill remembered feeling neglected as Julie spent her energy

taking care of their daughter. Before Laura died, Bill and Julie were beginning to recover some of the closeness they had missed during the pregnancy and during those first few weeks after her arrival.

After Laura's death, Bill and Julie became significantly emotionally distant from each other. They began to intentionally spend less time with each other. Bill began staying out late at night and playing golf on the weekends. They were distancing themselves because of their different styles of grieving. At this point they believe their marriage has regained the emotional closeness they desire.

#### Similar/Dissimilar Grief Reactions

Julie immediately began to talk to people after Laura's death. She attended SIDS and other support group meetings as much as possible. Bill's response was to escape by drinking. These different approaches were damaging to the relationship because both Bill and Julie disliked how the other was coping. Bill viewed the death as a private matter. Julie was uncomfortable with Bill's drinking and with the amount of time he was spending away from her.

Bill was grieving alone and although he states he had learned to grieve this way during his previous losses, he

felt isolated. His mind has since changed and he has begun to go to SIDS support group meetings. He has since become active in the leadership of the organization. Bill has become able to express how he feels about his loss and will visit other couples who have experienced the death of a child from SIDS.

#### Dependency On Each Other For Help

Bill and Julie had initially thought they would be able to help each other through Laura's death. This expectation was not realized because of the emotional distance created by their different approaches to their grief. Consequently they leaned on each other very little for support.

Julie looked to her mother and father for a great deal of support. As previously mentioned, Julie also actively attended support group meetings. Bill had no family to turn to and did not involve himself with Julie's family. Both wish they had been able to share more with each other. As they reflect on those days after Laura's death, they know now they could not have been the total source of support for each other, but their extreme position of no support was damaging to their relationship.

### Support As A Couple And Male/Female Support Differences

The main source of couple support came from the SIDS support group after Bill finally became involved. Julie was disappointed in the lack of support she received from people at work. She recalls some of these people being emotionally damaging by making "stupid" comments.

Both agree they were treated differently as a male and female. Even in the SIDS parents group, Bill was approached immediately about being involved in the business aspect of the group while Julie received attention that felt more supportive.

At Julie's work place, although some people were not appropriate in their responses, they at least made an effort to see how she was doing. Bill was given the message that because he was a man he should forget the incident occurred. He recalls feeling like people would walk away when they saw him coming so they would not have to deal with him. Bill decided to move to a different section in his company to get away from the awkward pressure he was feeling.

### Previous Losses

Both of Bill's parents had died prior to Laura's death. His father died when he was a young child and his mother died two years before Laura died. He had a difficult time

grieving after his mother died. As mentioned earlier, Bill's previous losses did affect his grieving for Laura because he had developed such an isolating style of grieving which became unhealthy. Julie had experienced no losses prior to Laura's death.

Julie believes her great grandmother may have lost a baby to SIDS. The description of the death which has filtered through the generations suggests a typical SIDS death. She believes this loss was dealt with well. She suggests that parents in her great grandmother's generation were far more used to having children die. This same set of great grandparents had two other children die in accidents.

#### Similar/Dissimilar Religious Viewpoints

Bill reported that the religious aspect was not a strong issue for him. Julie came to believe that God must not have control over some things as opposed to believing that God chose for her daughter to die. The dynamic of the religious viewpoint of Laura's death did not have an impact on Bill and Julie's marriage.

#### Other Variables And Final Thoughts

The only other variable that has not been mentioned that affected Bill and Julie's grief was the question over

whether or not to have another child, and if so, when?

Julie did become pregnant two months after Laura's death and worrying about the pregnancy and the first few months of the new baby's life drained more energy from the couple.

Julie and Bill believe they are closer now than before Laura's death. They reached a crossroad after losing Laura which forced them to improve their relationship or possibly suffer permanent separation. They encourage other couples to try and share their grief feelings with each other, but not to develop too many expectations because each individual needs flexibility to grieve in their own way.

#### Couple 10: Brent and Barbara

When Brent and Barbara returned to Brent's parent's house after an evening out Barbara went to breastfeed their son Nate and found him dead. They began resuscitation efforts immediately but without success. The ambulance took an inordinately long time to arrive which added to the mounting frustration and panic. Nate was three months old when he died. Barbara and Brent's daughter was two and one-half years old at the time of his death and they have subsequently had another son. Both Brent and Barbara had some prior knowledge of SIDS from articles they had read in the newspaper.

Level Of Marital Satisfaction Prior To And After The Loss

Brent and Barbara recall feeling very satisfied during the immediate time prior to Nate's death. Brent recalls feeling happy because their lives together and separately were taking shape in a way both he and Barbara desired. He remembers telling Barbara that their lives at that point were "golden."

