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The effect of (in)congruent grieving and grief intervention on marital satisfaction in bereaved parents

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August 2011

Master's thesis

Clinical and Health Psychology

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Abstract

Objectives: A longitudinal quasi-experimental study was conducted among bereaved couples, to examine the relationship between congruently and incongruently grieving couples and their ratings on marital satisfaction. Furthermore, the relative intervention efficacy on marital satisfaction was examined for congruent and incongruent couples who attended a mutual support group together.

Method: Couples (N = 27) completed the Dyadic Adjustment Scale and the Inventory of Traumatic Grief before and after ten mutual support group sessions. Use of ANOVA analyses enabled assessment of (in)congruent grieving and mutual support groups on marital satisfaction in couples.

Results: No statistically significant differences were found between congruently and incongruently grieving couples on marital satisfaction, although, fathers scored higher on marital satisfaction when the grief symptoms of their spouse were more intense ($p < .05$). Furthermore, mutual support group participation did not significantly increase marital satisfaction in bereaved couples. Interestingly, a significant ($p < .05$) interaction effect was found for Time x Group x Congruency on marital satisfaction, however, this effect was mainly caused by low baseline scores of congruent couples in the control group.

Conclusion: Couples' scores on marital satisfaction were not affected by congruent or incongruent grieving. Furthermore, mutual support groups were not found effective for bereaved parents with respect to marital satisfaction, regardless of whether parents grieve congruently or incongruently.

Acknowledgements

I am grateful to many people who supported me throughout this project. First of all, I'd like to thank Henk Schut and Maggie Stroebe for giving me the opportunity to enhance my knowledge and experience in the field of grief by participate in a study of the efficacy of bereavement intervention. From the start we planned my stay in Toronto, I have not only felt supported in my research ideas, but also in all the practical preparation. I thank Henk and Maggie for their enduring support from a distance, for their insightful and constructive comments and feedback, and for their sincere interest and enthusiasm.

Furthermore, I'd like to thank Stephen Fleming, who supervised me during my stay abroad. He helped me to get acquainted with York University and with the project. Moreover, he had me accompany him to several workshops, lectures, and arrangements with the collaborating organizations Bereaved Families of Ontario (BFO) and the COPING Centre.

In addition, I thank BFO and the COPING Centre for their assistance in the recruitment of participants for the study, and more importantly, for the valuable and well-needed work with which they provide the bereaved.

Last but not least, non-project related financial support from the Association for Canadian Studies in the Netherlands was greatly appreciated.

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Introduction

Parental bereavement is presumed to be one of the most severe, long-lasting and complicated forms of bereavement, with grief symptoms that fluctuate over time (Rando, 1989; Sanders, 1979-80). Not only have parents lost their child, they might also have lost their dreams, hopes, fantasies, expectations and wishes for that child (Buckle & Fleming, 2010). They have lost parts of themselves, each other, their future and their family the way they knew it (Rando, 1984). The loss of a child does not only affect the individual parent, but also the marital dyad, the family system, and the society (Rando, 1989). The fact that within a marital dyad both parents are confronted simultaneously by the same intense loss, makes parental bereavement even more complicated. The person to whom one would normally turn for support, also suffers severe pain and may be too distressed to provide adequate support. On the other hand, experiencing and sharing the same loss can also provide parents with feelings of mutual understanding and support, strengthening their relationship (DeFrain & Ernst, 1987) and may knit parents' lives more closely together (Fish, 1986).

Grief and the marital relationship

In general, stressful life events have been found to negatively influence the marital relationship (Itzhar-Nabarro, 2004). However, in the literature on grief and the marital relationship, evidence is inconsistent about whether the relationship between parents deteriorates or improves after the death of their child. A number of research efforts have been directed at attempting to demonstrate a relationship between parental bereavement and separation and divorce in the marital dyad. Although some studies found a higher frequency of separation and divorce in bereaved parents compared to non-bereaved parents (e.g. Lehman, Lang, Wortman & Sorenson, 1989; Najman et al., 1993; Rogers, Floyd, Mailick Seltzer, Greenberg & Hong, 2008), other studies found that bereaved parents were significantly more likely than non-bereaved parents to be married to or living with their child's other parent (Eilegård & Kreicbergs 2010) and that the marital relationship between parents had deepened and improved because of the death (e.g. Bohannon, 1990-91; DeFrain & Ernst, 1987; Helmrath & Steinitz, 1978; Schwab, 1998).

Thus, it remains unclear whether the death of a child increases marital dissatisfaction and subsequently puts parents at a higher risk for separation or divorce. It is obvious that dissatisfaction within the marital relationship *per se* increases the risk of separation, and in order to prevent or minimize additional pain in bereaved parents (caused by *e.g.* a divorce), it is important to investigate which factors contribute to marital dissatisfaction and strain, and how this can be eased.

Coping style and marital satisfaction

It has often been suggested that differences in the way both parents cope with the loss negatively influences the marital relationship (Fish, 1986; Schwab, 1992). Although it might be assumed that such differences may have beneficial effects on the marital relationship - by spouses complementing each others' reactions, helping each other through the process and supporting each other during this difficult time - the literature on differences in coping strategies within couples have proved otherwise. For example, Dijkstra and colleagues (1999) conducted a study on the relationship between differences in coping within couples ('discordance') and marital satisfaction. Their findings indicated a negative association between discordance and marital satisfaction: the more parents differed in their coping strategies, the less satisfied they were with their marital relationship.

Grief intensity and marital satisfaction

Beside differences in coping strategy within couples, it has often suggested that differences in the *intensity* of grief symptoms within couples, may lead to problems in the marital relationship as well. In the literature, the terms 'incongruent grieving' and 'congruent grieving' are generally used to describe these differences, whereby the former refers to parents who differ in the intensity of their grief symptoms, and the latter refers to parents whose grief symptoms are of the same intensity. Although it has often been suggested that incongruent grieving may lead to problems in the marital dyad, hardly any empirical studies have been conducted on this subject. The focus of most studies has been on (1) differences in grief symptoms and grief intensity within couples, and (2) the relationship between communication problems and marital dissatisfaction (see below).

Differences in grief intensity within couples

Numerous studies have tried to elucidate individual differences in the intensity of grief symptoms in bereaved couples. In the majority of these studies, mothers were found to exhibit more intense grief symptoms than fathers (Beutel et al., 1996; Bohannon, 1990-91; Büchi et al., 2007; Dyregrov & Matthiesen, 1987; Fish, 1986; Lang & Gottlieb, 1993; Murphy, 2008, Rando, 1989; Wijngaards et al., 2005). Only a few studies found no gender differences in intensity within bereaved couples (Büchi et al., 2009; Kamm, 1999; Vance, Boyle, Najman & Thearle, 1995). Despite these differences, it is valuable to note that commonalities are also often found within bereaved couples. For example, in a study on the relative impact of variables for predicting grief and depression among bereaved parents, Wijngaards-de Meij et al. (2005) found that, although parents did vary within a couple on the intensity of grief symptoms, these differences were smaller than the differences between couples of parents.

Communication problems and marital satisfaction

It has often been suggested that differences in the intensity of grief symptoms, leads to communication problems, such as misunderstandings, erroneous interpretations of each others' behavior or lack of communication (Farrugia, 1996; Osterweis, Solomon & Green, 1984; Rando, 1989). In addition, communication has been found to have a positive effect on the marital relationship in bereaved parents by a number of studies (e.g. Dyregrov & Matthiesen, 1987; Gilbert, 1989; Kamm, 1999; Kamm & Vandenberg, 2001; Peppers & Knapp, 1980). In a study on the relationship between spousal communication about the death of a child and marital satisfaction, Kamm (1999) was able to show a positive correlation for women between grief-related communication and marital satisfaction within the marital dyad. More communicative women showed significantly greater satisfaction in their marriage, whereas for men no such relationship was found. Additionally, Dyregrov and Matthiesen (1987) concluded that parents who reported greater difficulty in having conversations with one's spouse following the death of their child, were more likely to report to be growing apart in their marriages. Similarly, Gilbert (1989) has pointed out the importance of open communication, which would improve couple's understanding of their grieving differences, increase the accuracy of interpretations of each other's behavior and, consequently, enhance marital satisfaction. In the same case study under bereaved parents, Gilbert (1989) found that couples who were able to grief in each other's company and who were physically available to each other when hugging, touching, or talking was needed, were exposed to more information about their spouse's grief and therefore more able to accurately interpret each other's behavior.

