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Processes of Couple Co-Regulation in Bereavement: A Longitudinal Study

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PROCESSES OF COUPLE CO-REGULATION IN BEREAVEMENT: A LONGITUDINAL STUDY

by

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ABSTRACT

Processes of Couple Coregulation in Bereavement: A longitudinal study

by

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Bereaved parents are tasked with regulating their own complex grief emotions while also supporting their spouse through their varied emotions, in other words coregulating grief with their partner. In normal circumstances, coregulation can be challenging to manage for couples. Differences in grief symptoms and grief expressions pose added challenges for couples following child-loss. However, many couples report stronger marital bonds as a result of their loss. The purpose of this study is to identify interpersonal interactions that help couples coregulate their grief reactions. A mixed-method longitudinal design was used to understand how bereaved parents cope with grief while maintaining the function and quality of their relationship. Five couples who had experienced child loss within the previous two years participated in a total of thirteen interviews that were then analyzed from a grounded theory approach. Three recurring interrelated processes surfaced from these interviews: regulating self, regulating other, and forming our grief rhythm. Implications and applications for clinical practice are discussed.

(135 pages)

PUBLIC ABSTRACT

Processes of Couple Coregulation in Bereavement: A longitudinal study

Jessica Barboza

Five couples reported on their experience of coping with and supporting their partner through the loss of a child. In-depth interviews with these bereaved parents revealed that couples engage in processes of regulating self, regulating other and forming a grief rhythm after child-loss. These processes have important implications for future research and therapeutic practice with bereaved parents, couples, and families.

DEDICATION

To my husband and daughter who invite me daily into intimate moments of coregulation and offer their love and support even in my most fragile states.

ACKNOWLEDGMENTS

This project would not have been possible without the unwavering support of many professors, mentors, friends, and family members in my life. So, I would like to take this opportunity to offer my sincere gratitude for them.

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To my husband and daughter, who have truly been through it all, thank you for your patience and perseverance. This is as much your achievement as mine. To my mom, who has always been my inspiration, thank you for being a "pseudo"-mentor and cheerleader. To my fathers, thank you for your consistent belief in me and willingness to do whatever I needed. And to my friends, I am indebted to your commitment to our friendship over the years and I am looking forward to spending more time celebrating the many milestones that await us in life.

Finally, but most importantly, I would like to personally acknowledge the deceased children and their families whose lives and legacies remained at the heart of this project. All parents who participated in this study gave written permission to have their child's first name listed.

Marissa

Garrett

Dylan

Belle

Sophia

Savona

Vinny

Journey

May your love be ever present in the hearts of those who knew you.

Jessica Barboza

CONTENTS

Page

LIST OF FIGURES

Page

CHAPTER I

INTRODUCTION

Statement of the Problem

Individual grief processes are embedded in and influenced by the family's relational processes of meaning-making and coregulation (Breen et al., 2019; Stroebe et al., 2013; Walsh & McGoldrick, 2013). Coregulation refers to the mutual impact two or more persons have on each other's stable emotional state and is a process by which one or both people use the other to regulate themselves (Butler & Randall, 2013). Coregulation is broadly associated with attachment-related literature and its variations such as Emotionally Focused Therapy (Johnson, 2019) and Interpersonal Neurobiology (Siegel, 2019). According to these theories, interpersonal coregulation is the foundation for emotional intimacy or emotional connection in a relationship (Johnson, 2019). Qualitative and quantitative studies in bereavement support this assertion and conclude that bereaved parents are more successful at supporting one another when they can coregulate their grief responses and create shared meaning about their loss (Bartel, 2020; Bergstraeser et al., 2015; Hooghe et al., 2018; Toller & Braithwaite, 2009).

Although processes of coregulation are best felt and understood in the present moment (Johnson, 2019; Siegel, 2019), most studies that investigate couples' grief processes are retrospective, wherein one or both partners are asked several years after the death of their child to reflect on how they supported one another throughout the early grief process. While these studies provide preliminary understanding of some interpersonal processes, they have mostly highlighted that partners grieve differently and

how these differences impact the relationship, but rarely address how partners handle or cope with those differences. Longitudinal, real-time data collection methods introduce a more complex and accurate understanding of the present interpersonal processes that contribute to coregulating grief responses (Heatherington et al., 2005). Longitudinal designs also curtail some of the recall bias attributed to retrospective studies, which is especially important for the development of theoretical orientations and clinical interventions. Theoretical orientations that target the relational grief process are few (Breen et al., 2019; Hooghe & Neimeyer, 2013; Nadeau, 2008), and further research is needed to support the clinical interventions that do exist (Barboza et al., 2021).

Purpose of the Study

Though some scholars have examined the multiple obstacles couples face in coregulating grief (e.g.., misattunement and increased distress) and identified influential interpersonal protective factors (e.g., continuing bonds with the deceased child through rituals, grieving together vs. grieving apart), the overall *process* of coregulating grief has not been sufficiently studied. A comprehensive exploration into the interaction between coregulatory processes is needed, especially within the context of a shared loss. Based on previous studies that explored couple processes of coregulation in bereavement (Hooghe et al., 2018; Toller & Braithwiate, 2013), it appeared that couples found coregulating grief to be particularly challenging. However, there remains limited understanding about why this was the case and how couples attempt to overcome these challenges. Additionally, understanding how partners perceive each other's emotional regulation would help to define coregulatory patterns of interaction between partners. Defining this process is essential for developing therapeutic interventions that aim to empower couples

with relational resilience following the death of a child (Barboza et al., 2021). Evaluating theoretical frameworks through process-oriented research narrows the gap between bereavement science and bereavement care (Breen & Moullin, 2020). The purpose of this study is to develop and expand on the theory of coregulatory interaction in couple relationships through careful thematic analysis of couples' experiences coping with grief and loss together.

Theoretical Orientation

There are some theoretical perspectives that have guided clinical conceptualizations of couples' dyadic grief processes, such as attachment theory, meaning co-construction, and the dual process model (Barboza et al., 2021; Bergstraesser et al., 2014; Hooghe et al., 2018; Hooghe & Neimeyer, 2013; Stroebe & Schut, 2010). In addition to these theoretical perspectives, three categories of interpersonal grief coping have emerged: grieving together, grieving apart, and grieving together-apart (Toller & Braithwaite, 2009). Grieving together indicates moments when couples are open about their grief with one another. Grieving apart refers to moments when partners are private about their grief and close themselves off to other perspectives. Grieving together-apart refers to moments when partners offer one another a quiet presence or silent acknowledgement of their shared grief. However, it is still unclear when and how the couple chooses to engage in the different interpersonal grief coping styles.

Since this study focuses on coregulation from an attachment theory perspective, it is important to first unpack the relational processes that make up coregulatory interactions according to attachment and emotion focused frameworks. One of the processes of coregulation is attunement. Attunement is the ability to interpret the

subjective experience of the other (Siegel, 2019). It forms the basis for empathy by expanding awareness beyond the self to others (Siegel, 2019). Accurate attunement depends on the clarity of emotional expression and the ability to separate the emotions of the self from the emotions of the other.

Attunement becomes more difficult when subjective experiences of the self and other are unclear or inconsistent, which is a relatively normal occurrence in grief (Mikulincer & Shaver 2008). Misattunement can exacerbate any feelings of isolation that accompany grief, ultimately adding weight to an individual's present distress (Kozminsky, 2014). So, bereaved parents may attempt to avoid causing one another further distress by choosing to not talk about the loss (Hooghe et al., 2018; Stroebe et al., 2013). However, couple relationships are dependent on open communication for secure attachment bonds and relational resilience (Johnson, 2019; Walsh, 2015). While not talking about the loss of their child may temporarily alleviate some present distress for one or both partners, it may increase the couples' risk for long-term disconnection and relationship dissolution (Stroebe et al., 2013).

Meaning Co-Construction

To resolve this dilemma, the Meaning Co-Construction approach was developed. This clinically oriented framework enables couples to support one another more effectively and thereby strengthens the security of their attachment bond (Albuquerque et al., 2016; Barboza et al., 2021). Combining practical tenets of the empirically-based Meaning Reconstruction Model (Neimeyer, 2019) and Emotionally Focused Therapy (Johnson, 2019), the Meaning Co-Construction approach (Barboza et al., 2021) identifies four main interpersonal processes that facilitate shared meaning-making in family

relationships: 1) access and express primary emotions, 2) deconstruct and explore narrative alternatives, 3) reconstruct self and family narratives in relation to the loss and the deceased, 4) construct coregulating patterns of interaction. Additionally, while it is possible for some of the processes to co-occur, it is suggested that accessing and expressing primary emotions and deconstructing and exploring narrative alternatives occur prior to reconstructing self and family narratives and constructing coregulatory patterns of interaction (Barboza et al., 2021). This is to indicate that disorganization comes prior to reorganization in the grief process (Bowlby, 1980) and effective attunement comes prior to interpersonal support in relationship dynamics (Johnson, 2019; Siegel, 2019).

The meaning co-construction approach was created to supplement and expand on the theoretical orientations that currently exist (Barboza et al., 2021). This framework was adapted from the Meaning Reconstruction Model to provide a practical process-focused clinical integration to bereavement treatment with families. However, while the processes outlined in this integrated framework are empirically informed, the combined effect and the order in which they occur has not been studied. Most of the research that informed the meaning co-construction approach is retrospective, which limits its practical application (Barboza et al., 2021). The next stage of process-based family theory development is to conduct longitudinal analysis on the change processes in real-time from the perspective of multiple family members (Heatherington et al., 2005). One of the purposes of this research study is to understand if these processes naturally occur in couple relationships and if so, the timeline in which they appear or develop. Additionally,

because they are change processes, it is valuable to understand how they relate to participant outcomes such as individual grief symptoms and relationship resilience.

Family Resilience

The primary goal of the meaning co-construction approach outlined above is to encourage family resilience by restoring the family's natural resources and strengths (Barboza et al, 2021). Family resilience is a term used to describe how the family as a whole overcomes changing or challenging circumstances (Hooghe & Neimeyer, 2013; Walsh, 2016). In a state of transition or stress, the family relies on available resources, such as a positive thinking, problem-solving skills, and open communication, to address any new demands (Walsh, 2016). The family may need to develop new resources in situations where their current resources are insufficient or scarce. With increased access to effective resources, the family naturally becomes more resilient in adverse situations (i.e., the loss of a child). Shared meaning-making and coregulatory interactions are two resources that are especially important but challenging to access for bereaved families (Bartel, 2019; Hooghe et al., 2018; Walsh & McGoldrick, 2013). The meaning co-construction approach asserts that families are more resilient when they can engage in shared meaning-making and coregulatory interactions that strengthen attachment security (Barboza et al., 2021). Families who already have access to and utilize these resources will display more resilience than families who are unable to access or utilize these resources (Nadeau, 2008; Walsh, 2016).

More often in the bereavement literature, researchers measure perceived family support instead of family resilience. In these studies, family support is used as an independent or moderator variable (Houwen et al., 2014). However, from a family

resilience perspective, family support is conceptually an outcome variable because it is dependent on the synergistic processes of family adaptation (Walsh, 2016). From a systemic perspective, family resilience refers to the adjustment of the whole system through internal and external resources to maintain its functions (Patterson, 2002). One of the primary functions of the family is to provide membership (i.e., a sense of belonging) and nurturance (i.e., emotional support) for its individual members (Patterson, 2002). Therefore, the family's resilience determines how effective the support will be. The meaning co-construction approach focuses on family resilience as a goal because it is assumed that once family resilience is achieved family support will naturally co-occur. Once the family is able to support one another more effectively, each family member will be able to cope with their own grief more constructively (Hooghe & Neimeyer, 2013; Houwen et al., 2014; Mancini & Bonanno, 2009).

Additionally, this study sought to understand how each of the processes of coregulation influenced one another, and how individual grief processes impact relational processes of coregulation. Given these research questions, a longitudinal design seemed most appropriate to investigate couple processes across time. In the following chapter, the research design, procedures, and measures used in this study are described in detail while keeping in mind how these methods address the research questions and inform gaps in our present understanding of bereaved parent couple relationships.