Barbara and Brent describe several stages they experienced in their marriage after Nate's death. Initially they recall feeling very close, almost clinging to each other for emotional security and support. Over the next several months they both became absorbed in their own pain to a point where they had very little to give one another. Near the six month anniversary of Nate's death, Brent and Barbara began to feel the closeness in their relationship return. Shortly after that time Barbara became pregnant. She historically experienced difficult pregnancies and consequently the couple's energy became focused on Barbara's prenatal care and dealing with the anxiety of a new infant. Since the baby has arrived, Barbara and Brent can now concentrate again on their relationship. In doing this they are becoming aware of dissatisfactions that have been avoided. Both have been feeling drained from the events of

the past few years and believe this loss of energy has affected their relationship. They do not now describe their relationship as having the closeness they desire but they are beginning to work at improving it.

### Similar/Dissimilar Grief Reactions

Brent and Barbara believe they dealt with Nate's death both similarly and differently. Both experienced a great deal of pain and did not hesitate in expressing their feelings. Brent believed that Barbara's pain must be greater because she had carried the baby for nine months and was therefore more attached. He did not, however, withhold his own feelings to accommodate Barbara in her grief, although Barbara was concerned that he had.

Brent felt more confused about his feelings of grief than did Barbara. She had written a paper on the grief process when she was in school and had an understanding of the progression of feelings one experiences during a loss. Even though Brent was not as academically aware of his grief he did not push himself to feel any differently even if the feeling was confusion.

The fact that Brent and Barbara were both attuned to their feelings helped their relationship even when they were experiencing different feelings. They were both respectful

of the other's need for self-care. For example, if an invitation for a social event was received and one did not care to participate, this wish would be honored. This couple cooperated with each other when grieving differently and this was helpful to their relationship.

#### Dependency On Each Other For Help

Barbara and Brent did not have expectations of each other after Nate's death. They put their needs from each other "on hold." Now they are beginning to have more difficulties in their marriage because the postponed expectations are beginning to surface and be examined by both of them.

Brent and Barbara went through stages in their ability to support each other after Nate's death. As mentioned earlier, there was an immediate supporting of each other after the death. During the next months, both experienced frustration at not being able to give to the other because of their own drained emotional resources. Both recognized this problem and attempted to not let it affect their relationship.

Barbara leaned more outside the relationship for support than Brent. Brent had some friends who were willing to listen to him but he chose not to discuss his feelings

with them for fear of them viewing him as a nuisance. It did not create problems for Brent that Barbara discussed Nate's death with others. It did trouble Barbara that Brent would not talk with others. She thought at times as if Brent was ignoring Nate's existence by his avoidance of talking about him. Brent's other motive for not discussing Nate's death was that he felt as if talking about it in informal conversation trivialized the death. He could not believe how anyone other than Barbara could understand the depth of his feelings and consequently if he were to talk about the death it would not be at his initiation but in response to someone's curiosity.

#### Support As A Couple And Male/Female Support Differences

As a couple Barbara and Brent had a few friends who were emotionally supportive and functionally helpful. Barbara's family was also very supportive. As individuals they were not aware of being treated differently. The most significant aspect of this question for Barbara and Brent was the lack of support they received from Brent's family. Brent describes his family as detrimental to their grieving process. Their lack of support created tension between Barbara and Brent even though they were both experiencing Brent's parents in the same way. Barbara put Brent in a

position of divided loyalty because she could not get the level of support she needed from him concerning how they were treating her. Brent resented this position he was in and was angry at Barbara for the expectations she held for him. This problem with Brent's family existed before Nate's death, but the event of his death magnified the issue. Neither Barbara or Brent have received counseling after Nate's death, but are planning to begin because of the recent problems they have encountered in their relationship.

#### Previous Losses

Barbara's grandmother died shortly prior to Nate's death. Barbara responded with a great deal of sadness to this death, but she felt good that her grandmother had lived a long, full life. She believes she had worked through her grief for her grandmother before Nate's death. Another significant loss for Barbara was that of her uncle who committed suicide. Barbara had grief that was unresolved from this loss because of the nature of the death and because she was young and excluded from the funeral.

There were several infant deaths in the previous generation for both Barbara and Brent. Barbara's mother had a miscarriage at six months of pregnancy. The general openness in Barbara's family allowed her mother to deal with

the loss when it occurred and to share with her subsequent children her feelings about this experience.

Brent's mother had two miscarriages and one stillborn who has a surviving twin. Brent's family is closed to the discussion of emotionally laden subjects. Brent learned of these losses only a few years ago. He believes his mother handled these deaths poorly and continued to handle her grief poorly as she dealt with Nate's death. As mentioned earlier, her grief response has created difficulty for Brent and Barbara.

#### Similar/Dissimilar Religious Viewpoints

Initially after the death, Brent and Barbara felt a spiritual closeness with each other that they had not experienced before Nate's death nor in the months following his death. They both felt a sense of "transcendence" in the hours after he was discovered dead. The feeling was a sense of certainty that Nate was with God. They believe this similarity in their spiritual viewpoint was helpful in getting them through the first few hours after his death.

Currently they do not feel a spiritual similarity between themselves. Barbara has historically found more meaning in her religious upbringing than has Brent. Brent

is struggling to find spiritual answers in general terms as well as in his questions about Nate's death.