In sum, it has often been suggested that differences in the intensity of grief symptoms between spouses may lead to problems in the marital dyad, due to communication problems. However, most studies only focused on the relationship between communication and marital satisfaction, and therefore failed to demonstrate the actual relationship between incongruent grieving and marital satisfaction. This study will attempt to determine the relationship between incongruent grieving and marital satisfaction, by which it was expected that incongruently grieving parents would experience a lower level of marital satisfaction than congruently grieving parents *(hypothesis one).*

<u>Mutual support groups and marital satisfaction in incongruently grieving parents</u>

Besides investigating factors that contribute to marital dissatisfaction, it is equally important to explore ways that can ease the marital strain. As cited above, it has often been assumed that incongruent grieving leads to communication problems within couples, such as misunderstanding, erroneous interpretations of each others' behavior or lack of communication, and therefore to problems in the marital relationship. Given the important role communication plays in marital satisfaction, improving communication in couples may have a positive effect on the marital relationship. Mutual support groups for bereaved couples are often designed to normalize and explain certain grief reactions and to create a safe platform where open communication is encouraged (see for example Hopmeyer & Werk,

1994). Although mutual support groups may have a beneficial effect on the marital relationship by improving communication, few studies have focused on the effect of mutual support groups in bereaved parents and couples, and even less on the effect of mutual support groups in bereaved parents and couples on marital satisfaction specifically (see below).

Efficacy of intervention programs for bereaved parents/couples

As Murphy and colleagues remarked over a decade ago, remarkably few attempts have been made to scientifically evaluate intervention programs specifically designed for bereaved parents (Murphy et al., 1998; Murray, Terry, Vance, Battistutta & Connolly, 2000) or for bereaved couples in particular (Forrest, Standish, & Baum, 1982; Lilford, Stratton, Godsil & Prasad, 1994; Murphy, 2006). More recent research on the effect of intervention programs for bereaved parents or couples is currently lacking.

Of the efficacy studies that *did* conform to the rules of scientifically sound research, almost none could demonstrate an overall long-lasting psychosocial improvement for bereaved parents after intervention. The two exceptions are studies conducted by Murphy et al. (1998) and Murphy (2006). In the first study, Murphy et al. (1998) found that highly distressed mothers in the intervention condition did significantly better than highly distressed mothers in the control condition on the following outcome measures: mental distress, post-traumatic stress and loss accommodation. No significant intervention effects were found for fathers or lesser distressed mothers. In the second study (Murphy, 2006), the results indicated a significantly improvement for mothers in the intervention group on mental distress and posttraumatic stress disorder (PTSD), compared to mothers in the control group. This improvement sustained until two years after the intervention. Fathers who received intervention did not significantly differ from fathers who did not receive intervention.

Efficacy of intervention programs for bereaved parents/couples on marital satisfaction

When marital satisfaction is considered as an outcome measure in efficacy studies, the results are inconclusive as well. Although Murray et al. (2000) were able to show a significant increase in marital satisfaction for individual parents (not couples) who received intervention, but only in parents who were considered as being at high-risk of developing grieving difficulties, Videka-Sherman and Lieberman (1985) were unable to find any significant differences in marital roles, strain, or satisfaction between the control and experimental group at all. More surprisingly, Murphy et al. (1998), demonstrated a non-significant negative effect of intervention on marital quality at 6 months post-intervention in a study of mothers who had been highly distressed at the outset of the study.

In sum, few studies have been conducted on the effect of mutual support groups in bereaved parents and couples, as well as efficacy studies that include marital satisfaction as an outcome measure, so no conclusions can yet be drawn about the effect of intervention programs for bereaved parents or couples on marital satisfaction specifically. However, intervention programs for bereaved

couples are often designed to normalize and explain certain grief reactions and to create a safe platform where open communication is encouraged. Considering the positive relationship between communication and marital satisfaction in general, it is plausible that mutual support groups may have a beneficial effect on marital satisfaction in bereaved couples. Therefore, it was expected that bereaved parents who participated in a mutual support group would report a higher level of marital satisfaction compared to bereaved parents who did not attend any mutual support groups *(hypothesis two)*. In addition, assuming more open communication and a better understanding of differences in expression of grief are more needed in incongruently grieving parents than in congruently grieving parents, it was expected that incongruently grieving parents would benefit more from mutual support group participation than congruently grieving parents *(hypothesis three)*.

The current study

The aim of this study is to investigate the effect of incongruent grieving and mutual support group intervention on marital satisfaction in bereaved parents. Specifically, this study attempts to: (1) determine whether incongruently grieving parents are less satisfied with their marital relationship than congruently grieving parents, (2) investigate the effect of mutual support group intervention on marital satisfaction in bereaved parents, and (3) explore the intervention efficacy for incongruently grieving parents versus congruently grieving parents on marital satisfaction. Based on the tentative conclusions drawn from previous studies, three hypotheses were advanced. First, incongruently grieving parents were expected to experience a lower level of marital satisfaction than congruently grieving parents. Second, it was expected that bereaved parents who participated in a mutual support group would report a higher level of marital satisfaction compared to bereaved parents who did not attend any mutual support groups. Third, incongruently grieving parents were expected to benefit more from mutual support group participation than congruently grieving parents.

Method

Design

A longitudinal quasi-experimental study was conducted, comparing congruently grieving couples with incongruently grieving couples on their ratings of marital satisfaction. In order to evaluate the relative intervention efficacy for bereaved couples on marital satisfaction, pre- and post-intervention levels of marital satisfaction in couples who attended a mutual support group and in couples who did not attend a mutual support group were compared. Within the group of couples who attended a mutual support group, comparisons were made between incongruently and congruently grieving couples.

Participants

This study made use of the data of an ongoing investigation on the efficacy of mutual support groups for bereaved parents (see Fleming, Schut & Stroebe, 2007). This longitudinal study has taken place as a collaboration between York University, in Canada, Utrecht University, in The Netherlands, and the organizations *Bereaved Families of Ontario (BFO)* and the COPING (Caring for Other People in Grief) Centre. At the start of the current study, the total sample of the ongoing study was 205 parents and included 49 couples. However, of these 49 couples, 22 couples were not included in the current analysis, either because data at post-intervention was lacking from one or both parents (N = 25), or because one parent did not complete the Inventory of Traumatic Grief (ITG: see below; N = 1).

The actual sample was composed of 27 couples. Of these couples, 21 participated in the experimental group and 6 in the control group. In order to categorize the couples in either the 'congruent' or the 'incongruent' group, the total score of the ITG was calculated for each parent. Next, differences in these scores within couples were determined, as was the overall mean score for these differences in both the experimental and the control group. Couples whose difference in ITG-scores was higher than the mean score, were classified as 'incongruent'. Similarly, couples whose difference in ITG-scores was lower than or similar to the mean score, were classified as 'congruent'. Table 1 shows incongruent and congruent couples specified for the experimental and the control group. There was no significant difference in the (in)congruency of grief intensity within couples between the experimental and the control Group ($t(25) = -.299$, $p = .767$).