Definition of Terms

In order to adequately evaluate the methods, results, and conclusions drawn from this investigative inquiry, this section provides readers with an overview of important terms used throughout the remaining chapters. The first term is resilience: both from an

individual and family perspective. Resilience is the ability to adapt, overcome, or "bounce back" from difficult circumstances (Mancini & Bonanno, 2009). In many cases, resilience assumes that an individual or a family system returns to a previously known baseline or "normal." However, in some cases, resilience can also mean that an individual or family is stronger as a result of the adversity, which suggests that adversity may be an opportunity to build resources against future adversities (Bonanno et al., 2011; Walsh, 2016). Both of these definitions use prior functioning as a comparative reference for "post-adversity" functioning.

Therefore, in order to measure resilience, researchers typically have an indication of what prior or "normal" functioning is for an individual or family. For bereaved parents, it would be nearly impossible to return to a "pre-loss" state because it is likely that so much of their life has fundamentally changed as a result of the death of their child (Bonanno et al., 2011). However, it may be beneficial to ask about pre-loss functioning to get an idea of what the expectation for a new normal might look like. Additionally, although many scholars have tried, normal grief functioning is difficult to define because grief is impacted by multiple compounding factors (Milman et al., 2019; Shear & Shair, 2005). As a result, individual resilience in bereavement is commonly measured by the absence of problematic symptoms rather than the presence of positive adaptation (Bonanno et al., 2011; Mancini & Bonanno, 2009).

On the other hand, family resilience is defined and measured by the family's ability to maintain the essential tasks of nurturing, educating, supporting, and protecting its members (Patterson, 2002). Relational resilience can be described as maintained or improved cohesion, intimacy, and connection between family members. In bereavement,

family resilience is achieved through open communication, flexibility of roles, and creating shared meaning (Walsh, 2016). Individual and family resilience in bereavement are positively related (Barboza & Seedall, 2021).

Other terms that are repeated in the remaining chapters are attunement and responsiveness. Both of these terms are associated with the broader process of coregulation. While attunement is defined above, responsiveness is the action or behavior used to emotionally stabilize someone and the determination of whether that effort achieved the intended goal. These two processes, attunement and responsiveness, have been studied in both parent-child relationships and couple relationships (Seedall & Wampler, 2013). Overall, these processes are considered bidirectional, in that they both inform and improve the effectiveness of the other (Seedall & Wampler, 2013; Siegel, 2019). However, this study seeks to understand how grief impacts these processes and what specific interactions couples report using to understand and support one another as they cope with the shared pain of loss.

Finally, the term tolerance is used to describe a person's ability to withstand and/or regulate ongoing emotional distress. Tolerance for emotional distress depends on several factors including previous exposure to certain distress, the availability of internal and external resources, and self-awareness of needs (Siegel, 1999). A lack of tolerance in grief may be associated with avoidant symptoms such as isolation from others, avoiding of reminders of the loss, and emotional numbness (Prigerson et al., 2020). These symptoms and other factors will be explored further in the following chapter.

Summary

In summary, longitudinal process-focused data would add clarity regarding couples' coregulatory interactions after the loss of a child. While theory has attempted to organize the literature into a framework for clinical utility, many assumptions made by these theories are understudied in bereaved families. Therefore, these theories are limited in their practical application and would benefit from observing the lived experience of bereaved parent couples over time.

CHAPTER II

LITERATURE REVIEW

Grief is a complex emotionally driven process that is often experienced in response to the death of a loved one. The process of grief, as defined by attachment theories, involves variable degrees of shock, longing, disorganization, and reorganization (Bowlby, 1969; Shear & Shair, 2005). These characteristics of grief are similar across racial, ethnic, and gender groups and across different loss types (e.g., expected vs. unexpected deaths) (Maciejewski et al., 2007). For those whose loved one died by natural causes, the intensity of emotional distress reduces over time. By six months, most bereaved persons are able to manage the emotional weight of grief and resume present life tasks and responsibilities (Maciejewski et al., 2007; Prigerson et al., 2020; Shear & Shair, 2005). However, when death is inconsistent or unpredictable, grief can be as well. Prolonged grief refers to persistent and profound emotional disturbance that is coupled with avoidance behaviors and a preoccupation with the deceased or circumstances of the death (Prigerson et al., 2020).

Risk factors for prolonged grief include untimely deaths, traumatic loss, disenfranchised or stigmatized loss, and ambiguous loss (Djelantik et al., 2020; Lundorff et al., 2017; Prigerson et al., 2020). Minority populations are more at risk for traumatic, disenfranchised, or stigmatized losses (Bindley et al., 2019). Other risk factors for prolonged grief include lower family support, insecure attachment styles, and negative religious coping behaviors (Breen et al., 2019; Lichtenthal et al., 2011; Mikulincer et al., 2008). These risk factors allude to the meaningful role of interpersonal dynamics and

larger social systems in the grief process (Barboza & Seedall, 2021; Klaassan et al., 2019). Recently, COVID pandemic-related risk factors have also risen, such as being separated from the loved one prior to their death, not being able to give or attend a funeral service, death caused by COVID-19, and not receiving up to date information about a loved one's worsening condition (Lee & Neimeyer, 2020; Menzies et al., 2020).

While bereaved individuals experience a range of symptoms over time, most people naturally develop resilience, or the ability to "rebound from adversity, strengthened and more resourceful" (Walsh, 2016, p. 617). Some protective factors that promote resilience for bereaved individuals include meaning-making, family resilience, and effective emotion regulation (Barboza & Seedall, 2021; Bottomley et al., 2017; Milman et al., 2019). Recent research has revealed that grief is tied to the interconnected meanings and narratives of the loss, the self, and the relationship with the deceased (Milman et al., 2019; Neimeyer, 2019). Meanings and narratives are derived from subjective personal (i.e., feelings, body sensations, thoughts) and interpersonal (i.e., relational interaction) experiences. They can also be influenced by other belief systems such as culture, religion, and ethnic traditions (Bindley et al., 2019). The complexity of meaning ensures that grief is unique for each individual, even if they have experienced the same loss (Bartel, 2020; Gillies et al., 2014). However, because grief experiences differ even among family members with the same loss, family members, particularly couples, may have difficulty appropriately attuning to each other's needs and providing adequate support (Albuquerque et al., 2018; Hooghe et al., 2018).

Parental Grief

There is a substantial amount of research that examines the grief process of bereaved parents (Harper et al., 2014; Stroebe et al., 2013). Systematic reviews have revealed that bereaved parents report above average depression and post-traumatic stress symptoms immediately following the loss and have higher rates of prolonged grief a year after the loss (Waugh et al., 2018).

However, gender is an important factor in predicting adjustment. Bereaved mothers usually report more intense grief than fathers (Buyukcan-Tetik, 2022), and their grief is characterized by more guilt, morbid fear, and yearning than fathers (Lang et al., 2007). Bereaved fathers do not typically discuss their grief and commonly use self-isolation and work as coping strategies (Alam et al., 2012; McNeil et al., 2021). Compared to their male partners, bereaved mothers tend to have more positive attitudes towards communicating openly about their loss and grief (Stroebe et al., 2013). Bereaved mothers are more likely to experience post-traumatic growth than bereaved fathers, but the potential for growth for both genders increases with the passage of time (Waugh et al., 2018). Additional risk factors for bereaved parents are prior losses, duration of the illness, unexpected deaths, economic hardship, partner's grief, and comorbidity of mental health diagnoses (Buyukcan-Tetik et al., 2022; Rosenberg et al., 2012).

Phenomenological studies have characterized parental grief as a process of continuing an active role of "doing" for the child, which involves "piloting," "providing," "protecting," and "preserving" (Price et al., 2011). The parent role does not end with death, and many parents seek out ways to continue the legacy of their child's life (Arnold & Gemma, 2008). However, this may be truer for mothers than fathers as fathers

typically report more task-oriented coping than child-oriented coping (Alam et al., 2012; Stroebe et al., 2013). In another qualitative study, research scholars emphasized the individual nature of grief. Bereaved parents in this study acknowledged that social support, talking about the loss, continuing bonds with the child, and finding solace in faith and religion were some of the most beneficial resources immediately following the loss (Thompson et al., 2011).

Couple Relationships After Child Loss

Child loss can have both detrimental and cohesive effects on the couple relationship (Albuquerque et al., 2016). When compared to non-bereaved parents, bereaved parents generally have higher rates of divorce (Lynstad et al., 2013). However, many parents report stronger bonds with their partner after the death of a child (Avelin et al., 2013; Bartel, 2019). Several protective and risk factors have been identified that contribute to the impact child loss has on the couple relationship. Protective factors include younger age of the child, younger age of the parents at time of loss, the presence of surviving children, additional social support, religious affiliation, and shared meaning making (Albuquerque et al., 2016; Barboza & Seedall, 2023). Risk factors include poor marital quality prior to the loss and incongruent grieving (Albuquerque et al., 2016; Buchi et al., 2009).

Therapy is also cited as positive protective factors for couple adjustment to the death of a child (Alam et al., 2012), as well as shared rituals and continuing bonds (Bartel, 2019). When done well, dyadic coping through emotional sharing can be a source of interpersonal and intrapersonal growth (Bergstraesser et al., 2014). In one longitudinal quantitative study, when at least one partner reported restoration-oriented coping (i.e.,

focusing on secondary stressors that resulted from the loss) versus loss-oriented coping (i.e., focusing on the deceased child), the couple reported better overall adjustment (Wijngaards-de Meij et al., 2008). Dyadic analyses, such as this, have made it apparent that individual grief needs to be understood in the context of relational coping where both partners' reactions are considered. Though meaningful, these quantitative analyses are limited in their ability to provide an in-depth view of how couple processes of coregulation occur and are negotiated through specific interpersonal interactions.

Cross-sectional mixed methods studies also support the significance of dyadic coping (i.e., emotional sharing, participating in rituals together) and concordant grieving (i.e., similar grief expressions and intensity of symptoms) for couples confronted with the death of a child (Alburqueque et al., 2019; Bergstraesser et al., 2014; Buchi et al., 2009). However, some studies suggest that conflict between individual and joint needs can sometimes threaten the couple relationship (Avelin et al., 2013; Gilbert, 1989). To understand how couples resolve this potential threat, qualitative studies have deduced that family members intentionally grieve together and apart (Bartel, 2020; Toller & Braithwaite, 2009) and that the combination of these processes support individual resilience and relationship cohesion. Combined, these studies imply that relational resilience is supported by the couples' ability to set expectations regarding the anticipated differences in their grief expressions or experiences and to respect individual differences when grieving together or apart.

Several studies allude to the interdependence of parental grief in couples (Buchi et al., 2009; Buyukcan-Tetik et al., 2022). When examining how partner's impact each other's grief process, Stroebe et al. (2013) concluded that partners may engage in partner-

oriented self-regulation (POSR). This refers to the avoidance of emotional expression around the other partner in an effort to protect that partner from the pain of grief. Results showed that POSR was associated with an increase in both partners' overall grief-related distress (Stroebe et al., 2013), and authors suggested that not talking about the loss could be more harmful than helpful even if well-intentioned. However, there seems to be a piece of the puzzle missing that previous research has not been able to answer. Even though POSR likely causes further distress, this form of coping is relatively common in couple relationships after the loss of a child (Hooghe et al., 2018; Stroebe et al., 2013; Toller & Braithwaite, 2009). This introduces some complexity and likely some confusion about how to clinically advise couples in the wake of loss. These conclusions have led to more questions regarding the systemic processes that encourage partners to "protect" one another from grief. Does timing play a role in determining whether talking about the loss is beneficial? Do certain couple dynamics need to be in place in order for couples to effectively talk about the loss? How do couples decide when it will be helpful or not helpful to talk about their loss? Are there certain cultural narratives that inform whether couples choose to talk or not talk about their loss?