In the months that followed their son's death both Brent and Barbara recall a strong urge to end their own lives. This thought of suicide was based on a religious belief that they could be reunited with their son if they could die. Both also agree that the other motivation to end their lives was to end the intense pain they were experiencing.

#### Other Variables And Final Thoughts

Brent and Barbara believe their grieving period has been extended by the subsequent events they have experienced. Specifically, Barbara's subsequent difficult pregnancy and delivery became life threatening for her because of a rupture in the uterine wall. She was hospitalized after the delivery for a longer than normal time. Their new son is healthy but continues to be on a monitor because of the sibling SIDS death. Barbara and Brent have had to postpone dealing with many of their grief feelings because of their need to attend to current circumstances.

In suggesting help for other couples, Barbara and Brent state that couples must learn to set limits for themselves

and stick with them. Barbara wishes she and Brent had set a year aside to deal with their grief and during this time she would have liked to be more firm about saying no to expectations from others.

This couple also suggests that a bereaved couple must be careful to not be hard on themselves. Barbara has learned to be more forgiving of herself when she is impatient with her daughter. Brent learned not to create an emotional hardship on himself by exposing himself to other babies when he was in the early stages of his grief. Both Barbara and Brent found it helpful to meet with other couples in a support group.

#### Summary of Responses of the Couples to the Research Questions

The research questions will be reviewed and a summary of the couple's responses will be offered. A summary of the quantitative responses is found in Appendix B.

1. How was the couples level of marital satisfaction or dissatisfaction prior to the loss affected by the loss of their child? Eight of the couples reported a satisfying marital relationship prior to the death of their child. Of the two couples who described their relationship as unsatisfying, one couple reported a good relationship prior

to the birth of premature twins which suggested their relationship was dissatisfying after this birth because of medical and financial stress. The other dissatisfied couple described a relationship with emotional distance but without hostility.

Of the eight couples with satisfying relationships, four reported a decrease in the level of satisfaction during the majority of the acute grief period and all but one reported a return to the previous level of satisfaction at the time of the interview. Three couples reported no change in their level of marital satisfaction during the grief period or at the time of the interview. One of the couples with a satisfying relationship prior to the death reported an even higher level of satisfaction both during the grief period and at the time of the interview.

Of the two couples whose relationship was unsatisfying prior to the child's death, one continued to worsen and then improved while the other began to improve and was even more improved at the time of the interview. Only one of the couple's reported a lower level of satisfaction at the time of the interview than prior to the death.

2. How was the relationship affected by similar or dissimilar grief reactions? Seven of the couples reported handling their grief in different ways. Three of the

couples expressed their grief both in different and similar ways. None of the couples described their grief reaction in only similar ways. Of the three who shared some similarity in their expression of grief all believed this similarity had a positive effect on the relationship. The dissimilarities in these couple's grieving affected one couple not at all, one couple positively, and one couple negatively.

Of the seven couples who expressed a dissimilarity in their grieving styles, four found this difference to affect their relationship negatively and three believed it had no effect on the relationship.

3. How was the couple's marriage affected by their dependence or lack of dependence on each other through the grief process? Seven of the couples did not look to each other for support after the death and five of these couples experienced a negative effect by not being able to support each other. Of the three couples who did lean on each other, two did not experience an effect on their relationship and one couple experienced a positive effect.

None of the males looked to others outside the marriage for emotional support. Seven of the females did look to others for support. Two of the couples experienced a

negative effect on the marriage because the women looked to others for support.

4. Were the reactions of family, friends, and the community supportive to the couple and did the spouses experience any difference in support because of their gender? Seven couples did not receive helpful support from others through their grieving period. Eight of the couples believed the male was given less support than the female.

5. How was the grief process affected by previous losses of the couple and were there losses in the previous generation, particularly infant or child deaths, that have affected the couple because the loss was not handled well by that generation? Each of the males interviewed had experienced the loss of a significant person in their life prior to the death of their child. Three of these men believed their previous loss experience made their current loss more difficult to deal with. Two of the women reported significant losses and both believed these losses created difficulty for them in their current grieving.

Four of the men knew of child or infant deaths in the previous generation. Two of these men believed the losses were not handled well by the parents involved. Two were unsure of the effect. Seven of the women were aware of child or infant deaths in the previous generation. Two of

these believed the deaths were handled poorly, two believed the loss was handled well, and four were unsure.

6. How did the couple's similar or dissimilar religious or spiritual view of their child's death affect their marriage? Seven couples had a similar religious viewpoint of their child's death and six of these couples believed their similarity on this issue affected their relationship positively, while one couple thought their similar view did not have an effect. None of the couples described a dissimilar religious view and one couple experienced both a similar and different view. Their similar view had a positive effect and the different view did not have an effect. Two of the couples had not considered the religious aspect of their child's death a significant issue.

## CHAPTER V

### SUMMARY, INTERPRETATION OF RESULTS, IMPLICATIONS AND RECOMMENDATIONS

The previous chapters included an introduction to the study, a review of related literature, the methodology, and a presentation and summary of the case studies of the bereaved couples. This final chapter includes a summary of the study, interpretations of the results, implications for marriage and family therapists, and recommendations for future research.