Participants in the experimental and the control group, as well as the congruently and incongruently grieving couples, were compared on a number of relevant demographics and background variables. There were no significant differences between the groups in gender of the participant, gender of the child, cause of death (violent versus non-violent) and expectedness of the death. Table 2 shows the mean age of the parents and the deceased child by group, as well as the time the couples had been together and the time since the loss. There were no significant differences concerning the age of parents, the age of the child, the time the couples had been together and the time

since the loss. Though the children of the couples in the control group tended to be older (M = 26.3, SD = 16.0) than the children of the couples in the experimental group (M = 16.7, SD = 11.1), this difference did not reach significance (t(25) = -1.691, p = .103). Furthermore, the couples in the experimental group tended to participate in the research sooner after the death of their child (M = 9.2 months, SD = 5.9 months) than couples in the control group (M = 22.5 months, SD = 20.0 months), however, this differences did not reach significance either (t(5.253) = -1.605, p = .167). Although the differences cited above did not reach significance, it is plausible that this is a result of insufficient power due to the small sample size used in this study. Therefore, it is important to keep in mind that non-significant results may suggest insufficient power of the test, rather than the absence of real differences between the groups. While the mean age of the deceased children and the mean time since the loss suggest possible differences between the experimental and the control group, these variables were not added as covariates in further analyses, for the reason that adding covariates would further decrease the power of the tests.

Instruments

In the larger-scale investigation from which information for this study was drawn, data for the experimental group was gathered at five time points, namely, before the program starts, shortly after the program has ended and at three follow-up points: 6 months, 18 months and 42 months later. From the bereaved parents in the control group, information was gathered at similar intervals. Participants completed a number of questionnaires, addressing personal history and background variables, such as demographic information concerning both them and their partner and the circumstances surrounding the loss, current psychosocial and physical functioning, adult attachment, perceived marital quality and ruminative coping styles. Participants in the experimental group completed two additional questionnaires, regarding their reasons for joining the mutual support group and their experiences in the group. All questionnaires were provided at all five time points, except for the list addressing personal and background variables which was only provided at the first time point, and except the additional questionnaire for the experimental group regarding reasons for joining the mutual support group, which was only provided at the second time point.

For the current study, only a subset of these questionnaires was of relevance and will be discussed below. Furthermore, due to the small number of participants who had already filled in the questionnaires at the three follow-up points, only data gathered at the first two time points was included in the current study.

Personal history and background

This list was used to gather socio-demographic information and included questions on participants' gender, age, partner status, educational level, occupation, income and spiritual affiliation and on the gender, age, place in the family and cause of death of the deceased child.

The Dyadic Adjustment Scale (DAS)

The DAS (Spanier, 1976; 1989) is a measure of the quality of adjustment to marriage and similar dyadic relationships. The DAS is a 32-item rating instrument and includes four subscales: a) Dyadic Consensus, b) Dyadic Satisfaction, c) Dyadic Cohesion, and d) Affectional Expression. In the original longitudinal study and in the current study, only the subscale Dyadic Satisfaction was included and used to assess the amount of satisfaction with the marital relationship The subscale Dyadic Satisfaction consists of 9 items, measuring the amount of tension in the relationship, as well as the extent to which the individual has considered ending the relationship. Respondents rate the frequency with which they experience each item on a 6-point scale, ranging from (1) "all the time" to (6) "never". Higher scores on this subscale indicate greater satisfaction with the present state of the relationship and commitment to its continuance. Cronbach's Alpha for the subscale Dyadic Satisfaction in this study was .83 at baseline, and .86 at follow-up. The test-retest reliability of the DAS on the subscale Dyadic Satisfaction has been shown in a number of studies, ranging from .60 (Belsky, Spanier & Rovine, 1983) to .92 (Stein, Girordo & Dotzenroth, 1982).

The Inventory of Traumatic Grief (ITG)

The ITG (Prigerson & Jacobs, 2001), a revised version of the Inventory of Complicated Grief (ICG; Prigerson et al., 1995), measures grief symptoms and was used to determine grief intensity. The ITG consists of 30 items measuring grief-specific symptoms of mental distress, such as intrusive and distressing preoccupation with the deceased, feelings of purposelessness and futility about the future, numbness or detachment resulting from the loss and having difficulty acknowledging the death. Respondent rate the frequency with which they experience each item on a 5-point scale, ranging from (1) "almost never" to (5) "always". Cronbach's Alpha for the ITG in this study was .91. The test-retest reliability for the ITG has not been reported, but a test-retest reliability of .80 was found in the original ICG.

Procedure

Recruitment of participants

Participants in the experimental group were recruited through the two organizations that offered the mutual support group they attended: Bereaved Families of Ontario (BFO) and the COPING (Caring for Other People in Grief) Centre. During the first session, parents were informed about the research project by the group facilitator. The aim of the study and the practical details of the project were provided and it was emphasized that their decision would have no impact whatsoever on their participation in the mutual support group. Those who agreed to participate, received an information letter, an informed consent form, the first questionnaire package and a postage-paid return envelope. The informed consent form and the completed questionnaires were returned to the researchers.

Participants in the control group were recruited through advertisements in local newspapers, a radio interview and through announcements at the annual MADD (Mothers Against Drunk Driving) conference. Participants in both the experimental and the control group were recruited through an *inreaching* procedure, that is, participants themselves had to request for participation in the research project. For the control group, two inclusion criteria were applied: the participant was not currently involved in psychotherapy or a mutual support group and the loss had occurred within the last 18 months.

The intervention

The mutual support groups were organized by two organizations: Bereaved Families of Ontario (BFO) and the COPING Centre. Both bereavement support organizations operate through an inreaching procedure: intervention was given to those who requested it themselves rather than being offered it on an out-reaching basis. The mutual support groups organized by both organizations can be categorized as primary prevention intervention: their groups were open to all bereaved parents. However, all potential participants are screened before the start of the group, to assess if their problems require referral to a professional counselor.

The mutual support groups consisted of a 10-week program, during which the groups met for two hours once a week. The groups were led by two trained volunteers who had also experienced the loss of child, and generally consisted of 8-10 parents. The group aimed at assisting parents in learning to live with their loss by (1) providing a safe environment in which grief could be explored, (2) reducing isolation of bereaved people by facilitating connections with other bereaved people, (3) normalizing the grief experience, and (4) nurturing the resiliency of parents to identify their own inner resources and coping strategies (for a detailed description of the intervention programs, see BFO-Toronto, 2007). Unfortunately, no information was available about the number of sessions attended by the parents. Nonetheless, given the closed-membership character of the groups, and the fact that participants were thoroughly informed about the indications and contra-indications for joining a group, adherence was expected to have been high.

Potential Selection Bias

Participants in this study were self-selected, as opposed to being randomly assigned to the intervention of control group. Therefore, a selection bias may have occurred. It is likely that control group participants were less motivated to attend a mutual support group. Levy and Derby (1992) have suggested this lower motivation is related to a lower level of distress. Since control participants were not asked about their interests in attending a mutual support group, it was only possible to calculate potential differences in initial levels of distress between the two research groups. As shown in Table 4, the couples in the experimental and the control group did not differ significantly on their levels of grief intensity ($t(47) = 1.037$, $p = .305$), nor on their levels of marital satisfaction ($t(47) = -.914$, $p =$

.365). However, couples in the experimental group tended to score a little higher on the intensity of their grief symptoms (M = 92.3; SD = 16.4), than couples in the control group (M = 85.7, SD = 20.7). Since this difference did not reach statistical significance, support group attendance was not added as a covariate in further analysis.