Additionally, there is an increasing need to gather real-time longitudinal data about couple interactions within the first few years after the death of their child for clinical utility (Breen & Moullin, 2020). While most data on bereaved parent couple relationships are cross-sectional and retrospective (*at least 12 months after the loss*), most people seek out bereavement support from clinicians *within the first 12 months* after the loss (Banyasz et al., 2017). Little is known about the couple's processes of interaction during the first year, however, we do know that this is a particularly sensitive time period

for meaning making and family reorganization (Keesse et al., 2008), which impacts the individual's potential for resilience (Barboza & Seedall, 2023; Mancini & Bonanno, 2009). While this is a challenging timeframe to request research participation for bereaved parents, the first two years after loss set an important foundation for family structure, communication, and resilience (Walsh, 2015; Barboza & Seedall, 2023) Bereaved parents who do participate in research within the first two years of the loss are rarely interviewed together (Albuquerque et al., 2016). Interviewing parents together within the first two years after the loss over several time points provides additional context that previous studies have not been able to examine.

Research Questions

The overarching theoretical framework that underlies the development of this project was the meaning co-construction approach (Barboza et al., 2021). The meaning co-construction approach is an adaptation of the Meaning Reconstruction Model (Neimeyer, 2019) that attempts to address interpersonal and systemic needs of bereaved families more comprehensively (see Chapter 1). Within this approach, assumptions and change mechanisms of Emotionally Focused Therapy (Johnson, 2019) are integrated with those of the Meaning Reconstruction Model (Barboza et al., 2021). The research questions outlined in this section reflect one of the overarching tenets and goals of this integrated approach: coregulating differential grief emotions and reactions.

Because of this study's grounded theory design, the research questions evolved over the course of the study to accurately represent the lived experience of the participants. While theory guided the initial questions, the participants' accounts of shared grief and loss clarified what relational processes were most influential to them and

narrowed the focus of the study and its research questions to a more in-depth understanding of those specific processes.

The main question this study attempts to answer is how couples enact emotional coregulation (i.e., expression, attunement, and responsiveness) with one another after the loss of a child and how coregulation changes over time. More specifically, this study explored how an individual regulates their own grief while attempting to regulate their partner's grief. In understanding this relational process, it was important to investigate how partners perceived one another's grief in the moment and how this perception informed their response or actions. Cultivating an environment of emotional safety in the relationship where partners are able to express themselves openly and provide assurances to one another of continued emotional support has been consistently linked to higher marital quality and relationship satisfaction (Butler & Randall, 2013; Johnson, 2019).

Another important research question that remained a focus of this study was how emotional coregulation supported individual and relational resilience. Specifically, how did the processes of coregulation support personal adjustment to loss and overall relationship flourishing? Although this question was not answered completely in this study, this study did provide some preliminary descriptive data regarding how interpersonal processes relate to these outcomes for future research.

CHAPTER III

METHODS

In order to augment the literature on interpersonal grief processes and to evaluate theoretical assumptions that guide clinical interventions, this study focused primarily on expanding depth rather than breadth of knowledge. The primary goal of this study is to understand what relational encounters, specifically within the couple relationship, are most effective or least effective in supporting both individual and relational resilience following child loss. Additionally, although it was assumed that processes of coregulation are responsible for how partners communicate about their shared loss, more evidence was needed to support this assumption. To assemble and analyze the extent of data needed to answer the proposed research questions, a combined mixed methods longitudinal design was used to frame and guide this investigative study.

Grounded Theory

Grounded theory is a type of qualitative methodology that supports the innovation and/or elaboration of theory (Straus & Corbin, 1994). Like most qualitative inquiry, this methodological approach involves an iterative conversation between the data, the researcher, and the conceptual framework. Theories are constrained by language, time, place, and personal characteristics. By observing and attending to the lived experience of others, grounded theory encourages a dialogue around these theoretical constraints which strengthens the breadth and depth of the theory. From this methodological perspective, truth is enacted not discovered, which makes theoretical development a continual and evolving process (Straus & Corbin, 1994).

Longitudinal Design

In grounded theory, the theoretical constructs are presumably related to one another, forming the theoretical process. Because this study sought to examine the *process* of coregulation rather than identifying components of coregulation, the longitudinal design was used to determine how theoretical constructs (attunement, responsiveness, resonance, expressing emotions, etc.) relate to each other and to draft a preliminary map of the order in which they likely occur (Johnson et al., 2020).

Additionally, most research on couples' grief processes after the death of the child are cross-sectional (Breen & Moullin, 2020). Participating couples are only interviewed once, and rarely together, so a longitudinal design where both partners participate in multiple interviews supports a longstanding need to examine dyadic patterns in bereavement literature (Breen et al., 2019). Longitudinal qualitative data is rare but valuable when evaluating complex processes such as couple coregulation and fosters a continuing bond between research and practical application in family therapy (Breen & Moullin, 2020; Johnson et al., 2020).

Research Participants

Participant Inclusion/Exclusion Criteria

Bereaved parents are more open to research involvement between 12-24 months after the loss (Butler et al., 2018). Considering that at risk couples seek out therapy within the first two years after a child's death (Alam et al., 2012; Banyasz et al., 2017), this time period seems to be supremely influential for targeting clinical interventions (Keesse et al., 2008). The first few years after loss also serve as a screening period for complicated or prolonged grief (Prigerson et al., 2016). In order to evaluate emotional coregulation, it

was important that bereaved parents were at the height of grief intensity, but also that partners had enough time to interact with each other's grief to report on it. For all of the reasons listed above, the sample for this study was limited to couples who had experienced child loss between six months and two years prior.

The age of child at time of death was also limited to birth up to 17 years. This age range mirrors prior studies with this population (Bergstraesser et al., 2015). Attachment bonds between parent and child become more developed after birth, which will likely impact the grief experience and grief expression of bereaved parents (Mikulincer & Shaver, 2008; Kosminsky, 2014; Shear & Shair, 2005). At 18, the child is considered an adult in the United States, and in this stage of development, the family allows for increased independence and differentiation of the child. Thus, the parenting role has shifted, which can potentially alter the process of grief.

Additionally, both partners had to be biological or adoptive parents of the deceased child and currently live together in a committed relationship. Though influential and important, relationships between non-biological parents (i.e., stepparents) and their stepchildren fundamentally differ from relationships between biological parents and their children, which potentially complicates couple interactions (Gerrard, 2002). Because the focus of this study is on couple patterns of interaction, evaluating the added complexity of interactions between stepparents and biological parents would be difficult with such a small sample size. Additionally, divorced or separated parents likely experienced several attachment-related injuries between them and/or were unsuccessful with relational repair. Therefore, these couples were not able to provide reliable information about changes in relationship quality and effective emotional coregulation.

Finally, both partners had to be fluent English speakers and have access to WiFi connection to sufficiently participate in the online interview process.

Participant Recruitment

Potential participants were recruited through bereavement support services including grief centers, hospital support personnel, and grief counselors/therapists. One partner from each couple, in all cases the female partner, contacted the researcher via email after receiving a flyer about the study. The researcher scheduled an online screening interview with each couple to provide further details about the study procedures and answer any questions. Participants were also informed that participating in this study would not resemble or replace therapy. During this screening interview, the researcher asked non-probing questions about the child who died, the circumstances of the death, and couple relationship to determine each couples' eligibility to participate in the study. Only one couple was screened out of the study because the death occurred more than two years prior.

Participant Description

Five couples participated in this study. In general, all couples were married and biological parents of their deceased child/children. All of the couples were interviewed within the first two years following their child's death. Four of the couples lived together at the time of the first interview and continued living together throughout their participation in the study. One couple lived apart for a majority of the time, due to work demands for the husband. At least one partner in each couple engaged in ongoing therapy or grief support throughout the study. One couple participated in ongoing couple therapy for the duration of their participation in the study. One couple did decide to divorce

during the course of the study and therefore they were no longer eligible to participate in Time 3 data collection. Each couple is described below (names changed for confidentiality).

Amy and Patrick are an Asian American couple whose son, age three, died from prolonged health problems he incurred following a drowning incident in 2020 in the family's home. After the drowning incident, their son required twenty-four-hour care and he remained mostly immobile and nonverbal. They became primary caretakers for him in their home where he died in his sleep about a year after the drowning incident. The couple has been together for twenty years, married for over ten, and they have two other children together who are older but still live at home (ages ten and six at the start of the study).

Kristen and Charles are a mixed-race couple (white and Hispanic respectively). Their daughter, age six, died of DIPG, a rare childhood cancer. She was diagnosed in August of 2021 and died in January of 2022. During that time, Kristen took a leave of absence from work and stayed home as her daughter's primary caretaker. Kristen was married once before and has a daughter (age fourteen at the start of the study) from her previous marriage. Kristen and Charles also have another daughter together, age ten.

Rachel and Garrett are also a mixed-race couple (white and African American respectively). Two of their daughters died in the span of five years. The most recent loss occurred in 2021 where their daughter (age two) died of chronic cardiac problems from birth. They were in and out of the hospital with her for about a year prior to her death. They also have two sons, ages seven and two (at the start of the study). They have been together since high school and married for about ten years.

Paula and Rick are a white couple who have been married for over twenty years. Their son, age seventeen, was diagnosed with colorectal cancer in 2020 and died in August 2021. Combined, they have ten children, but most of their children are from previous marriages, as Paula and Rick have been married once before. Rick lives in another state for work but returns home about once every few months to be with his family.

Lauren and Bobby are a mixed-race couple (white and Tongan/Pacific Islander respectively) and have been married for one year, together for seven years. Their daughter died of medical malpractice in the aftermath of a brain bleed in November 2021, prior to her first birthday. Lauren has been married once before and has a daughter, age six (at the start of the study), from her previous marriage who Bobby adopted as his own. Lauren and Bobby also have another daughter together, age three.

Procedures

This mixed method study involved both online semi-structure interviews (qualitative) and online surveys (quantitative). Each couple participated in two to three online interviews over the course of six months. The researcher met with one couple at a time and both partners were present for each interview. Each interview lasted about 90 minutes and occurred about 3 months after the previous interview. All interviews were conducted in English. In addition to the interviews, individual participants were asked to complete a Qualtrics survey prior to each interview. Data collected through the online surveys added descriptive information about participants' individual grief coping and perceived relationship quality. The survey consisted of two measures: the Texas Revised

Inventory for Grief (TRIG) (Holtslander & McMillan, 2011) and the Couple Flourishing Measure (CFM) (Sanri et al., 2021).

Participants were compensated for the time they invested in this study. Participants received $25 for each interview they completed and an additional $25 for completing all other study procedures.

In strict grounded theory approaches, data collection and analysis are completed concurrently. As new information is gathered and interpreted, new questions form that in turn direct future data collection. In this project, data analysis occurred in between interview time points and interview questions were adjusted accordingly. Although interview questions were adjusted throughout the process, a general template of questions served as a guideline for the interviewer during the interviews (see Appendices B, C, and D). The following sections provide more details about the topics covered in the interviews and the quantitative measures included in the surveys.

Semi-Structured Interviews

In-depth qualitative interviews that honor the sensitivity of the loss are empowering and beneficial for bereaved parents (Butler et al., 2018; Hynson et al., 2006). Bereaved parents report positive experiences participating in research; however, they also report mild to moderate distress in the interview process (Butler et al., 2018; Dyregov, 2004). To ensure a positive experience for bereaved parents, researchers are advised to give “careful attention to the research process in terms of timing, approach, and the interviewer’s skills” (Hynson et al., 2006). More specifically, monitoring pace of the interview questions, advising participants about their role in the research project, and interviewer’s active listening skills are considered to be some of the key features of

positive research experiences for bereaved persons (Hynson et al., 2006). Participants were given permission to not answer any question that was posed by the interviewer and, if needed, were offered additional support resources at the end of the interviews. The interviewer also monitored the emotional presentation of participants throughout the interview, followed the natural flow of the conversation to display active listening, and invited couples to take time after the interviews to engage in self-care practices.