#### Summary

The death of a child is known to be a devastating event on the surviving family members. The purpose of this study was to examine the marriage of the parents who have experienced the death of a child in order to gain an understanding of the impact the child's death has on the marital relationship.

Parents whose child died from Sudden Infant Death Syndrome (SIDS) were interviewed for this study. SIDS is the leading cause of death among infants in this country. The cause of SIDS is unknown. SIDS was chosen as the cause

of death because the remarkable consistency in the manner of death would offer a degree of control to the study.

Ten couples from the Fort Worth-Dallas area were interviewed using a moderately structured interview format. To be considered for the study the couple must have been married for at least three years and the death of the child must have occurred between 18 months and four years at the date of the interview.

### Interpretations of Results

Based on the information gained through the interviews, the following conclusions and interpretations are offered in response to research questions:

Question 1: How was the couple's level of marital satisfaction or dissatisfaction prior to the loss affected by the death of the child?

The majority of couples interviewed did experience a change in the satisfaction in their marital relationship as a result of the death of their child. These changes most often occurred in stages. Often the couple would feel an immediate closeness and then a growing distance and finally a return to the previous level or a better level of satisfaction. It appeared the distance experienced during

the grieving period was usually the result of a need to grieve differently and often alone. All of these couples continued in their marriage but many of them could understand how the emotional distance caused by a child's death could lead to permanent separation.

Question 2: How was the relationship affected by similar or dissimilar grief reactions?

All of the couples grieved differently. For some this caused a problem in the marriage and for others it did not. The key to whether or not this created problems seemed to be a matter of how psychologically and socially adaptive the individual grieving styles were and how accepting the spouses could be of the other's different style. Those who recognized and accepted the differences were not affected negatively in the marriage. Those couples who failed to talk about their differences drifted apart emotionally and this separation threatened the relationship. Every couple described the most common difference in their grieving style as being a higher verbal level of emotional expressiveness by the female, while the male either intellectualized the experience or withdrew into silence.

Question 3: How was this couple's marriage affected by the dependency or lack of dependency on each other through the grieving period?

There was a mixed response to this question. Some couples chose not to lean on each other for support and this decision had a positive effect on the relationship by not creating more of a burden on the spouses. Several couples did not lean on each other, but in doing so drifted to a dangerous distance which created a negative effect on the marriage.

None of the men sought others for help. This choice would be consistent with the general grief reaction of silence or intellectualization. All of the men were quick to point out that they did feel pain, but chose to deal with their pain internally and alone.

Question 4: Were the reactions of family, friends, and the community supportive to the couple and did the spouses experience any difference in support because of their gender?

Very few of the couples found their other relationships supportive to them in their grief. Almost all of the individuals had one or two close friends who were helpful. The others who responded were not supportive and were

sometimes damaging or even cruel. This lack of support caused some of the couples to look back to each other for support. When family members were nonsupportive, this often created a position of "divided loyalty" for the spouse related to the unsupportive family. For some, this dynamic caused problems in the marriage.

Eight of the respondents believed the male partner was less supported. Most suggested this dynamic was due to a belief that the man was less bonded to the baby and consequently in less pain over the loss. For most of the men this lack of support was troubling, but for a few it was helpful because of their preference to grieve privately.

Question 5: How was the grief process affected by previous losses of the couple and were there losses in the previous generation, particular infant or child deaths, that have affected the couple because the loss was not handled well by that generation?

Those who had experienced previous losses experienced complications in their current grieving time because of the loss of emotional resources. They felt lacking in the emotional energy needed to deal with their baby's death.

Eleven of the twenty respondents were aware of losses in the previous generation. Only two believed these losses

were handled well. Some believed the fact they were unaware of how these deaths were handled indicates the possibility they were not dealt with well. For some, the poor modeling of grieving affected their own ability to grieve.

Question 6: How has the couple's similar or dissimilar religious or spiritual view of their child's death affected their marriage?

The couples who shared a similar religious view found this dynamic to have a positive consequence on the marriage. Many believed the shared viewpoint was the only commonality in their grief reaction.

#### Interpretation of Additional Data

Information that was not specifically sought through the research questions was obtained during the interview sessions. This information will now be discussed and interpretations of the data will be offered.

Only three of the ten infants whose cases were researched for this study died at home while under their parent's care. Of the three who died at home, two died on Sunday and would have been in child care had the child died on a week day. Six of the seven infants who died at a babysitter's did so during a week day while the parents were

at work. The other infant died in the care of the grandparents while the parents were out for evening.

The fact that their child died in someone else's home had different effects on the parents. Some parents experienced a feeling of guilt because their child was not at home and under their care. For others, there was a sense of relief that they were not having to deal with what they believed their reaction would have been if they had been the person to find their child dead. The parent's reactions to the babysitters were mixed. Most parents were forgiving of their babysitters upon learning of the irreversibility of SIDS. A few of the parents harbored ill feelings toward the babysitters while holding that such a reaction was probably irrational.