Furthermore, it was investigated if the participants in the experimental and the control group differed in the proportion of parents seeking professional help, which was not the case ($\chi^2(1) = .142$, p = .707). The majority (83.3%) of all the participants who were part of a couple in the experimental group reported to receive other types of professional intervention (e.g. by a psychologist or social worker), as well as the majority (80.6%) of the parents who were part of a couple in the control group. As no differences were found in levels of grief intensity, marital satisfaction and help seeking between parents in the experimental and the control group, the presence of a selection bias seems unlikely.

Attrition Rate

Since low attrition rates can seriously influence results and affect generalizability, several strategies were implemented in the investigation in order to minimize the attrition rate. A week before a questionnaire was sent, the participants received an e-mail to notify them that the new questionnaire would be mailed within the next week. Furthermore, after participants returned a questionnaire, an e-mail was sent to let them know their questionnaire had been received in good order and to thank them for their ongoing participation. Participants who did not returned the questionnaire within one month were sent an e-mail reminding them of the questionnaire, and encouraging them to contact the researchers if they misplaced the questionnaire. In all the e-mails that were sent, participants were invited to contact the researchers if they had any questions or comments regarding the research. When participants contacted the researchers, the researchers tried to respond quickly and in an adequate and empathic way. Besides the e-mails, postcards were sent out to all participants at two time points: between the 3rd and the 4th questionnaire (after 14.5 months of participation) and between the 4th and the 5th questionnaire (after 38.5 months of participation). In spite of all these efforts undertaken to minimize the attrition rate, 31.6 % of all parents who were part of a couple that participated in the study did not complete the post-intervention follow up.

To investigate the differences in attrition rate between the experimental and the control group, and the congruent and the incongruent group, even as to investigate differences between completers and non-completers on various background variables, all parents who were part of a couple in the ongoing study were included in the analysis (N = 98). Since not all non-completers consisted both parents in a couple, comparisons were made on a individual level.

There was no difference in attrition rate between the experimental and the control group ($\chi^2(1) = .029$, p = .864), nor between congruently and incongruently grieving parents ($\chi^2(1) = .037$, p = .847). Completers and non-completers did not differ by gender ($\chi^2(1) = .127$, p = .721), age

($t(96) = .515$, p = .608), time they had been together with their spouse ($t(96) = .045$, p = .964), cause of death ($\chi^2(1) = 2.467$, p = .116), expectedness of death ($\chi^2(1) = .061$, p = .805), educational level ($t(96) = 69.954$, p = .089), and income level ($\chi^2(1) = 5.395$, p = .249). However, completers and non-completers differed significantly on time since the loss ($t(73,116) = 3.277$, p = .002). Completers tended to participate in the study later after the death of their child (M = 19.9 months; SD = 14.1 months) than non-completers (M = 11.3 months; SD = 11.1 months), and this differences was of moderate magnitude ($\eta^2 = .101$). It can be suggested that parents who participated in the study later after the death of their child, were more likely to continue to participate than parents who participated much sooner after their loss. To explore the relationship between levels of distress and (non)completion of the study, the intensity of grief symptoms and the level of marital satisfaction were determined for the completers and the non-completers, as can be seen in Table 4. Although completers and non-completers did not differ significantly on intensity of grief symptoms ($t(95) = .542$, p = .589), they *did* differ on marital satisfaction ($t(96) = 2.776$, p = .007). Completers tended to score higher on marital satisfaction (M = 45.7; SD = 6.4) than non-completers (M = 41.6; SD = 7.4), and this difference was of moderate magnitude ($\eta^2 = .074$).

Statistical Analysis

An independent T-test was conducted to test the hypothesis that incongruent couples would rate their marital satisfaction lower than congruent couples. The couples' scores on marital satisfaction were determined by calculating the mean of the scores on marital satisfaction of both parents. A two-way mixed design ANOVA was used to test the hypothesis that bereaved parents who participated in a mutual support group would report a higher level of marital satisfaction than bereaved parents who did not attend any mutual support groups. In this analysis, group (experimental vs. control) was used as a between-subjects factor, and time (baseline vs. post-treatment) was used as a within-subject factor. In order to explore gender differences between parents in the experimental and the control group, gender was included in the ANOVA as an additional between-subjects factor, and the total scores on marital satisfaction of each parent were used as the dependent measures, instead of the couples' scores. To examine the hypothesis that incongruently grieving couples would benefit more from mutual support group than congruently grieving couples, with respect to marital satisfaction, a three-factor design ANOVA was conducted, with group (experimental vs. control) and congruency (congruent vs. incongruent) as between-subjects factors, and time (baseline vs. post-treatment) as a within-subjects factor.

An alpha of .05 was used to determine the significance of all hypothesized effects and exploratory analyses. For all performed analyses, the respective assumptions were checked (e.g. linearity and homogeneity of regression slopes). Furthermore, because of the small sample size of the study and the small probability of detecting potential differences in the population due to insufficient power, differences in scores are only clarified and elucidated when the alpha is <.25.

Table 1. (In)congruency of Grief Intensity by Condition

	Experimental (N = 21)	Control (N = 6)	Total (N = 27)
	N (%)	N (%)	N (%)
Congruent	12 (57.1)	3 (50.0)	15 (55.6)
Incongruent	9 (42.9)	3 (50.0)	12 (44.4)

Table 2. Age (of parents and child), Time Together, and Time Since Loss by Condition and (In)congruency of Grief Intensity

	Experimental (N = 21)		Control (N = 6)		Total (N = 27)		Experimental vs. control *(t)*	Congruent (N = 15)		Incongruent (N = 12)		Total (N = 27)		Congruent vs. incongruent *(t)*
Variable	M	SD	M	SD	M	SD		M	SD	M	SD	M	SD	
Age parent	47.0	10.7	54.3	14.7	48.3	12.5	-1.353	47.6	12.6	49.8	11.2	48.3	12.5	-.482
Age child	16.7	11.1	26.3	16.0	18.8	12.7	-1.691	17.5	12.7	20.5	13.0	18.8	12.7	-.602
Time together [a]	22.6	12.1	28.8	18.3	24.0	13.6	-.990	23.7	13.6	24.3	14.1	24.0	13.6	-.112
Time since loss[b]	9.2	5.9	22.5	20.0	12.2	11.6	-1.605	13.5	13.9	10.6	8.2	12.2	11.6	.632

[a] in years, [b] in months

Table 3. Baseline Levels of Grief Intensity and Marital Satisfaction by Condition

	Experimental (N = 40)		Control (N = 9)		Experimental vs. control (t)
Variable	M	SD	M	SD	
Grief (ITG)	92.28	16.44	85.67	20.72	1.037 (n.s)
Marital Satisfaction (DAS)	44.00	6.40	46.11	5.57	-.914 (n.s.)

Table 4. Baseline Levels of Grief Intensity and Marital Satisfaction by Study Adherence

	Completers (N = 67)[a]		Non-completers (N = 31)		Completers vs. non-completers *(t)*
Variable	M	SD	M	SD	
Grief (ITG)	92.00	20.04	89.55	22.22	.542 (n.s.)
Marital Satisfaction (DAS)	45.70	6.38	41.61	7.44	2.776*

* $p < .01$

[a] One of the completers did not complete the ITG, therefore N = 66 for the measure of grief (ITG) in the completers group.