The purpose of the interviews was to understand what processes of couple interaction foster both individual and relational resilience and therefore the interview questions were process-focused (i.e., "how does your partner attempt to support you in your grief," and "how has your relationship changed as a result of the loss?") and meaning-focused (i.e., "what have you learned about yourself as a result of the loss," and "what has been the worst part of the loss for you?") (See Appendices B, C, D for initial template of interview questions). The topics covered in each interview included current individual grief coping, current relationship dynamics, family roles, circumstances of the death, and changes in self. Additionally, the couples were interviewed together so that the interviewer could give special attention to present processes as they arose (i.e., "what is it like for you to see your partner hurting/crying/upset now," and "what is it like to share with your partner what you are feeling right now?") and clarify responses based on the perspectives of both partners.

In addition to the recorded interviews, the interviewer also wrote field notes during and after most interviews. Field notes have been used in qualitative research methods for many years to emphasize and critically reflect on information gathered in the interview (Phillippi & Lauderdale, 2018). The field notes can supplement the transcribed

audio recording by adding context and intent to meanings (Phillippi & Lauderdale, 2018). The purpose of the field notes is to provide live-observed information, such as emotions and behaviors that are not recorded in the audio (Parameswaran, 2020). In the field notes, the interviewer shared her reflections and perceptions regarding the participants' interpersonal interactions. Field notes were filed with the interview recordings/audio transcriptions to protect participant confidentiality and to ensure that data from each interview was organized and accessible for future coding (Phillippi & Lauderdale, 2018).

At the beginning of the second and third interviews, the couple was read a narrative summary of their previous interview which included major themes that were initially coded from the interviews and reflections of the researcher. Participants were then invited to correct any information presented in the summary that did not accurately describe their experience. All couples responded positively to the narrative summaries and only minor corrections were given, if any. The researcher then invited the couple to explore what changed since the previous interview in regard to their grief coping and relationship dynamics, which prompted further dialogue about their present experience.

All of the interviews were recorded online through Zoom and administered by a licensed marriage and family therapist. The Zoom meeting IDs and passcodes were uniquely assigned to each couple to ensure confidentiality. In total, thirteen interviews were conducted and coded. Three of the couples completed all three interviews (nine interviews). Two couples completed two interviews (four interviews) but were unable to complete the third. Of the couples who only completed two interviews, one couple decided to divorce after the second interview and was hence excluded from future

participation. The other couple had increasing responsibilities and limited time that made scheduling a final interview difficult despite flexibility offered by the researcher.

Quantitative Measures

All individual participants were emailed an online survey prior to their scheduled interviews. Participants were assured that their survey responses would not be shared with their partners to encourage honest responses. All of the participants completed the survey for time point one. One participant did not complete the survey for time two. Since two of the couples did not participate in time three interviews, they also did not participate in time three surveys. In total, ten survey responses were recorded for time point one, nine survey responses were recorded for time point two, and five survey responses were recorded for time point three (see Tables 1 and 2).

Texas Revised Inventory for Grief (TRIG). Grief symptoms were measured using the Texas Revised Inventory for Grief (TRIG). Unlike other grief symptom measures such as the Inventory for Complicated Grief (ICG) and Prolonged Grief Assessment (PG-13), the TRIG measures non-pathological symptoms and thus seemed more appropriate for measuring grief symptoms within the first few years of the loss (Holtslander & McMillan, 2011). The TRIG consists of a 13-item scale that assesses present grief symptoms (i.e.. “At times I still feel the need to cry about the person who died”) and an 8-item behavioral impairment scale (i.e.. “I found it hard to sleep after the person died”). Each item is scored on a 5-point Likert scale where 1 is “completely true” and 5 is “completely false.”

Confirmatory Factor Analysis on the TRIG-present scale revealed a three-factor structure which indicates that the TRIG measures grief as a multidimensional response to

loss (Nam & Eack, 2012). The three factors present in the TRIG are emotional responses to the loss, nonacceptance of the loss, and thoughts about the loss. The TRIG was confirmed as a valid measure for grief in minority and nonminority populations (Montano et al., 2016; Nam & Eak, 2012), and has been used to track grief symptoms across time (Holtslander & McMillan, 2011).

For the purpose of this study, the full 21-item assessment was included in the survey for time point one, but only the 13-item present grief-related symptom scale was used for time points two and three. Since the 8-item behavioral impairment scale measures behavior immediately following the loss, it was not necessary to repeatedly measure these items. Means and standard deviations for this study sample are shown in Table 1. Lower scores reflect heightened grief symptoms or poorer functioning, while higher scores reflect lowered grief symptoms or better functioning.

Table 1.

Summary of Texas Revised Inventory for Grief (TRIG) Scores

Time Point	*N*	Mean	SD
BIS	10	21.5	6.72
Time 1	10	26.3	8.73
Time 2	9	26.2	11.71
Time 3	5	33	10.95

Note. N indicates the number of participants who completed the survey. BIS is a sub-scale of the TRIG that indicates participants retrospectively reported behavior impairment immediately following the death of their child. These scores were collected at time point 1.

Couple Flourishing Measure (CFM). In addition to the TRIG, participants were also asked to report their perceived relationship quality at each time point by answering items from the Couple Flourishing Measure (CFM). The 16-item CFM ($\alpha = .98$) assesses

couple relationship quality on a continuum from distressed to flourishing and is more precise at detecting changes in the upper domains (i.e.. satisfied vs. flourishing) than other relationship quality measures (Sanri et al., 2021). Because of its increased sensitivity and precision to upper domains of relationship quality, this measure is more responsive to change over time (Sanri et al., 2021), making it particularly useful for understanding couple dynamics during periods of adaptation or adjustment.

Table 2.

Summary of Couple Flourishing Measure (CFM) Scores

Time Point	*N*	Mean	SD
Time 1	10	79.7	26.57
Time 2	9	71.1	39.62
Time 3	5	101.2	7.73

Note. N indicates the number of participants who completed the survey.

The 16 items are scored on a range of 1 to 7, but each item has its own score indicators. For example, item 1 (“My life with my partner is”) a score of 1 is “weary,” a score of 4 is “comfortable,” and a score of 7 is “fulfilling.” For item 2 (“Around my partner I often feel”) a score of 1 is “drained,” 4 is “content” and 7 is “energized.” The total score (combined scores from each item) is used to determine an individual’s perception of their overall relationship quality. Although this measure is new, it remained internally consistent across racial, age, and gender groups as well as across marital status and education level (Sanri et al., 2021). Means and standard deviations for CFM scores are shown in Table 2. Lower scores on the CFM reflect poorer perceived relationship quality, while higher scores reflect relationship flourishing.

Data Preparation

Raw data was stored in a password protected box folder in the USU database. The principal investigators shared access with other members of the research team as needed. Each participant was given a participant ID that was used to group data from the same couple pair (i.e., couple 1, partner A will be identified at 1A).

The audio from the interviews was initially transcribed using Zoom software. Under the supervision of the researcher, undergraduate and master level students then edited the transcripts to match the recorded audio/video file verbatim. Transcripts were uploaded to the software Atlas.ti for coding. Throughout analysis, the researcher reviewed the audio files and edited any errors in transcripts.

Quantitative data was recorded in Qualtrics before it was transferred to the box folder with the participant's ID. After each interview, the data from the online surveys was entered into an Excel spreadsheet for later analysis. Because participants responded to the same survey multiple times, the date that the survey was completed and the participant ID distinguished survey responses for analysis.

Data Analysis

Qualitative Data

Because grounded theory attempts to develop or expand on a theoretical framework, coding should be conducted in a way that honors the participants' subjective experience and also addresses whether their experience aligns with the current scaffolding set by the theoretical framework. In this sense, coding occurs in at least two steps or rounds: 1) using the participant's own language regarding their experiences, and 2) interpreting or translating the participant's language into the theoretical framework

(Williams & Moser, 2019). Combined, these two analytical steps validate or challenge the theory based on the participant's viewpoint, which then allows the theory to be adjusted accordingly. These steps set the stage for a comprehensive dialogue between the participants and the theory (Williams & Moser, 2019).

First Round of Coding. The participant's "language" can be thought of in verbal and non-verbal terms. So, in order to satisfy the first step in grounded theory analysis, in-vivo and process codes were used to fully represent the participants' experience. In-vivo codes use the direct language of the participants to form codes, and thus, highlight and respect the participant's voice (Saldana, 2016). Process coding or "action" coding uses gerands (-"ing" words) to convey actions of one person or interactions between people (Saldana, 2016). Process coding can also be used to capture sequences or actions over time (Corbin & Strauss, 2015). Therefore, in-vivo process codes not only supported grounded theory methodology, but also appropriately addressed the intended research question.

The first round of coding was performed by master's level students and the doctoral student researcher. The master's level students were trained by the doctoral researcher prior to coding any data for this study. The coder training entailed an overview of grounded theory methodology, a description of the study procedures, an explanation of in-vivo and process codes, and the experiential practice of coding transcripts and field notes.

Second Round of Coding. Interpreting or translating the participant's experience into theory requires a clear and comprehensive understanding of theoretical constructs (Williams & Moser, 2019). Construct experts should be involved in this step of the

coding process to identify how the participants' experiences relate to and inform theoretical constructs. In the second and third rounds of coding, structural coding was used to organize the in-vivo process codes into larger categories and sub-categories (Saldana, 2016). Structural coding involves sifting through the codes for repeated processes and themes and then forming a hierarchy or map that illustrates how themes are related to one another.

Structural coding began after six interviews were conducted and was performed solely by the doctoral student researcher. Similar codes or codes that had similar meanings but different language were merged. Code groups were formed to categorize codes into meaningful themes. Some codes fit into multiple themes. For example, the code "seeing he is heartbroken as much as I am" fit into two themes: attuning to partner and resonating with partner. As new transcripts were coded, themes were reevaluated, added, and edited to accurately represent the new codes (Saldana, 2016). Once all codes were arranged into code groups, the codes were filtered by the code groups and the researcher sorted through codes in each of the code groups to form sub-categories of themes. Because of the iterative nature of qualitative research, during this process, codes were deleted from certain code groups or moved to other code groups. Some code groups became sub-categories of other code groups because the codes were repetitive (the same codes existed in both groups).

Audit and Auditors. An audit is used to examine the quality of the coding structure, or the hierarchical organization of codes and themes. Content experts review quotes, codes, and themes to determine if the current coding structure sufficiently represents the participants' experience and adequately answers the intended research

question. The auditors are tasked with evaluating the researcher's interpretations and conclusions of the data (Akkerman, 2006).

Three content experts in the field of systemic family therapy were asked to audit the coding structure for this study. Combined, the auditors have also published articles in the areas of bereavement, coregulation, qualitative research, and process research, and therefore are considered experts in these domains as well. The auditors received a detailed audit report from the researcher that included a summary of the methods used for data collection, the coding strategy, and a description of participants, key terms, and the coding structure. They were given up to three weeks to review this report and offer feedback. The researcher incorporated the auditors' feedback into the coding structure, and a revised audit report was sent to the auditors for review. Auditors had a week to review the revised audit report before the auditors and researcher met virtually to discuss any additional suggestions or concerns. Any final suggestions were included into the final results.

Member Checking. Member checking is used to validate the trustworthiness of qualitative analysis and minimize confirmation bias (Birt et al., 2016). At the beginning of the second and third interview, the interviewer read the participants a narrative summary of the initial codes and themes from the previous interview, highlighting processes of interaction that were meaningful. The participants were invited to offer feedback and correct any information presented in the summary.

In addition, once the results were written in narrative form, a synthesized member check was conducted to verify that the results reflect and resonate with the participants' experience (Birt et al., 2016). Participants were sent the final report of the qualitative

data, and they had three weeks to respond with any additional information they would like to share with the researcher. Additional feedback from the participants was integrated into the final report to contextualize the findings. Five participants responded to this member check and only suggested feedback about their descriptive information (i.e., ages and ethnicities for them and/or their children). Feedback given for the results was positive (no edits).