Eight of the couples conceived subsequent children. All of these couples conceived their subsequent child within the first year of their previous child's death. Some of the pregnancies were specifically intentional while the rest of the parents reported their pregnancies as the result of either neglecting precautions or not particularly caring whether they conceived or did not conceive. Many of the parents believed their intentional efforts or their benign neglect that resulted in a quick pregnancy was an effort to replace their baby or diffuse the pain of their loss. Three

of the couples believed the subsequent pregnancy was damaging to their grief process and consequently to their overall emotional state. Some of the couples were unsure of the effect the pregnancy had on their grief. Some of the couples found their subsequent pregnancy helpful to their emotional state.

#### Implications for Marriage and Family Therapists

Based on the data generated from the study, the researcher suggests the following clinical implications for marriage and family therapists:

1. Therapists should be aware that the bereaved couple's relationship may go through stages relative to their level of marital satisfaction or emotional closeness. It is most common for couples to experience a period of emotional separation during the acute stage of grief. It appears that many spouses need time to grieve individually. Therapists can help couples separate appropriately during this phase by explaining the importance of grieving individually.

2. Marriage and family therapists should expect the grieving spouses to have dissimilar styles of grieving. Grieving styles should be assessed by the degree of healthiness for the individual. Couples need encouragement

to discuss their different styles to avoid their temptation to make assumptions about the other's feeling state.

3. Couples who are grieving need the freedom to not lean on each other for support. Many will be able to perform this supportive function for each other, but high expectations to do so can create marital problems. Many couples will need outside support to decrease the burden they share. Support groups are generally an excellent form of outside support.

4. Bereaved couples need to realize their friends, family, and community may not always be helpful to them in their grief. Marriage and family therapists should assist the couple in dealing with their anger at others, particularly family members. Therapists should ask what negative messages have been given to the couple by others.

5. Marriage and family therapists should include a history of personal and family losses in their clinical approach. Current grief may be complicated by unresolved grief which may ultimately affect marital functioning.

6. Marriage and family therapists must provide an opportunity for the couple to discuss their religious or spiritual beliefs concerning their child's death. Most parents will be examining this aspect of their child's death

and a similarity of viewpoints may be a helpful emotional resource for the couple's relationship.

#### Recommendations For Future Research

This study focused on the relationships of bereaved couples who had remained married. Future research should include the study of parents who chose to terminate their marriage after the child's death.

The results of this study indicate a strong tendency for spouses to grieve differently. A common feature of these differences was in the ability or willingness of the spouses to express feelings. This researcher suggests that an examination of grieving patterns be studied in comparison to personality types.

Finally, this type of research should be extended to bereaved parents whose children have died from causes other than SIDS. While the SIDS population offered desired controls, this type of sudden unexplained death may create dynamics that are limited to the population.

## REFERENCES

- Abraham, K. (1927). Selected papers on psychoanalysis. London: Hogarth.
- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders. Vol. III. Washington, DC: Author.
- Baker, T., Bergman, A., & Melton, J. (1974). Sudden unexpected death in infants. New York: MSS Information Corporation.
- Becker, E. (1973). The denial of death. New York: Free Press.
- Beckwith, B. (1978). The Sudden Infant Death Syndrome. (DHEW Publication No. HSA 78-5251). Rockville, Maryland: Health Service Administration.
- Bergman, A., Ray, G., Pomeroy, M., Whal, P., Beckwith, B. (1972). Studies of the Sudden Infant Death Syndrome in King County, Washington. III. Epidemiology. Pediatrics, 47, 860-870.
- Bertalanffy, L. von. (1968). General systems theory. Foundations, development, application. New York: Brasiller.
- Biller, C. (1971). Father, child, and sex role. Lexington, Mass: D.C. Heath.
- Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson.
- Bowlby, J. (1980). Attachment and loss: Loss, sadness, and depression, Vol III. New York: Basic Books.
- Boszormenyi-Nagy, & Sparks, G. (1973). Invisible loyalties. New York: Harper & Row.
- Cain, A. (1979). The impact of Sudden Infant Death Syndrome on families: Some lessons from our recent past. Summary of Proceedings: National Conference on Mental

Health Issues Related to Sudden Infant Death Syndrome  
(pp. 65-78). Rockville, Maryland: Public Health Service.

Cook, T. & Campbell, D. (1979). Quasi-Experimentation.  
Design & analysis issues for field settings. Boston:  
Houghton Mifflin Company.

Cornwell, J., Murcombe, B., & Stevens, L. (1977). Family  
response to loss of child by Sudden Infant Death  
Syndrome. Medical Journal of Australia, 1, 656-658.

Defrain, J., & Earnst, L. (1978). Psychological effects of  
Sudden Infant Death Syndrome on surviving family members.  
Journal of Family Practice, 6, 985-989.