Results

Levels of marital satisfaction and grief intensity by gender and group

To determine whether incongruently grieving parents are less satisfied with their marital relationship than congruently grieving parents, the mean score on marital satisfaction was calculated for each couple and these scores were compared for congruent and incongruent couples. It was hypothesized that incongruent couples would rate their marital satisfaction lower than congruent couples. However, contrary to what was hypothesized, incongruent and congruent couples did not differ significantly in their ratings on marital satisfaction ($t(25) = -.521$, $p = .607$). To further explore this relationship, comparisons were made between incongruent couples in which the father reported higher grief intensity scores than his partner (75% of the incongruently grieving couples) and incongruent couples where the mother reported more intense grief symptoms (25% of the incongruently grieving couples). Although the difference between both groups was not found significant ($t(10) = -.441$, $p = .669$), it was remarkable that fathers experienced more intense grief symptoms than mothers in 75% of the incongruent couples, since the majority of studies on differences in grief intensity within couples demonstrated higher levels of grief intensity in mothers. In order to determine whether this gender difference existed in congruently grieving couples and in the total sample as well, levels of grief intensity were measured by gender and group. As can be seen in Table 5, fathers reported higher grief intensity in general and in both groups, but this difference was not significant for father and mothers in general ($t(52) = 1.519$, $p = .135$), neither for fathers and mothers who had a congruently grieving partner ($t(28) = .573$, $p = .571$), nor for fathers and mothers who had an incongruently grieving partner ($t(22) = 1.694$, $p = .104$). Although not statistically significant, there also appears to be an indication of higher scores on marital satisfaction in fathers compared to mothers, as shown in Table 5.

Furthermore, a significant, positive correlation was found between marital satisfaction in fathers and grief intensity scores in mothers ($r = .440$, $p = .02$). Fathers scored their satisfaction with the marital relationship higher when the grief symptoms in their spouse were more intense. Although non-significant, mothers also scored higher on marital satisfaction when their spouse had more intense grief symptoms ($r = .309$, $p = .124$).

In sum, no significant difference was found between congruent and incongruent couples on marital satisfaction. Furthermore, although no statistically significant, there appeared to be a trend for fathers to score higher on grief intensity, as well as on marital satisfaction. Interestingly, marital satisfaction in fathers was positively and significantly correlated with more intense grief symptoms in mothers.

Mutual support groups and marital satisfaction

It was hypothesized that bereaved parents who participated in a mutual support group would report a higher level of marital satisfaction than bereaved parents who did not attend any mutual support

groups. While the scores on marital satisfaction in the experimental group remained fairly constant in time, there appears to be a non-significant, slight increase in scores on marital satisfaction in the control group, as shown in Table 6. However, no main effects were found for time ($F(1, 25) = 1.360$, $p = .255$), or for group ($F(1, 25) = 1.067$, $p = .312$). Neither did the interaction effect of time and group reach significance ($F(1, 25) = 3.599$, $p = .069$). In addition, to evaluate intervention efficacy for fathers and mothers separately, gender was included in the ANOVA as a between-subject. No statistically significant results were found, however, as can be seen in Table 6, there appears to be a trend of a slight decrease in the scores on marital satisfaction for both fathers and mothers in the experimental and in the control group, with the exception of mothers in the control group. Mothers who did not attend a mutual support group reported a non-significant increase in scores on marital satisfaction at post-treatment. In sum, the interaction effect for time, group and gender did not reach significance ($F(1, 50) = 1.500$, $p = .226$). Neither did the main effect for time ($F (1, 50) = 2.280$, $p = .137$), group ($F (1, 50) = .194$, $p = .662$) or gender ($F (1, 50) = .585$, $p = .448$).

Altogether, the results indicate that mutual support group participation does not significantly increase marital satisfaction in bereaved couples, neither does it increase marital satisfaction for fathers and mothers separately. Nevertheless, given the small sample size and the low observed power values (ranging from .05 to .24), there is a small probability that potential differences in the population would have been detected.

(In)congruence, mutual support groups and marital satisfaction

It was expected that incongruently grieving parents would benefit more from mutual support group participation than congruently grieving parents. A mixed Group x Congruency x Time ANOVA conducted on marital satisfaction revealed a significant interaction effect between Time x Group x Congruency ($F (1, 23) = 5.594$, $p = .027$). However, this effect was mainly caused by low baseline scores of congruent couples in the control group. As can be seen in Table 7 and Figure 1, the congruent couples in the control group reported much lower baseline scores on marital satisfaction than the other three groups and showed an increase in marital satisfaction over time, while the scores of congruent couples in the experimental group slightly decreased and the scores of the incongruent couples remained rather constant. Furthermore, although the incongruent couples had an overall higher score on marital satisfaction than the congruent couples, the main effect for congruency did not reach significance ($F(1, 23) = .851$, $p = .186$). In addition, although couples in general tended to score lower on marital satisfaction at baseline than at post-treatment, the main effect for time was not significant ($F(1, 23) = 1.760$, $p = .198$).

In sum, contrary to what was hypothesized, incongruently grieving couples did not benefit more from mutual support group participation than congruently grieving couples. More specifically, congruently grieving couples who did not attend a mutual support group, showed elevated levels of marital satisfaction over time, while the scores of the other groups stayed rather constant. In addition,

with respect to congruently grieving couples, mutual support groups seemed to have a slightly, non-significant, negative effect on marital satisfaction. Furthermore, the scores on marital satisfaction in incongruently grieving couples remained fairly constant and no effect was found for mutual support group participation. Nevertheless, it has to be noted that the observed power values in the analyses cited above ranged from .05 to .62, and that, as a result, the probabilities that potential differences in the population would have been detected was rather small.

Table 5. Levels of Marital Satisfaction and Grief Intensity by Group and Gender

	Congruently grieving partner (N = 30)		fathers vs. mothers (t)	Incongruently grieving partner (N = 24)		fathers vs. mothers (t)	Total (N = 54)		fathers vs. mothers (t)
	Fathers (N=14)	Mothers (N=16)		Fathers (N=12)	Mothers (N=12)		Fathers (N=26)	Mothers (N= 28)	
	M (SD)	M (SD)		M (SD)	M (SD)		M (SD)	M (SD)	
Marital Satisfaction	46.4 (3.9)	44.8 (6.2)	.800	45.3 (7.1)	43.3 (8.3)	.610	45.9 (5.5)	44.2 (7.1)	.962
Grief Intensity	89.4 (21.4)	85.2 (19.2)	.573	94.2 (20.9)	82.0 (13.4)	1.694	91.6 (20.9)	83.8 (17.7)	1.519

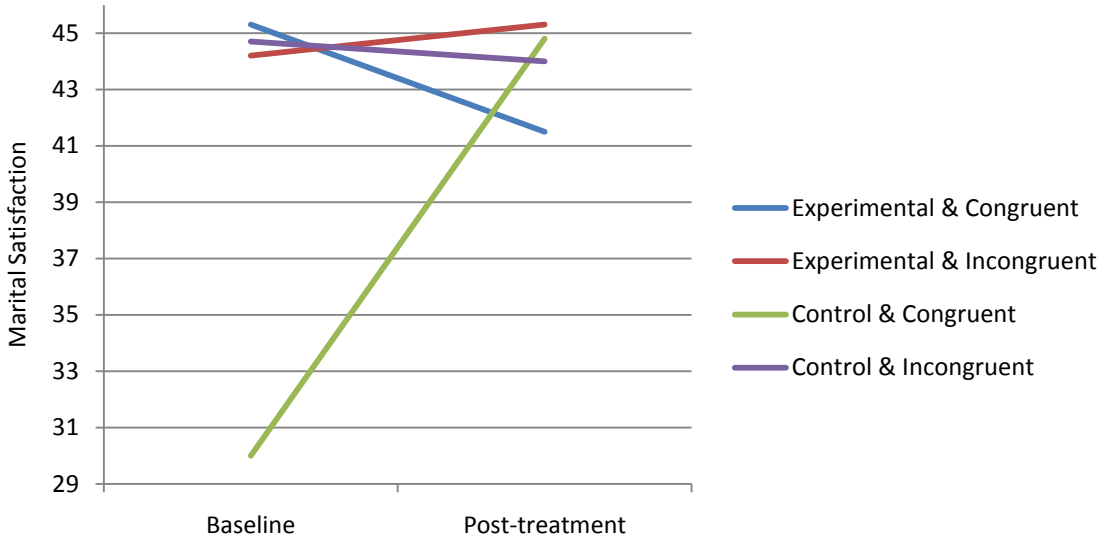
Table 6. Levels of Marital Satisfaction by Condition at Baseline and Post-Treatment in Couples, Fathers and Mothers