Quantitative Data

Since the number of participants was small, the quantitative data mostly serves as additional contextual and descriptive information rather than a hypothesis test for significance. Graphs of the participants self-report scores for grief symptoms and relational quality at each time point are used for comparisons between partners and across all couples.

Role of the Researcher

In qualitative research studies, the role of the researcher is multifaceted. Differentiating between the researcher and the research is challenging as the researcher becomes involved in the entire process. The purpose of this section is to clarify the boundaries between myself and the research so that the data can be best interpreted in the context of my involvement.

My primary role as the researcher was to safeguard participants' well-being and trust throughout the research process. Though I did not act as a therapist in the research process, my therapeutic skills, such as mindful presence, attunement, resonance, and active listening (Siegel, 2010), guided the interview process. These skills fostered a positive overall interview and research experience for participants (Flint et al., 2016;

Hyson et al., 2006). I monitored whether the study caused any participant undue stress, answered any questions or concerns that arose, discussed participants' right to end their participation at any time, provided emotion regulation at the end of interviews as needed, and encouraged participants to contact additional resources as needed. I also engaged in active reflexivity around my own biases, which was supported by the writing and review of field notes, and the written explanation of researcher bias discussed below (Flint et al., 2016).

Additionally, though not less important, my role as a researcher was to safeguard the trustworthiness of the data and analysis. In this study, I served as the initial participant screener, interviewer, and one of the construct expert coders. I also trained other coders and managed all data storage, transcription, and dissemination. The precautions and safeguards that were put into place to assure data integrity and rigor are outlined in below.

Trustworthiness

Trustworthiness is used to assess the rigor of qualitative research (Carlson, 2010). Terms such as reliability and validity that are commonly used to assess the rigor of quantitative research are less meaningful or appropriate for qualitative methodology (Krefting, 1990; Morrow, 2005). Models of trustworthiness suggest that qualitative rigor is measured in terms of credibility, transferability, dependability, and confirmability (Krefting, 1990). Some of the strategies that are used to establish trustworthiness, such as reflexivity, apply to several of these measures.

Confirmability. Confirmability is determined by the soundness of the data collection procedures and analysis. To increase the confirmability of the study, the

methods of data collection and analysis were based on established methodological practices (grounded theory) and are presented in explicit detail above (Morrow, 2005). Any changes made to the study were reviewed by at least one committee member (most often the major advisor) prior to implementing that change (Morrow, 2005).

Dependability. Dependability also relies on the clarity of the research methods and decisions made by the researcher (Krefting, 1990). Methods of data collection and analysis were described in enough detail so that future researchers are able to replicate the study if they choose to do so. Additionally, an audit process builds in reliability checks so that data and interpretations of data are continuously reviewed (Akkerman et al., 2006).

Credibility. Similar to construct validity, credibility refers to a consistency in themes and interpretations (Morrow, 2005). In order to infer thematic credibility, themes in the data should repeat or reoccur. Recurrence can be shown over time (prolonged engagement) or over multiple people/groups. Since this study is longitudinal, prolonged engagement was already built into the study's procedures.

Credibility may be threatened by social pressure to respond or answer questions favorably (Krefting, 1990). Especially because of the personal nature of this study, participants may have been reluctant to share any negative aspects of their relationship with the researcher. Also, since partners are interviewed together, they may also have been hesitant to discuss any interactions where they did not feel supported by their partner. To combat social pressure, at the beginning of each interview the interviewer reassured couples that conflict and differences in grief experiences were normal.

Another threat to credibility is the researcher bias (Morrow, 2005). To combat this threat, qualitative researchers are encouraged to employ strategies of reflexivity where they consider how their personal identities, world view, and experiences impact the questions they ask and the information they report. Before the study began, I examined potential biases and detailed them in my research proposal which I then reflected on again after the study was complete (see *Researcher Bias* below). With more awareness of my potential biases, I attempted to reduce their overall impact.

Finally, another important factor in determining credibility is member checking (Birt et al., 2016; Carlson, 2010). Member checking serves as a checks and balances process in qualitative research. Participants are given a chance to review the results of analysis to check for accuracy (how well do the results resonate with their own experience) (Carlson, 2010). Member checking is most often done at the beginning stages of interpreting the data and helps to give participants some autonomy over how their story is told (Doyle, 2007). While member checking can support the validity of the findings, some scholars warn researchers to exercise caution when using this method (Carlson, 2010). Using verbatim transcripts can be overwhelming for many participants to review, and sometimes difficult for them to read because they may elicit unanticipated emotional reactions (Carlson, 2010).

Transferability. In quantitative terms, transferability is most similar to generalizability or external validity. For small sample sizes, it is important to provide explicit contextual information including type of loss, race, ethnicity, and family structure, which are detailed in the participant descriptions of this chapter.

Researcher Bias

Though it is not possible to rid any study completely of bias, acknowledging my bias is one way to reduce the potential impact my bias may have on the results of this study (see *Trustworthiness*). I am the first author on a published article in which I outline a theoretical integration: Meaning Co-Construction. This theoretical integration was derived from my own personal clinical experience working with couples and families who had lost a family member as well as prior research conducted by other scholars regarding family support and couple communication patterns following the death of a child. In this theoretical integration, relational meaning co-construction is enacted in interpersonal interactions between family members through emotional sharing, accessing alternative narratives, and creating new coregulatory patterns of interaction that reposition unmet attachment needs.

To avoid confirmation bias, I have consulted with other prominent clinicians in the field, including my advisor, Ryan Seedall, known family resilience expert, Froma Walsh, and well-renowned bereavement scholar, Robert Neimeyer, about my research questions and design. I have also invited other scholars, namely my committee members who were not involved in the theoretical integration, to review all interview protocols and methods. The committee, made up of Elizabeth Fauth, Spencer Bradshaw, Julie Kaplow, and An Hooghe, provided thoughtful feedback that was incorporated into procedures and coding schemes used to analyze the data. Additionally, several member checking procedures were used to reduce confirmation bias (see Member Checking under Procedures).

I also have personal experience losing a beloved family member: my sister who died 6 months after birth and my grandfather who died of lung cancer. I was 9 years old when my sister died and 18 years old when my grandfather, who was more like a father to me, died. These experiences have shaped my personal meanings regarding grief and loss, namely that death is the catalyst for change and reprioritization one's values. Despite these significant losses, I have not had any prior experience losing a child. However, during the interview process, I did give birth to my first child, which I believe helped build rapport with participants who could sometimes hear her in the background.

My Catholic faith and beliefs also add complexity to my worldview, and especially inform the meanings I have about death and loss. Similar to other bereaved persons, my religious beliefs have played an essential role in my own grief coping. I believe my own experience has also encouraged me to be curious and open to understanding the influence that larger systems have on family and individual bereavement resilience.

Though I realize that the negative effects of bias should be mitigated as much as possible in research, some of my potential biases were an asset to the research process. My previous experiences with loss allowed me to resonate with the participants, thereby building necessary rapport for a trusting relationship between researcher and participant which contributes to credible and honest results (Krefting, 1990). Additionally, because I witnessed my own parents' grief after losing a child, I was able to ask more in-depth questions about potential mediating factors, such as the events leading up to the death, that impacted the couple relationship. As a grief therapist, I also have the experience of narrating experiences of loss for my clients, which served as a useful skill for

summarizing meaningful reflections made by participants and conducting interviews with both partners present.

In the following chapters, the results of this study are outlined based on the final coding structure built from the interview data. Implications and conclusions for these results are discussed as well.

CHAPTER IV

RESULTS

Quantitative Results

The data gathered from online survey contextualizes the qualitative results by providing a general overview of participant's individual grief symptoms and perceived relationship quality throughout their participation in the study. All participants responded to the survey at Time 1. However, only some participants responded to the survey at Times 2 and 3. One participant simply didn't respond to the request for survey completion even though they participated in the interviews at all time points. One couple decided to divorce and was no longer eligible to participate in Time 3 data collection. One couple did not complete Time 3 data collection because they had several scheduling conflicts and were unable to find a time to meet for the third interview.

Table 3.

Comparison of Couple CFM Means

Couple ID	Time 1	Time 2	Time 3
Couple 1	63	76.5	93
Couple 2	98	105.5	105.5
Couple 3	112	111	109
Couple 4	44.5	26.5	na
Couple 5	81	91.5	na

Note. The scores indicate mean scores for that couple at a given time point. Mean scores were calculated by averaging both partners reported CFM scores for each time point. In the case that only one partner completed the survey for a given time point, that partner's score was used as the mean.

TRIG scores were normally distributed, however, the variability (SD) increased for each time point (see Table 1). This indicates that with time participants were more dissimilar in their reported grief symptoms. CFM scores were skewed left which suggests most participants reported relatively high to moderate relationship quality with the exception of a few who reported low relationship quality (see Table 3). One couple decided to divorce during the course of the study (couple 4) and did not participate beyond Time 2, representing an outlier in regard to CFM in this sample of participants.

Figure 1.

Couple 1 Longitudinal TRIG Scores

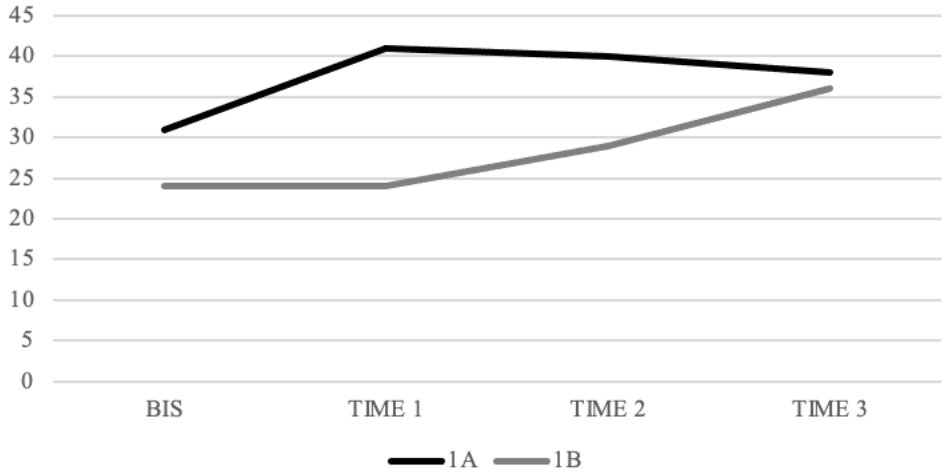

Figure 1. Couple 1 Longitudinal TRIG Scores

Figure 2.

Couple 2 Longitudinal TRIG Scores

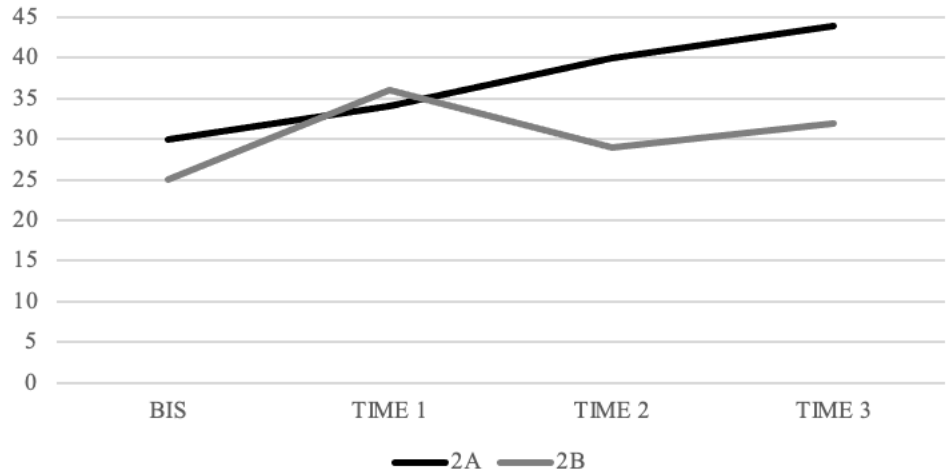

Figure 2. Couple 2 Longitudinal TRIG Scores

Figure 3.