Dell, P., & Goolishian, H. (1979). Order through  
fluctuation: An evolutionary epistemology for human  
systems. Paper presented at the Annual Scientific  
Meeting of the A.K. Rice Institute, Houston, Texas.

Donnelly, K. (1982). Surviving the loss of a child. New  
York: Macmillan Publishing Company.

Engle, G. (1961). Is grief a disease? A challenge for  
medical research. Psychosomatic Medicine, 23, 18-22.

Fossum, R. (1984, October). Why the autopsy? In, A child  
dies. Symposium conducted by Harris Hospital-Methodist,  
Fort Worth, Texas.

Frantz, T. (1984). Helping a parent whose child has died.  
In J. Hansen (Ed.), Death and grief in the family  
(pp. 11-26). Rockville, Maryland: Aspen Systems  
Corporation.

Freud, S. (1917). Mourning and melancholia. Standard  
Edition, Vol. XIV. London: Hogarth.

Fulton, R., Gottesman, D., & Owen, G. (1982). Loss, social  
changes, and the prospect of mourning. Death Education,  
6, 137-153.

Funk & Wagnalls. (1982). New comprehensive international  
dictionary. Ferguson Publishing Company.

✓ Goldenberg, I., & Goldenberg, H. (1983). Historical roots  
of contemporary family therapy. In B. Wulman & G.

- Stricker (Eds.), Handbook of family and marital therapy (pp. 77-89). New York: Plenum Press.
- Gordon, R. (1969). Interviewing: Strategies, techniques, and tactics. Homewood, Illinois: The Dorsey Press.
- Guntheroth, W. (1982). Crib death. Mount Kisco, New York: Futura Publishing Company, Inc.
- Hare-Mustin, R. (1979). Family therapy following the death of a child. Journal of Marital and Family Therapy, 5, 51-60.
- Helmrath, T. & Steinitz, E. (1978). Death of an infant: Parental grieving and the failure of social support. The Journal of Family Practice, 6, 785-791.
- Hoffman, L. (1981). Foundations of family therapy. New York: Basic Books.
- Horowitz, M. (1980). Pathological grief and the activation of latent self-image. American Journal of Psychiatry, 137, 1157-1162.
- Kubler-Ross, E. (1969). On death and dying. New York: Macmillan.
- Kushner, H. (1981). When bad things happen to good people. New York: Schocken Books.
- Lamb, M. (1976). The role of the father in child development. New York: John Wiley.
- Lindemann, E. (1944). Symptomology and management of acute grief. American Journal of Psychiatry, 101, 141-149.
- Lynn, D. (1974). The father: His role in child development. Monterey, California: Brooks-Cole Publishers.
- Mandell, F., McAnulty, L., & Reece, R. (1980). Observations of paternal response to sudden unanticipated infant death. Pediatrics, 65, 221-225.
- McLain, R., & Weigert, A. (1979). Toward a phenomenological sociology of family: A programmatic essay. In W. Burn, R. Hill, F. Nye, I. Reiss (Eds.)

Contemporary Theories about the family Vol. II. New York: The Free Press.

Nikolaissen, S., & Williams, S. (1982). Sudden Infant Death Syndrome: Parents' perceptions and responses to the loss of their infant, Research in Nursing and Health, 5, 55-61.


Norton, S. (1985, October). Brain stem research. Sudden Infant Death Syndrome Seminar for Parents and Professionals. Symposium conducted by The SIDS Counseling and Information Project, Dallas, Texas.

Parkes, C. (1972). Bereavement: Studies of grief in adult life. New York: International Universities Press.

Parkes, C. (1975). Determinants of outcome following bereavement. Omega, 6, 303-323.

Paul, N., & Paul, D. (1975). A marital puzzle. New York: W.W. Norton.

Schiff, H. (1977). The bereaved parent. New York: Penguin Books.

Taylor, S., & Bogdon, R. (1984). Introduction to qualitative research methods (2nd ed.). New York: John Wiley & Sons. 

Valdes-Dapena, M. (1981). Sudden Infant Death Syndrome: A review of the medical literature. (DHHS Publication No. HSA 81-5271). Rockville, Maryland: Health Service Administration.

Videka-Sherman, L. (1982). Coping with the death of a child: A study over time. American Journal of Orthopsychiatry, 4, 688-698.

Wordon, W. (1982). Grief counseling and grief therapy. New York: Springer Publishing Company.

Wright, S. (1985). An existential perspective on differentiation/fusion: Theoretical issues and clinical application. Journal of Marital and Family Therapy, 11, 35-46.

Yalom, I. (1980). Existential psychotherapy. New York: Basic Books.

Zoe, S. (1978). Observations on immediate reactions to sudden infant death. Pediatrics, 62, 160-165.