		Baseline			Post-treatment		
		Experimental	Control	Total	Experimental	Control	Total
	Couple/gender	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Marital Satisfaction	Couples (N = 27)	44.8 (5.5)	37.3 (18.3)	43.2 (9.9)	43.1 (6.2)	44.4 (8.0)	43.4 (6.5)
	Fathers (N = 26)	45.6 (5.9)	46.7 (4.2)	45.9 (5.5)	44.8 (6.2)	44.2 (9.7)	44.6 (6.9)
	Mothers (N = 28)	44.1 (6.8)	44.3 (8.7)	44.2 (7.1)	41.7 (7.7)	44.7 (7.1)	42.3 (7.6)

Table 7. Levels of Marital Satisfaction by Group and Congruency at Baseline and Post-Treatment in Couples, Fathers and Mothers

			Baseline			Post-treatment		
			Congruent	Incongruent	Total	Congruent	Incongruent	Total
			M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
Marital Satisfaction	Couples (N = 27)	Experimental	45.3 (4.6)	44.2 (6.8)	44.8 (5.5)	41.5 (7.3)	45.3 (3.6)	43.1 (6.2)
		Control	30.0 (24.6)	44.7 (8.3)	37.3 (18.3)	44.8 (8.5)	44.0 (9.3)	44.4 (8.0)

Figure 1. Effects of Group and Congruency on Marital Satisfaction over Time in Couples



Discussion

The primary aim of this study was to examine both the differential and the interaction effect of (in)congruent grieving and mutual support group intervention on marital satisfaction in bereaved parents. Because it has often been suggested that incongruently grieving couples may experience problems in the relationship due to communication problems (e.g. Farrugia, 1996), it was expected that incongruently grieving parents would experience a lower level of marital satisfaction than congruently grieving parents. Additionally, since prior research has linked open communication to marital satisfaction (e.g. Gilbert, 1989; Kamm & Vandenberg, 2001), it was predicted that bereaved couples who participated in a mutual support group would report a higher level of marital satisfaction compared to bereaved parents who did not attend any mutual support groups. Furthermore, it was investigated whether the effectiveness of mutual support groups on marital satisfaction differed for congruently and incongruently grieving couples. On the basis of the assumption that more open communication and a better understanding of differences in expression of grief are more needed in incongruently grieving couples than in congruently grieving couples, it was expected that incongruently grieving couples would benefit more from mutual support group participation than congruently grieving couples.

Levels of marital satisfaction and grief intensity by gender and group

Levels of marital satisfaction in couples

The results following the analysis of the first hypothesis showed three different and interesting findings. First of all, contrary to what was hypothesized, the results indicate that congruently and incongruently grieving couples do not differ in their ratings on marital satisfaction. An explanation for this unexpected finding may be found in variance differences in levels of marital satisfaction in congruently and incongruently grieving couples. It may be suggested that the variance in levels of marital satisfaction is higher in incongruently grieving couples than in congruently grieving couples. As can be seen in Table 5, this was true for the current study, in which the variance on scores of marital satisfaction in incongruently grieving couples was slightly higher than the variance on scores of marital satisfaction in congruently grieving couples. Furthermore, this suggestion is supported by Doka and Martin (2010), who stated that differences in the intensity of grief symptoms can complicate or facilitate the grieving process, depending on the way these differences are utilized. For example, there might be a subgroup within the incongruently grieving couples who see their differences in grief intensity as a strength, and as a result, might be more satisfied with their relationship. On the other hand, another subgroup may see their differences as a source of conflict, and might therefore rate the level of satisfaction with their marital relationship lower. Consequently, when looking at the mean

level of marital satisfaction in incongruently grieving couples, both subgroups may counterbalance each other. Hence, when comparing the mean scores on marital satisfaction in both congruently and incongruently grieving couples, the higher variance in the latter may account for the absence of differences between both groups.

Levels of grief intensity in couples

A second remarkable finding was that in 75% of the incongruently grieving couples, the fathers reported higher grief intensity scores than their partner. Contrary to prior studies, fathers in this study reported overall higher (but not significant, probably as a result of insufficient power) grief intensity scores than mothers. A speculative explanation for the discrepancy of these seemingly contradictory findings can be found in a selection bias due to gender role socialization.

Stroebe and Stroebe (1989-1990) conducted a study on attrition rates in conjugal bereavement research. The findings of their study showed that depression affects willingness to participate, but operates differently for males and females. Widows who agreed to participate tended to be more depressed and distressed than widows who refused to participate. The opposite was true for widowers: widowers who agreed to participate were less depressed and distressed compared to widowers who refused to participate. Stroebe and Stroebe explained this sex difference in terms of sex roles in norms about self-control and in coping styles, and stated that in the society at that time, men were expected to control their emotions and that women were allowed, or even expected, to express them.

If these sex roles are still present in the current Western society, this might have influenced the selection of the participants in the current study. Following the line of argumentation of Stroebe and Stroebe, a man who experiences intense grieving symptoms will be less likely to participate in a study on bereavement, whereas a woman who experiences intense grieving symptoms will be more likely to participate. Therefore, it can be suggested that when a man experiences more intense grieving symptoms than his wife, this will conflict with the commonly held gender roles about men and might indicate the seriousness of the situation. Because these men are unlikely to participate in bereavement research, it is plausible that they are encouraged by their spouse and will participate as a couple, whereby the woman supports her husband by participating in the research as well.

On the other hand, as the study of Stroebe and Stroebe is dated more than two decades, it can be questioned if these sex roles are still explicitly present in a Western and modern society like the Canadian society. Therefore, more insight into sex roles in the Canadian society is needed to decide whether the presence or just the absence of these sex roles contributes to the findings of this study.

Correlation between parents own marital satisfaction and the grief intensity of their spouse

A third notable result was the significant correlation between fathers' scores on marital satisfaction and their wives' levels of grief intensity. Fathers tend to score their satisfaction with the marital relationship higher when the grief symptoms of their spouse were more intense. Changes in family

roles that might occur after a child dies can contribute to elucidating this remarkable correlation.

According to Lamberti and Detmer (1993), relationships and family roles change when a child dies, and the family's role characteristics (rigidity or flexibility) are influential in determining adjustment. Buckle and Fleming (2010) demonstrated that bereaved fathers expand their roles, fulfill more tasks within the family and feel they are assuming more family responsibilities. More specifically, husbands tent to fulfill a more caretaking role for their wives after the loss (Detmer & Lambertu, 1991). Therefore, it seems plausible that when mothers are grieving intensely, fathers might feel a heightened sense of responsibility and a greater need to care for their wives. Admitting any existing unsatisfying feelings about the marital relationship, will result in cognitive dissonance and will conflict with their responsibilities and caretaking role. On the other hand, it can be suggested that a man may feel more attracted to his wife when she is in greater need of his support, because this may confirm his gender superiority and masculine sex role. In addition, Bem (1974) found a significant influence of sex role orientation on marital satisfaction. Both men and women rated their marital satisfaction higher when their spouse exhibit a more feminine sex role, than when they exhibit a more masculine sex role. In this case, mothers who reported intense grief symptoms are in line with the stereotypical expressive grieving mother and as a result, with the feminine sex role. However, it should be noted that the study conducted by Bem is dated almost four decades ago, and as stated before, it can be questioned if these sex roles are still present in the current Western society.

In sum, further longitudinal examination of the relationship between incongruency and marital satisfaction is needed before any conclusions can be drawn. For now, the often referred to suggestion that incongruency may lead to marital problems is over-simplified and is not supported by any empirical research. Furthermore, more information on sex roles in the Canadian society is necessary before conclusions can be drawn on the existence of overall higher grief intensity scores in fathers. At least, changes in family roles may be accountable for the significant correlation between fathers' scores on marital satisfaction and mothers' grief intensity levels.