Couple 3 Longitudinal TRIG Scores

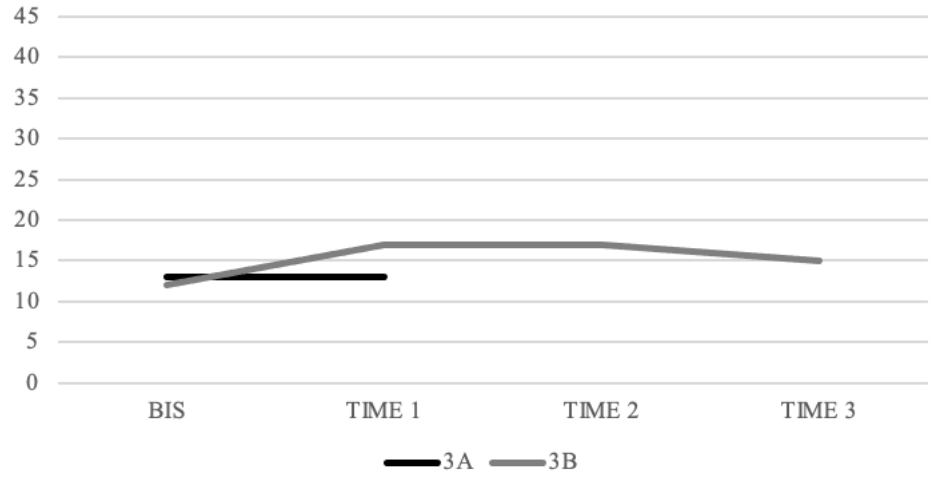

Figure 3. Couple 3 Longitudinal TRIG Scores

Figure 4.

Couple 4 Longitudinal TRIG Scores

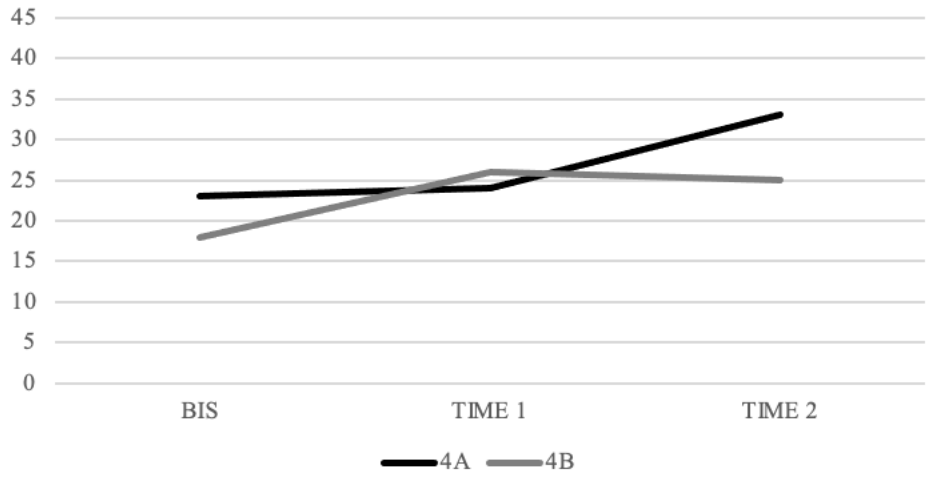

Figure 4. Couple 4 Longitudinal TRIG Scores

Figure 5.

Couple 5 Longitudinal TRIG Scores

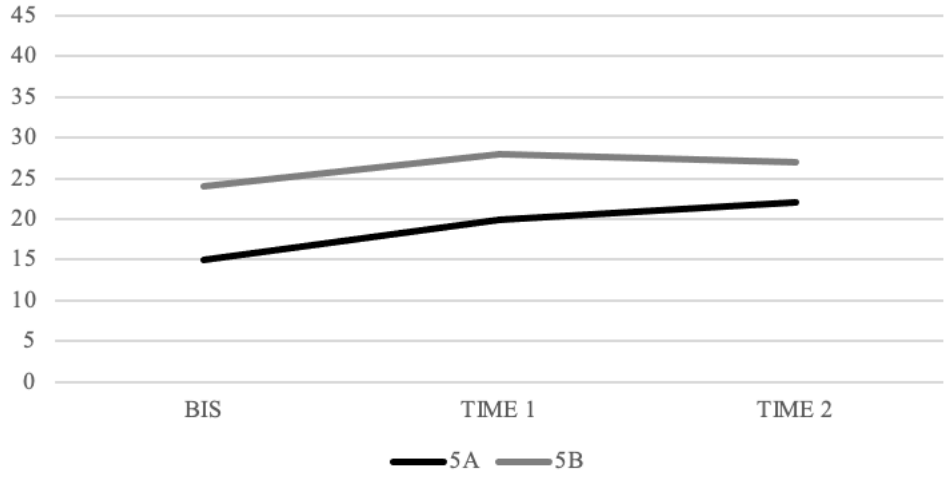

Figure 5. Couple 5 Longitudinal TRIG Scores

Figures 1 through 5 display line graphs comparing the TRIG scores between partners in each couple. About half of the participants reported improved grief related

symptoms while the other half reported the same if not worsening symptoms over time. Additionally, one of the partners in couple 2 experienced rapid decline in functioning between Time 1 and 2, while the other partner experienced relatively steady improvements in functioning (see Figure 2). For two couples (see Figures 1 and 4) it seems that as one partner improved the other worsened, which suggests a possible negative correlation between their grief symptoms and might reflect the process of "trading off" described in the latter result sections. However, other couples show parallel grief symptoms (see Figure 5) which may point to their ability to both be "strong enough" for one another (also discussed below).

Figure 6.

Longitudinal Comparison of Couple CFM Means

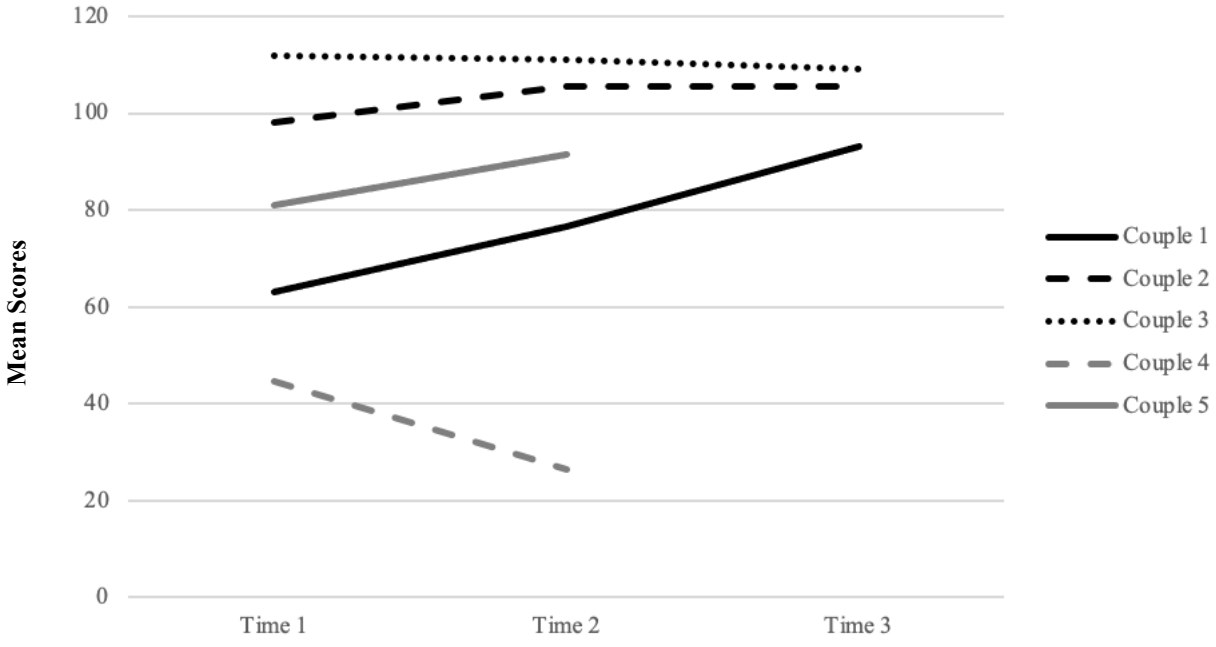

Figure 6. Longitudinal Comparison of Couple CFM Means

While there is not enough data to determine whether any correlations exist or do not exist, there does not appear to be a correlation between grief symptoms (or individual functioning) and relationship quality in this sample. Figure 6 displays the mean CFM scores for each couple at each time point. The couple with the lowest reported TRIG scores (couple 3) had the highest CFM scores across all time points. Additionally, the couple with the most volatile changes in grief symptoms (couple 2) had relatively stable high CFM scores. However, one couple did report improvements in relationship quality as one partner's grief symptoms improved (couple 1). These differences seem to reflect the uniqueness of each couple's grief rhythm (see qualitative results below) rather than a generalizable trend per se. Overall, the quantitative data and graphs depict a broad range of individual grief processes and couple experiences that highlight the vast possibilities of dyadic coping following the death of a child.

Overview of Qualitative Results

The primary focus of this study was to understand how bereaved parents coregulate their differential grief responses within the first two years after the loss of a child. In simplest terms, coregulation is the reciprocal process of supporting each other's emotional needs. From an attachment perspective, coregulation is considered a necessary process for stable and secure interpersonal bonding in adult relationships (Johnson, 2019). In effect, coregulation is considered the foundation for long-lasting relationship success.

However, through these interviews, couples illuminated the many challenges and obstacles to coregulating grief. Participants noted that grieving at the same time as their spouse is both impractical and overwhelming.

> *"We both can't be grieving at the same time. Because it's almost like, we can't both be drowning."*

> *"So, if you're grieving as a single person, you just have to worry about how you're grieving, how you're feeling, what you're doing. But when you're grieving as a married couple, you have to worry about how you're grieving and how you're feeling at the moment, but also how they're feeling at the moment. So, it's like you're so worried. You're trying to survive yourself. But you're also trying to keep your spouse alive with you, and it's a lot, and I see how people can fail at those things."*

Given the complexity of their differential grief responses and the intensity of their own emotions, couples' ability to coregulate became exponentially more difficult. Regulating their own grief determined their ability to support their partner's needs. As one participant put it:

> *"I have to survive my grief before I can take care of you."*

Bereaved parents revealed that their fragile grief states inhibited their ability to support their partner.

> *"I was worried [about him], but I was also trying to keep myself alive, right, you already are, worn this thin. And then you have to worry about giving that little bit that you have left to your kids, your husband... being a wife, being a mom, being a daughter, you just feel so like, 'what can I really, I don't really have anything left to give right now.' But you can, have to try your best."*

> *"I think maybe in the beginning it was a lot harder for one of us to like to take that support role, especially because we were both like really in it"*

Over time, couples began to form a 'grief rhythm' where they harmonized their fragile grief states by taking turns supporting one another.

> *"Like we kind of take turns [being a puddle in our grief]. And we've kind of like, said, like, that's good thing. That's nice that we're both not down at the same time. Like I'm done. I don't wanna talk to the kids. I don't wanna help anybody just leave me alone. Like we have, we're usually pretty good, like trading off on that."*

In order to fully represent the complexity of couples' coregulatory grief process, the results of this study are divided into three main sections that describe three interrelated processes: regulating self, regulating other, and forming our grief rhythm. Each of these sections has sub-processes that support the main process categories. The sections below will describe each of these main process categories. Tables 4, 5, and 6 provide a visual summary of sub-themes, code groups, codes, and meaning units that contributed to each main process theme. Quotes from bereaved parents are used throughout to illustrate their unique experiences.

Regulating Self

For most of the participants, the tragic loss of their child ushered in a new depth of emotional pain that was completely unique from any previous experience. In order to regulate their own grief, bereaved parents engaged in two primary complementary processes: ***attuning to my grief*** and ***responding to my grief.*** Table 4 below summarizes the code groups and meaning units associated with this main process theme.

Table 4.