## APPENDICES

APPENDIX A

Questionnaire and Structured Interview

STRUCTURED INTERVIEW AND QUESTIONNAIRE  
PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number H: \_\_\_\_\_ W: \_\_\_\_\_

Occupations (1): \_\_\_\_\_

(2): \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Sex and Ages of Living Children \_\_\_\_\_

Sex and Age of Child Who Died \_\_\_\_\_

Birth order position of child who died \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Previous Marriages (1) \_\_\_\_\_

(2) \_\_\_\_\_

Date of Divorce(s) (1) \_\_\_\_\_

(2) \_\_\_\_\_

INTERVIEW

I. Introduction and General Questions

- A. Explanation of the study
- B. Assurance of confidentiality
- C. Questions about how the couple feels about participating in the study.
- D. Solicit description of their child and the SIDS event.

- E. Solicit information regarding the couple's knowledge of SIDS prior to and after the loss of their child.

II. Level of Marital Satisfaction/Dissatisfaction Prior to the Loss

- A. How would you describe the level of satisfaction in your marriage prior to the death of your child?
- B. Since the loss, has the level of satisfaction or dissatisfaction in your marriage stayed the same or changed? If there has been a change, have the changes occurred in stages? Explain.

III. Similar/Dissimilar Grief Reactions

- A. Did you react to the loss of your child in similar or different ways from each other?
- B. How did your similar or dissimilar reactions affect your relationship?

IV. Dependency On Each Other For Help

- A. What expectations did you have from each other after your child died?
- B. How much did you lean on each other for support after your child died?
- C. How much did you lean on others for support?
- D. How did your leaning on each other or others affect your marriage?

V. Support As A Couple And Male/Female Support

Differences

- A. Describe your experience as a couple with the type of support you received from your family, friends, and community.
- B. Were you in any way treated differently in terms of the support you received by your family, friends, and community?
- C. Did you have counseling either together or individually, and if so was it helpful?

VI. Previous Losses

- A. Have there been other significant losses you have experienced either individually or as a couple?  
How did these losses affect you?
- B. Have there been losses in your extended family or in previous generations which have affected you?
- C. Were any of the losses mentioned above not handled well in your opinion?

VII. Similar/Dissimilar Religious Viewpoints

- A. Did you as a couple share a similar religious or spiritual viewpoint about the death of your child?  
Explain.

- B. How did your similar or different religious viewpoint of your child's death affect your marriage?

#### VIII. Other Variables

- A. What other factors have played a part in your experience of losing a child to SIDS?
- B. How have these factors affected your relationship?
- C. What suggestion would you have for other couples who might experience SIDS especially as the experience affects their marriage?

## APPENDIX B

### Summary of Quantitative Responses

## SUMMARY OF QUANTITATIVE RESPONSES

- I. a. Did the couple report that prior to the death of their baby they found their relationship to be:

	<u>Satisfying</u>	<u>Unsatisfying</u>
Couple 1	X	
Couple 2		X
Couple 3		X
Couple 4	X	
Couple 5	X	
Couple 6	X	
Couple 7	X	
Couple 8	X	
Couple 9	X	
Couple 10	X	

- b. During the grieving period, was the couple's level of marital satisfaction:

	<u>Getting Better</u>	<u>Getting Worse</u>	<u>Staying The Same</u>
Couple 1	X		
Couple 2		X	
Couple 3	X		
Couple 4			X
Couple 5		X	
Couple 6			X
Couple 7		X	
Couple 8			X
Couple 9		X	
Couple 10		X	

- c. At the time of the interview, when compared to the level of satisfaction prior to the death, had the couples marital satisfaction:

	<u>Returned To Or Remained At The Previous Level</u>	<u>Improved</u>	<u>Worsened</u>
Couple 1		X	
Couple 2		X	
Couple 3		X	
Couple 4	X		
Couple 5	X		
Couple 6	X		
Couple 7	X		
Couple 8	X		
Couple 9	X		
Couple 10			X

- II. a. Did the spouses have a similar and/or dissimilar grief reaction from each other?

	<u>Similar</u>	<u>Dissimilar</u>	<u>Both Similar and Dissimilar</u>
Couple 1		X	
Couple 2		X	
Couple 3			X
Couple 4		X	
Couple 5			X
Couple 6		X	
Couple 7		X	
Couple 8		X	
Couple 9		X	
Couple 10			X

- b. If their reaction was similar did this affect their relationship:

	<u>Positively</u>	<u>Negatively</u>	<u>Not At All</u>	<u>Not Applicable</u>
Couple 1				X
Couple 2				X
Couple 3	X			
Couple 4				X
Couple 5	X			
Couple 6				X
Couple 7				X
Couple 8				X
Couple 9				X
Couple 10	X			

- c. If their reaction was dissimilar, did this affect their relationship:

	<u>Positively</u>	<u>Negatively</u>	<u>Not at All</u>	<u>Not Applicable</u>
Couple 1			X	
Couple 2		X		
Couple 3			X	
Couple 4			X	
Couple 5		X		
Couple 6			X	
Couple 7		X		
Couple 8	X			
Couple 9		X		
Couple 10	X			

III. a. After the baby's death, did the couple lean on each other for emotional support?

	<u>Yes</u>	<u>No</u>
Couple 1	X	
Couple 2		X
Couple 3	X	
Couple 4		X
Couple 5		X
Couple 6	X	
Couple 7		X
Couple 8	X	
Couple 9		X
Couple 10		X

b. If "yes," did this affect the relationship?