Mutual support groups and marital satisfaction

Mutual support groups and marital satisfaction in couples

It was expected that intervention programs for bereaved couples have a positive effect on the relationship, given the focus on open communication and validation of grief reaction in intervention programs, and considering the positive relationship between communication and marital satisfaction in general. However, contrary to what was hypothesized, the results indicate that mutual support group participation did not increase marital satisfaction in bereaved couples, neither did it increase marital satisfaction for fathers and mothers separately. Although this was not expected, it is consistent with the inconclusive results of prior research on bereavement intervention programs on marital satisfaction.

A first explanation can be found in the data that was included in the current study: only the levels of marital satisfaction measured before the intervention started and shortly after the intervention ended were included. However, it is plausible that parents needed more time than the described 10-weeks to practice and develop their learned skills. There even is evidence that certain aspects of the experience may worsen rather than improve in the first years (Wortman & Silver, 2001).

Another explanation might be that parents who agreed to participate in the study, already experienced higher levels of marital satisfaction. As mentioned before, parents who did not complete the study reported lower levels of marital satisfaction than parents who completed the study. Therefore, it is plausible that couples and parents who participated in this study already experienced less distress in their marriage and that a ceiling effect has occurred with respect to marital satisfaction. For example, in this study, the mean score on marital satisfaction in parents who participated in the current study, was rather similar to the mean score on marital satisfaction in married persons in a study by Spanier (1976). This is remarkable since bereaved couples generally have to deal with more stressors and difficulties than the average married couple. Complementary to this explanation is the possibility that couples who are more satisfied with their relationship, may also be more likely to participate in the study together. Therefore, the sample might have been biased towards higher satisfaction rates in couples compared to parents who participated in the study without their partner.

A third, and most likely, explanation can be found in the purpose of the intervention. It was hypothesized that encouraging open communication, and normalizing and explaining certain grief reactions, would have a positive effect on marital satisfaction. However, the mutual support groups are specialized grief interventions and the aim of the intervention is assisting parents in learning to live with the loss, instead of dealing with experienced difficulties and stressors in their relationship. Therefore, it is very reasonable that the intervention did not have the expected effect on marital satisfaction, simply because the main focus of the intervention is on the loss and bereavement experience itself.

In sum, although the amount of measurement points included in this study is too limited to draw conclusions about the relationship between mutual support groups and marital satisfaction in couples, it is more likely that mutual support groups do not have a positive effect on the marital relationship due to their focus on grief and loss, instead of communication and the marital relationship itself.

(In)congruence, mutual support groups and marital satisfaction

It was expected that incongruently grieving parents would benefit more from mutual support group participation than congruently grieving parents. The analysis of the third hypothesis revealed three interesting findings. First, although no main effects were found for Time, Group, or Congruency on marital satisfaction, a significant interaction effect was found for Time x Group x Congruency on marital satisfaction. The congruent couples in the control group reported much lower baseline scores

on marital satisfaction than the other three groups, but showed an increase in marital satisfaction over time while the scores of congruent couples in the experimental group slightly decreased and the scores of the incongruent couples remained rather constant. Therefore, it appeared that the significant interaction effect for Time x Group x Congruency on marital satisfaction was mainly caused by low baseline scores of congruent couples in the control group. Secondly, intervention did not seem to affect marital satisfaction in incongruent couples. Finally, intervention did seem to have a slightly, although non-significant, negative effect on marital satisfaction in congruent couples. Although the prior stated speculative explanations might clarify part of these findings, there is another specific suggestion for the occurrence of the results.

In this study, congruent couples were defined as couples whose scores on grief symptoms were fairly similar. This implies that congruent couples consisted of couples who are both experiencing low levels of grief intensity, or who are both experiencing high levels of grief intensity. It is possible that congruently grieving couples in which both parents experience low levels of grief intensity, experience less stress in their marriage and might therefore rate their marital satisfaction higher than couples with both parents experiencing high levels of grief intensity. Hence, the implications for both groups might be different, and more information about the distribution of grief intensity in these couples is needed to understand the low baseline scores of congruent couples in the control group. In this study, for methodological reasons, no differences were made between high and low levels of grief intensity within congruently grieving couples. Because of the small sample size, power of the statistical tests was already an issue. Subdividing the congruent couples in two separate groups would have further decreased the power of the tests and would have resulted in even a smaller chance of obtaining statistically significant differences.

Thus, in this study, mutual support groups were not found effective for bereaved parents with respect to marital satisfaction, regardless of whether parents grieve congruently or incongruently. Although this was contrary to what was hypothesized, it is consistent with the lack of empirical support for the effectiveness of primary preventive interventions found in the literature (Schut, Stroebe, Van den Bout and Terhegge, 2001; Schut and Stroebe, 2005). As described earlier, the mutual support groups offered to the participants of this study can be categorized as primary prevention intervention and, therefore, the results of the ineffectiveness of mutual support groups for bereaved parents are in line with the literature.

Clinical implications

The results of this study have potential implications for practice. First of all, the often-heard claim that incongruency in grief intensity within couples forms a risk factor for marital problems is not supported by this study or by any other empirical evidence. It is prudent for professionals to dispel the myth in the absence of evidence, in order to lessen the fear commonly held by bereaved parents that their marriage will be threatened. Furthermore, this study found no immediate effects of a ten week mutual

support group intervention on bereaved parents´ marital satisfaction. Though the long term intervention effects need to be assessed before any final conclusions can be drawn, the results of this study indicate that mutual support group interventions may not be effective for incongruent, nor congruent couples.

Limitations and future directions

In addition to the suggested methodological constraints described above, there are some other important limitations to this study. One limitation is the small sample size of this study, which has been discussed in the method section. One difficulty resulting from studying couples is that it is easy to lose participants due to missing data from one parent, or the drop-out of a participating spouse. As a result, only 27 couples were included in this study. The small sample size of the study resulted in small power of statistical tests and therefore to a decline in the probability that significant differences are found.

Another limitation is the sample bias resulting from the high attrition rates evidenced in this study. As noted earlier, parents who completed the study tended to participate in the study later after the death of their child and showed higher levels of marital satisfaction than parents who dropped out of the study, indicating that those who completed the study might have been less distressed than those who dropped out of the study.

Furthermore, couples were categorized in either the congruent or the incongruent group, based on the differences in their total ITG score. By using the self-rating scores as a measure to split the couples in a congruent or incongruent group, only absolute differences were examined. However, absolute differences in grief intensity might be different from couples' own perception of these differences. More specifically, absolute incongruent couples may not even experience their differences as a source of conflict, but rather as a strength. In addition, absolute differences in grief intensity within couples were only examined after the loss had occurred. It is possible, however, that differences in, for example, mental distress or emotional expressiveness that were already present before the loss, would account for less (adjustment) problems than differences that suddenly appeared after the loss. Therefore, instead of determining absolute differences in grief symptoms within couples, it might be more insightful and important to examine *perceived* differences in grief symptoms and include couples' possible appreciation of these differences.

The outcome measure used in this study presents certain limitations as well. As described earlier, only the subscale "Marital Satisfaction" was included as an outcome measure. However, the DAS consists of four additional subscales, which assess the extent of agreement between partners on important matters, the individual's satisfaction with the expression of affection and sex in the relationship, and the common interests and activities shared by the couple. One can imagine that all these subscales interact with each other and that including all four subscales of the DAS would present a more complete and integral picture of the quality of, and the satisfaction with, the marital

relationship.