Regulating Self: Summary of Sub-Themes, Code Groups, and Meaning Units

N=10; Transcripts=13

Sub-themes	Codes	Meaning Units
Sub-Theme 1: Attuning to my grief	(8)	(29)

Labeling feelings	4	13
Lacking awareness of my own needs	2	7
Needing to understand feeling before expressing them	1	6
Understanding self helps me understand partner	1	3
Sub-Theme 2: Responding to my grief	(9)	(41)
Redirecting thoughts	4	20
Accepting my emotions	2	11
Relying on others	2	8
Regulating self leads to openness with others	1	2
Total	17	70

Note: Codes are words or phrases that represent a summation of information from the interviews (Saldana, 2016). They intend to capture the essence or the meaning of what was said. Codes with similar meanings were grouped into code groups which are listed under the sub-themes. Meaning units are direct quotations from the interviews that were used to define each code.

Attuning to My Grief

Attunement can be defined as an attempt to understand someone's inner world (thoughts, emotions, perspective, needs, etc.) (Bowlby, 1978; Johnson, 2019; Siegel, 2020). The process of attuning to self typically involves gathering information through interoceptive skills (i.e., awareness of body sensations and changes in bodily states) and interpreting that information by ascribing words or meaning to it (Porges, 2001; Siegel, 2020). A part of the meaning someone may ascribe to their own internal experience is an understanding of what they need (i.e., how do I resolve this feeling).

When talking about their own grief, participants reflected on the process of labeling their feelings amidst unstable emotional states.

> *"That was difficult to try to acknowledge all the things that I've been going through and ... put a name to it, you know label this is what you're feeling okay."*

> *"I can kind of stop and be like 'man, I don't feel well' like what is it, try to like name your emotion kind of thing, and I'm like 'man, I feel frustrated, or I feel angry, or I just kind of feel like something's off and wrong,' and it's like it always takes a second."*

> *"I can be perfectly fine in the morning, and at night it's a whole different story."*

In addition to constant shifts in emotional states, participants also described feeling multiple feelings at once and differentiating between grief emotions and other emotions. This posed added challenges to effectively labeling their emotions and attuning to self.

> *"Wrestle through that, like you know ... what can that look like of feeling two different emotions?"*

> *"... getting hit with like mixed emotions constantly where I'm typically this way and now I'm feeling this way."*

> *"Everyday emotions, it's not the same as your grieving emotions, anxiety emotions, and then of course the depression is a huge thing.... And then the question becomes are you really sad, like grieving, or are you really like getting depressed?"*

Because of the newness and the complexity of grief emotions, parents acknowledged a lack of awareness of their own needs.

> *"I don't know what I need. Like, I don't know what would be comforting, what would be nice. Like [when she asks] what do you need right now to process I'm like, I just don't know. And sometimes I think it's different for me. There are times when being in the car and driving to go run an errand at a store is good for me. And there are other times where it's like, I've done that, and it's just been difficult."*

> *"I didn't even know [what I was feeling], most of it to be in denial, so if I couldn't acknowledge it to myself of what I'm going through, then how can I fix what is not supposed to be there, you know? That's something, if I didn't know is broken, how can I fix it, you know I just felt like something was wrong."*

Lacking awareness of their needs prevented them from expressing themselves, and participants indicated how they felt they needed to understand their emotions before trying to cope with or express them.

> *"Let me keep [these feelings] to myself and understand it before I find the best way to like, express it or not even so much express it, just live with it."*

> *"I kind of have my emotion and I sit and I kind of stew and I think about, well, why am I feeling this way, now I'm ready to talk about it."*

In summary, the process of attuning to self involved labeling emotions, acknowledging a lack of awareness of my own needs, and understanding feelings before expressing them.

Responding to My Grief

Participants also discussed a second process in regulating self: responding to my grief. Responsiveness refers to the actions that result from an awareness and understanding of emotional needs (Johnson, 2015). This section summarizes the many techniques and strategies participants attempted to use to cope with their own grief.

The most common responsive strategy for regulating self was redirecting thoughts. To prevent wasting limited mental energy and to survive the constant change in emotional states, some of the participants redirected their attention to the present instead of the future or the past.

> *"When I start thinking further and further out, I'm like, well, I don't know what it's gonna be like. So there's no point in wasting mental energy trying to like theorize what it could be like."*

> *"And you know people are saying like you have to take it day by day, but I'm literally like minute by minute."*

> *"I think, like trying to treat every moment as its own moment, and not trying to like generalize it, you know across the board, every time this*

> *happens that I should be, because I mean it's realistically, it's not going to be that you know."*

Additionally, when negative or painful thoughts about the loss surfaced, some participants redirected their thoughts to positivity and gratitude for what they do have.

> *"I kinda train my thoughts when you start thinking of something negative, just start thinking of something positive about it and you can't just look at all the negatives."*

> *"I could be feeling exactly how she's feeling, But I won't, I won't go there I'll just try to reinforce what's positive... Try to bring up, you know we were at this point in our life one day, at some point in time, and I look where we are. Look at all the things we have to be grateful for."*

And when bitterness or guilt would emerge, some participants would avoid the temptation to "camp out there."

> *"I don't think either of us ever try to live or camp out in bitterness, but we can start to inch over that way, and something needs to get us out of it and sometimes it's ourselves, or any kind of event, or each other."*

> *"You know I'm angry about the situation and then like, 'hey we could have prevented it and then it's all of a sudden, it turns back to guilt, so I'm trying not to like think too much about it until I can figure out how to solve it, or at least how to deal with it, you know, because the last thing I need to put more guilt on my guilty conscious already."*

The second most common strategy participants used to respond to their own grief was to accept their emotions. This was described as "allowing myself to grieve" and "riding the waves as they come." It seemed this strategy reduced pressure to alter their current emotional state and encouraged vulnerability and self-compassion. Many participants described a sense of relief to be authentically "raw." It also minimized excessive mental workload and thus gave them the opportunity to preserve their energy for other things.

> *"I feel like I've come into a better spot of just like you're allowed to feel upset. You're allowed to feel sad. You're allowed to look at a photo and*

> *you know, just stare at it and feel sad, or look at it and feel happy like all these things are, you know, it's allowable, because it is, you know."*
> *"I guess the only way [through grief] is to figure out how to embrace it."*

Finally, the third strategy participants used to respond to their own grief was to rely on others. Talking with a trusted and nonjudgmental other, whether that was a spouse, a counselor, a friend, or God, was considered therapeutic. Participants felt "a release" when talking about their grief. However, some participants found this to be too difficult due to their own or their partner's fragility (see Forming Our Grief Rhythm).

> *"Trying to be more verbal about like this is where my brain's going to this dark place and I know it's wrong, like, and just kind of letting her in on that versus trying to keep that to myself."*

> *"To start talking about it is somewhat therapeutic because I'm able to release it."*

> *"I need [spouse] to talk with me through it and validate my feelings. Like,' yeah, that was really messed up.'"*

Participants noticed that as their ability to regulate themselves increased, they were more open to connecting with others. They no longer feared having a "mental breakdown" when talking about their loss or engaging in activities with family.

> *"I think like the more I pull myself out of this not saying grief, but maybe depression and anxiety, whatever that is I'm going through is, it's making me be more open, you know. And more willing to do things than I was before."*

Regulating Other

Mirroring the complementary processes of regulating self, the process of regulating other also includes ***attuning*** and ***responding***, but to their partner's grief instead of their own. While similar to the process of attuning to self, the process of attuning to someone else typically involves gathering information from the other person through verbal and non-verbal cues and then interpreting that information. The

interpretation of cues is filtered through the lens of one's own experience (i.e., empathy) or based on a previous experience of attuning to the other person (Siegel, 2020). Additionally, responsiveness to other conveys a willingness and proficiency to support the other person in times of distress (Bowlby, 1969). Table 5 displays a summary of the codes and meaning units associated with this main process theme and precedes a more detailed explanation in the following sections.

Table 5.

Regulating Other: Summary of Sub-Themes, Code Groups, and Meaning Units

N=10; Transcripts=13

Sub-themes	Codes	Meaning Units
Sub-Theme 1: Attuning to my partner's grief	(15)	(88)
Encouraging emotional expression	2	28
Picking up on non-verbal cues	5	23
Accepting differences in grieving	3	18
Interpreting emotions and needs as grief	2	10
Empathizing with partner	3	9
Sub-Theme 2: Responding to my partner's grief	(28)	(104)
Protecting partner from "dark place"	5	18
Resonating	2	17
Removing other responsibilities	2	13
Giving space	4	13
Being present	3	11
Prioritizing relationship and family	4	11

Comforting through touch	2	5
Expressing appreciation	2	5
Deciding how to respond	4	11
Total	43	192

Attuning to Partner's Grief

"It's more so like I love when she communicates about [her grief]. But I'm also not mad when she doesn't. Because I can see it"

Participants described two mechanisms of gathering information from their partner to understand his or her present emotional state: picking up on non-verbal cues and encouraging expression of emotions. Non-verbal cues included exchanging looks and glances, paying attention to subtle changes in demeanor, and seeing or hearing their partner's grief. Exchanging looks and glances sounded like:

> *"Like even without me saying something, I can just look at him and he'll be like, 'what's wrong?'"*

> *"He can look me in the face and tell me if I am about to cry even if I am trying to hold it. He knows me inside out too."*

Paying attention to subtle changes in demeanor, such as mood or personality shifts, were important cues for some couples. One partner stated about her husband:

> *"Because... he's always talking. He's always uplifting. He's always, you know, making someone's day better. So, when he's starting to go quiet or just, I'm gonna go sit in the living room while the whole family's playing outside, like, you know, I know something's wrong. Cause he's a very involved father. So, I can always tell just by if I have to change a diaper, I know something is wrong."*

Additionally, partners noted that they could see and hear their partner's grief. This was described as changes in body language, tone of voice, or facial expressions.

> *"I can hear it in his voice."*

> *"To be honest with you, like, I can literally see if a certain song comes on, if just any random thing that I feel like could trigger or spark anything, I could literally look at her, and I could say like, okay she's in a moment."*

Participants noted that learning one another's non-verbal cues, especially new cues that arose with grief, took time.

> *"I know his, like I said, his triggers or I know what he does like to talk about or the things that are uncomfortable for him to talk about. It just comes with time and a lot of perseverance .... not just time, it's how you spend your time. Like, we spend our time, a lot of time together, but even if you're together, you have to be focused on each other."*

> *"I'm just seeing him, you know, try to process something that I don't know if he's ever processed before. And so sometimes that can take me a little bit to register."*

Whether it was expressed non-verbally or verbally, participants encouraged their partners to express emotions and needs in order to have more opportunities to learn about their inner world. They valued transparency from their partner, even if it was painful to see or hear, and they gave their partner permission to grieve in their own way.

> *"I think we both feel like we have permission to feel sad, overwhelmed, like just whatever expression of grief. I think it's very powerful that we allow each other to do that."*

> *"When he expresses to me that he's frustrated, I feel worse because I'm like I know, and I'm sorry, but I don't want him to hold it in, you know. I want him to tell me"*

> *"If she wants to cry every time she didn't cry, I mean that's fine; I mean, I understand. And I do understand because it was my son, too."*

When either partner was able to express their grief verbally, participants welcomed the opportunity to "know one another" better. Talking was usually preferred when they were

still learning how to read new or different non-verbal cues, and they described it as a "relief" to not have to guess what their partner was going through.

> *"[Talking] actually makes things feel better because I get it off my chest or he gets it off his chest, and then I'm able to understand what's going on"*

> *"When he tells me things like well, you know I'm still grieving, or I'm feeling this way, then, I know, like, okay, then I just need to let him be to help him in whatever way I can. Whereas when he's quiet and to himself, I have no idea. I'm like, Are you upset? Are you mad? Are you hurt? I don't know how to take that. So when he expresses things to me, it's much easier for me to understand."*

> *"We're trusting each other to be open because if not, then we wouldn't be able to know each other."*

After participants gathered information about their partner through verbal or non-verbal communication, they were then tasked with interpreting that information, or ascribing some meaning to it. What does it mean when my partner cries or withdraws or seems anxious? In this process, participants noted that they would usually interpret their partner's negative affect as grief.