	<u>Positively</u>	<u>Negatively</u>	<u>Not At All</u>	<u>Not Applicable</u>
Couple 1			X	
Couple 2				X
Couple 3	X			
Couple 4				X
Couple 5				X
Couple 6			X	
Couple 7				X
Couple 8	X			
Couple 9				X
Couple 10				X

c. If "no," did this affect the relationship:

	<u>Positively</u>	<u>Negatively</u>	<u>Not At All</u>	<u>Not Applicable</u>
Couple 1				X
Couple 2		X		
Couple 3				X
Couple 4	X			
Couple 5	X			
Couple 6				X
Couple 7		X		
Couple 8				X
Couple 9		X		
Couple 10		X		

d. Did the spouses look to others for emotional support?

	<u>Yes</u>	<u>No</u>
Couple 1		
Male		X
Female		X
Couple 2		
Male		X
Female		X
Couple 3		
Male		X
Female	X	
Couple 4		
Male		X
Female	X	
Couple 5		
Male		X
Female	X	
Couple 6		
Male		X
Female	X	
Couple 7		
Male		X
Female	X	
Couple 8		
Male		X
Female		X
Couple 9		
Male		X
Female	X	
Couple 10		
Male		X
Female	X	

e. Did looking to others affect the relationship:

	<u>Positively</u>	<u>Negatively</u>	<u>Not At All</u>	<u>Not Applicable</u>
Couple 1				X
Couple 2				X
Couple 3			X	
Couple 4			X	
Couple 5			X	
Couple 6			X	
Couple 7		X		
Couple 8				X
Couple 9		X		
Couple 10			X	

IV. a. Would the couple describe the general support as a couple as:

	<u>Helpful</u>	<u>Not Helpful</u>
Couple 1		X
Couple 2		X
Couple 3		X
Couple 4		X
Couple 5		X
Couple 6	X	
Couple 7	X	
Couple 8		X
Couple 9		X
Couple 10	X	

b. Did the couple believe they were supported differently because of their gender?

	<u>Yes</u>	<u>No</u>
Couple 1	X	
Couple 2		X
Couple 3	X	
Couple 4	X	
Couple 5	X	
Couple 6	X	
Couple 7	X	
Couple 8	X	
Couple 9	X	
Couple 10		X

V. a. Did the couple experience prior significant losses  
that affected their grieving?

	<u>Yes</u>	<u>No</u>	<u>Affected</u>	<u>Not Affected</u>
Couple 1				
Male	X		X	
Female		X		
Couple 2				
Male		X		
Female		X		
Couple 3				
Male		X		
Female		X		
Couple 4				
Male	X		X	
Female	X		X	
Couple 5				
Male	X			X
Female		X		
Couple 6				
Male		X		
Female		X		
Couple 7				
Male		X		
Female	X		X	
Couple 8				
Male		X		
Female		X		
Couple 9				
Male	X		X	
Female		X		
Couple 10				
Male		X		
Female	X			

b. Were there infant or child deaths in the previous generation?

	<u>Yes</u>	<u>No</u>	<u>Handled Well</u>	<u>Not Handled Well</u>	<u>Unsure</u>
Couple 1					
Male		X			
Female	X				X
Couple 2					
Male	X				X
Female		X			
Couple 3					
Male		X			
Female	X				X
Couple 4					
Male		X			
Female	X				X
Couple 5					
Male	X			X	
Female	X			X	
Couple 6					
Male		X			
Female		X			
Couple 7					
Male	X				X
Female	X			X	
Couple 8					
Male		X			
Female	X				X
Couple 9					
Male		X			
Female	X		X		
Couple 10					
Male	X			X	
Female	X		X		

VI. a. Did the couple have a similar and/or dissimilar religious viewpoint about the death of their child?

	<u>Similar</u>	<u>Dissimilar</u>	<u>Both Similar and Dissimilar</u>	<u>Insignificant</u>
Couple 1	X			
Couple 2	X			
Couple 3	X			
Couple 4	X			
Couple 5	X			
Couple 6	X			
Couple 7	X			
Couple 8				X
Couple 9				X
Couple 10			X	

b. If their viewpoint was similar did this affect their relationship?

	<u>Positively</u>	<u>Negatively</u>	<u>Not At All</u>	<u>Not Applicable</u>
Couple 1	X			
Couple 2	X			
Couple 3			X	
Couple 4	X			
Couple 5	X			
Couple 6	X			
Couple 7	X			
Couple 8				X
Couple 9				X
Couple 10	X			

c. If their viewpoint was dissimilar, did this affect their relationship:

	<u>Positively</u>	<u>Negatively</u>	<u>Not At All</u>	<u>Not Applicable</u>
Couple 1				X
Couple 2				X
Couple 3				X
Couple 4				X
Couple 5				X
Couple 6				X
Couple 7				X
Couple 8				X
Couple 9				X
Couple 10			X	