Finally, as discussed above, this study focused exclusively on the immediate effects of intervention. Further examination of the long term effects of mutual support groups for congruent and incongruent couples is needed before any final conclusions can be drawn on the efficacy of mutual support groups for (in)congruently grieving couples.

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Appendix: Questionnaires used in the study

Personal history and background

1. Gender
   - ❑ Male
   - ❑ Female

2. Age …… years old

3. Currently, do you have a partner?
   - ❑ Yes
   - ❑ No. *There are questions regarding a partner below. If you have answered 'No', please leave these questions blank.*

4. Age of partner …… years old

5. How long have you been with your current partner?
   … months or …years.

6. Please specify your educational level
   - ❑ elementary school
   - ❑ high school
   - ❑ community college
   - ❑ university: undergraduate degree
   - ❑ university: graduate degree

7. Please specify the educational level of your partner
   - ❑ elementary school
   - ❑ high school
   - ❑ community college
   - ❑ university: undergraduate degree
   - ❑ university: graduate degree

8. What is your current occupation? _____

9. What is your partner's occupation? _____

10. What is your annual income?
    - ❑ under $ 25,000
    - ❑ $ 25,000 - $ 50,000
    - ❑ $ 50,000 - $ 75,000
    - ❑ over $ 75,000

11. And your partner's annual income?
    - ❑ under $ 25,000
    - ❑ $ 25,000 - $ 50,000
    - ❑ $ 50,000 - $ 75,000
    - ❑ over $ 75,000

12. What is your work situation?
    - ❑ Employed full time
    - ❑ Employed part time
    - ❑ Unemployed
    - ❑ Homemaker
    - ❑ Retired

13. What is your partner's work situation?
    - ❑ Employed full time
    - ❑ Employed part time
    - ❑ Unemployed
    - ❑ Homemaker
    - ❑ Retired

14. What is your spiritual affiliation?
    - ❑ None. *Please proceed to question number 17.*
    - ❑ Christian
    - ❑ Jewish
    - ❑ Muslim
    - ❑ Hindu
    - ❑ Buddhist
    - ❑ Other : _____

15. Spiritual beliefs and/or activities:
    - ❑ were and still are high
    - ❑ increased since death
    - ❑ decreased since the death
    - ❑ was not very involved before, still not

16. Is your spirituality helpful in grieving?
    very much □ □ □ □ □ not at all

17. What is the cultural heritage you most strongly identify with?
    _____

18. What is your race?
    _____

19. What is the race of your partner?
    _____

20. What is the date of the loss(es)? (format: dd/mm/yyyy)

_____

_____

_____

_____

21. About the child(ren):
Please specify gender (*for multiple losses, please indicate a number)*

- ❑ male
- ❑ female

22. How old was (were) your child(ren)? _____

_____

_____

_____

23. What was your child's place in the family?

- ❑ oldest
- ❑ youngest
- ❑ only child
- ❑ other, namely _____

24. What was the cause of death?

- ❑ illness. Please specify
  _____
- ❑ accident. What kind of accident?
  _____
- ❑ homicide
- ❑ suicide
- ❑ other

25. What can you tell us about the expectedness of your child(ren)'s death?

- ❑ unexpected
- ❑ expected
- ❑ comment

_____

_____

_____

26. Additional stressful experiences prior to, or subsequent to the death of your child(ren) (*please mark all that are applicable to you*).
    - ❑ Unemployment / change in employment status
    - ❑ Divorce / separation
    - ❑ Personal illness/injury
    - ❑ Illness/injury of someone else close to you
    - ❑ Other losses through death
    - ❑ Financial difficulties
    - ❑ Other(s), namely:

      _____

      _____

      _____

27. Are you currently consulting other mutual help groups or professionals?
    - ❑ no

    If yes, please specify:
    - ❑ internet (i.e. grief / loss websites)
    - ❑ psychiatrist
    - ❑ psychologist
    - ❑ social worker
    - ❑ pastor
    - ❑ Other(s), namely:

      _____

      _____

      _____

28. Have you consulted other mutual help groups or professionals in the past?
    - ❑ no

    If yes, please specify:
    - ❑ mutual support group
    - ❑ internet (i.e. grief / loss websites)
    - ❑ psychiatrist
    - ❑ psychologist
    - ❑ social worker
    - ❑ pastor
    - ❑ Other(s), namely:

      _____

      _____

      _____

Dynamic Adjustment Scale (DAS)

The following questions have to do with the quality of the relationship you have with your partner. Please indicate how often the mentioned situations occur in your relationship. If you do not have a partner, please skip the following nine questions.

	How often:	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
1.	do you confide in your partner?	□	□	□	□	□	□
2.	do you or your partner leave the house after a fight?	□	□	□	□	□	□
3.	do you, in general, think that things between you and your partner are going well?	□	□	□	□	□	□
4.	do you and your partner quarrel?	□	□	□	□	□	□
5.	do you or have you considered divorce, separation, or terminating your relationship?	□	□	□	□	□	□
6.	do you regret that you married (or live together)?	□	□	□	□	□	□
7.	do you and your partner “get on each other’s nerves?”	□	□	□	□	□	□
8.	do you show your partner that you love him or her?	□	□	□	□	□	□
9.	do you feel that you make a good match?	□	□	□	□	□	□

Inventory of Traumatic Grief (ITG)

Please mark the box that best describes how you have been feeling about your deceased child over **the past month**.

		almost never	rarely	Some-times	often	always
1.	The death of my child feels overwhelming or devastating.	□	□	□	□	□
2.	I think about my child so much that it can be hard for me to do the things I normally do.	□	□	□	□	□
3.	Memories of my child upset me.	□	□	□	□	□
4.	I feel that I have trouble accepting the death.	□	□	□	□	□
5.	I feel myself longing and yearning for my child.	□	□	□	□	□
6.	I feel drawn to places and things associated with my child.	□	□	□	□	□
7.	I can't help feeling angry about the death of my child.	□	□	□	□	□
8.	I feel disbelief over the death of my child.	□	□	□	□	□
9.	I feel stunned, dazed, or shocked over my child's death.	□	□	□	□	□
10.	Ever since my child died it is hard for me to trust people.	□	□	□	□	□
11.	Ever since my child died I feel like I have lost the ability to care about other people or I feel distant from people I care about.	□	□	□	□	□
12.	I have pain in the same area of my body, some of the same symptoms, or have assumed some of the behaviours or characteristics of my child.	□	□	□	□	□
13.	I go out of my way to avoid reminders that my child is gone.	□	□	□	□	□
14.	I feel that life is empty or meaningless without my child.	□	□	□	□	□
15.	I hear my child speak to me.	□	□	□	□	□
16.	I see my child stand before me.	□	□	□	□	□
17.	I feel like I have become numb since the death of my child.	□	□	□	□	□
18.	I feel that it is unfair that I should live when my child died.	□	□	□	□	□
19.	I am bitter over my child's death.	□	□	□	□	□

		almost never	rarely	Some-times	often	always
20.	I feel envious of others who have not lost someone close.	□	□	□	□	□
21.	I feel like the future holds no meaning or purpose without my child.	□	□	□	□	□
22.	I feel lonely ever since my child died.	□	□	□	□	□
23.	I feel unable to imagine life being fulfilling without my child.	□	□	□	□	□
24.	I feel that a part of myself died along with my child.	□	□	□	□	□
25.	I feel that the death of my child has changed my view of the world.	□	□	□	□	□
26.	I have lost my sense of security or safety since the death of my child.	□	□	□	□	□
27.	I have lost my sense of control since the death of my child.	□	□	□	□	□
28.	I believe that my grief has resulted in significant impairment in my social, occupational or other areas of functioning.	□	□	□	□	□
29.	I have felt on edge, jumpy, or easily startled since the death.	□	□	□	□	□
30.	Since the death of my child my sleep has been disturbed.	□	□	□	□	□