> *"I also think we can make the blanket assumption that if they're upset and can't immediately tell you why, that it's grief related."*

Similarly, some participants interpreted any need of their partner as a "grief need."

> *"Just assume that whether it's not wanting to or not deal with the kids or whatever it is like it's a grief need. It is like a real need. It's like water and rest and air. It's like you just it's just physically what you need. It's never manipulative or selfish or negative in any way. It's just truly a survival need at that moment, and so you do your best to meet it."*

When learning about their partner's inner world, participants would often compare their grief to their partner's grief. In doing so, they became aware of many differences.

> *"I mean I knew it, I just didn't see it, you know, like I didn't expect that, as part of the healing or the grieving process that that's how he deals with things versus I deal differently."*

> *"We have talked about that before, and you told me that you felt that way, but I kind of feel differently."*

These differences presented a potential obstacle to further attunement and a barrier to connecting with one another.

> *"You and I are experiencing exact same thing, but she feels differently than I how I did. I was to say this, how I felt like, why are you feeling that way. It's almost a harsh judgment against me at times."*

> *"If I think everything I was going through is right, then, if he was to talk to me about it, and he's wrong, you know so then, then we will get nowhere"*

However, accepting their grief differences and empathizing with their partner remedied the potential for conflict and/or misunderstanding.

> *"Like for me when [son] passed away, I mean, I still miss him and everything. I am grateful that he's not in pain anymore, but I'm still like more on the sadder side. Whereas [spouse] had the same thought, but then he's very happy that he's not in pain anymore. But the more he thinks like that, and then that's how he can hand... deal with it, deal with the loss"*

> *"I think once I saw [the differences] and understood it and, and it made it a little bit easier to like let it go."*

> *"I can understand where she's coming from whenever she feels what she feels"*

Some participants were even able to see their differences as a positive.

> *"And so I think we've chose, we've chosen to view [our differences] as kind of a as something that can be a good thing."*

> *"I'm glad that he does what he does so, this way it does help me pull myself out"*

Responding to Partner's Grief

"So it's just me picking my moments of like, should I? Should I try to bring up a good memory, or should I just kinda like avoid it, should I give her a space like we're speaking about earlier..."

The main purpose of attuning to their partner was to be more effective at responding to their partner's needs. Participants attempted many strategies that are detailed below. While this list describes the most common strategies, this is not an exhaustive list of options for grieving parents to use to support their spouse.

The most common responsive process that participants described was protecting their partner from a "dark place." The participants in the study often describe themselves or their partners entering into a "dark spot," "darkness," "dark tunnel," or "dark place." They are referring to moments of intense emotional pain, such as overwhelming grief, negative thinking, depression, guilt, or bitterness. To protect their partner from this pain, participants neutralized or "covered one another" from potential triggers, squashed self-blame and used positivity or humor. Partners neutralized triggers by removing known triggers and getting partner out of situations where their partner was triggered. It was described as "watching each other's back."

> *"I know with songs she doesn't want to hear if it's randomly on like you know, somebody's playing or something I'll swiftly try to go hit the pause or next before she notices that it's actually playing"*

> *"I feel like for a long part of our marriage we walked side by side, shoulder to shoulder, and then, after grief, we turned back to back, and it became like, I'm watching your back, you watch mine kind of thing."*

Squashing self-blame was almost an automatic reaction to many participants. When they heard their partner express a hint of self-blame, they would quickly remind them that thinking this way was either pointless or ridiculous.

> *"He's really good about, if I bring something up like, I could've, or I would have, or should have, he's really good at 'hey, we can't even think like that,' you know? Because all that, that's not what happened. We'd rather think about what happened, and right now, than what could have happened."*

Positivity and humor were used also to get their partner out of a "dark place." This sounded like an encouraging word, reassurance, or joke to lighten the mood.

> *"So the positive reinforcement .... I mean, like [I'd be] like, 'okay, today it's just not the day.' And then I would notice, like she'd be like, 'okay, my turn [to be positive]. It's going to be okay, babe."*

> *"She made me laugh. She cracked jokes."*

Participants mentioned that, while they wanted their partner to know it was okay to feel upset, they also felt it was important to intervene if distress "lingered." Partners valued their spouse's role to recognize when they were "stuck" in a dark place.

> *"So, this kind of helped us that like, yeah, I'm like, like if I saw a prolonged emotion out of [spouse] that just kind of would linger, linger, linger for days and days and days, I would definitely not shrug it off, or same out of our kids, or same out of myself. I wouldn't just be like, 'Oh, that's you know that's to be expected right now. I'm like, that is kind of to be expected, but also, it's not to be left alone.'"*

> *"It keeps me out of my dark place, because, like I said, if you get there and you stay there, you kinda get stuck, in the dark place. So, and if I was by myself I'd probably wouldn't be able to recognize that until he would have said something."*

The second most common responsive process participants described was resonating. Resonance is the recognition or acknowledgement of a shared experience (Siegel, 2007). Although partners can still empathize with their partner if their experiences are different (see attuning to my partner's grief), resonance indicated that they understood each other's pain because they felt the same.

> *"You just enter into that pain. It may be not as deep as, definitely not as deep as he's feeling it in that moment, but it's just, resonates deeply in your soul."*

> *"When I say [how I'm doing] she'd be like me too. So it gave me like the belief that we were on the same page of, like what it felt for us."*

> *"I know the main thing that I can do is let her know that I'm hurting as well, and that I mean, I know completely how she feels."*

While resonance conveyed a deep understanding, it also helped partners to feel connected in their pain. Resonance was comforting because participants felt they were not alone in their grief.

> *"I know I'm never going to be alone in my own grief"*

> *"Yeah [seeing him grieve] is not giving us that giving me that feeling that I'm not alone in this, this grief, this loss."*

Another recurring responsive process in regulating their partner was removing responsibilities. Participants knew the toll that grief took mentally, emotionally, and physically on themselves and on their partner. So, when possible, they took away other stressors to reduce some of the total overall strain on their partner which freed them up to grieve or to engage in self-care practices. This process was used proactively (to prevent partner from becoming overwhelmed) and reactively (when partner was already overwhelmed).

> *"So at the moment, just take the kids away. So, this way, if I can clear my mind, you know, so I can focus on whatever it is, is in my head. So at least that part that he catches on and he picks up on those and he just he does, you know, versus I having to tell him. So, so that has changed, trying to pick up some of the slack where I can't, you know"*

> *"You don't even have that tiny bit of energy to spare towards it. So, I can, I can take away more things robbing you of your, your energy, your emotions. Like that's doing something."*

> *"There'll be times where I'm just like I don't want to get out of bed today, or I need to go like, do something by myself, or do something, you know I need this, or I need that, and he'll just take over [other responsibilities]"*

Additionally, when their partner set boundaries with others as a means of reducing their own mental or emotional stress, participants affirmed these boundaries.

> *"[Spouse] did a really good job then supporting me of like reaffirming my boundaries of like, no, you don't have to go appease people and make people happy."*

One of the more controversial strategies that participants discussed was giving each other space. There were several reasons why participants used space to support their partner. Most often, they wanted to respect their partner's privacy or their partner's grief process.

> *"When she don't bring it up, I feel like she just want to not talk about it. She just need a little time to herself."*

> *"I'm not going to try to pry her out of her shell. Whenever she's ready she'll let me know. But I think that's, you know, her, where she will clam up. And, you know, she has her cocoon that she feels safe around. And really, you know, whenever she's ready, she'll kind of come out."*

> *"I think there was like a good period of time we were both grieving that we kind of just like left each other alone because we both knew, like how we were handling the situation was completely different, and if we like, kept trying to, if he was trying to get me to grieve one way, and I was trying to get him to grieve one way, and it just was not working, and it was just causing conflict."*

However, sometimes space was used to avoid potentially contentious conversations with their partner, which led to unresolved issues in the relationship.

> *"I just try to give her space, you know? Most likely it's something I had done wrong. But, you know, without really fully knowing what it could be. Yeah, that's kind of hard."*

> *"I kind of feel like I mean, that's kind of where I feel like we are right now that as long as neither one of us brings up anything negative. Then we can*

> *just kind of have the small talk and not have another argument. So it looks like everything's fine."*

Space could also be interpreted by their partner as a lack of responsiveness or "receptivity" (see being present in the next paragraph). So, participants noted that this was not always the best approach.

> *"I don't think that [space] was the best approach sometimes. But I mean, you know there's really no guidelines how this, you know, there's no blueprint or whatnot. And yeah, but I mean, part of the growth is okay, you know, sticking around a little bit longer, talking a little bit more, being a little more receptive."*

Overtime, some couples learned how to balance needs of space and togetherness.

> *"So I think the balance of that for us, individually and together, is it's kind of where, like the toggles are like switching over. We're kind of adjusting like she needs space, and she needs this much, yeah, togetherness."*

In contrast to "giving space," participants talked about being present as another responsive process. Presence refers to the physical, mental, and emotional posture of openness and receptivity to the current moment or situation (Siegel, 2007). In this study, it is described as "being there" physically, mentally, and emotionally for the other person. It can be thought of as an openness to witness their partner's grief and emotional pain.

> *"I think the main part of grieving together is being there for each other, because, like I said, there's some days where I wouldn't have been able to get up off the floor, you know, ... and if he wouldn't have been here, I probably still wouldn't have gotten up off the floor."*

> *"Trying to process and like just [spouse] being there, whether he adds a lot to it or not, like can be helpful because he's a safe sounding board."*

Participants recognized their limitations to help their partner cope, so presence sometimes seemed like the only option to convey their willingness to help. When they weren't sure what to do, they attempted to support and/or comfort their partner through presence.

> *"All you could be, all you could do at the time was just to let her know that you're there for her. But you know, for me there's nothing I could do to fix those issues that she may be dealing with."*

> *"Even though I couldn't really [do] anything to help her out. Knowing that my presence alone could help her you know."*

Some other strategies participants shared were prioritizing the relationship and family, comforting through touch, and expressing appreciation. Prioritizing the relationship meant that participants were willing to do whatever is needed to "get to tomorrow together." This looked like investing time into their relationship, setting realistic expectations for relationship success, and putting partner first.

> *"So, like, marriage is extremely hard. So, every day, like we wake up and want each other tomorrow. So today we're gonna figure out what we need to do today to get to tomorrow together."*

> *"We make our marriage and working on our marriage a priority. Like we're gonna keep up with our counseling, keep up with our, we attempt to go on dates. Sometimes we succeed. Like we're going to just hopefully continue to invest."*

> *"That's something we are very open about like we talk about; we're doing good for a couple in our position. We're doing good for people that have went through what we went through. And that's important that keeps us, for me at least, it keeps me very grounded."*

Comforting through touch looked like showing affection and holding one another.

> *"If she comes up to me, gives me a peck on the cheek that's more than I need. As long as I know that she is there for me and she does still care, you know, can't ask for anything more."*

> *"He'll hold me and then we'll talk about it"*

Finally, expressing appreciation conveyed an acknowledgement of all that their partner was doing or had done. Participants recognized that their partners need to feel seen. It helped both partners gain perspective on difficulties they encountered and regain motivation to keep trying.

> *"You know, after the you know the last meeting that she had told me that, yeah, she appreciated everything I had done even, and she felt bad that she didn't say it before. Just hearing those words to you know, make me want to do more, you know"*

> *"I came to understand, like she needs to know [my appreciation]. I think she doesn't get enough appreciation, or I don't express it enough. But I think that, like we both get overwhelmed and stuff. But I think when we express that we are appreciative of each other, I think that, like kind of like sheds light on everything, and it is just, things become so miniscule"*

Couples used different combinations of these responsive strategies based on what worked for their partner and their relationship. The uniqueness of each couple was evident in the variations of responsiveness that they had. Some couples used all of these strategies across the duration of the study, while other couples relied on only a few that worked for them. Some couples discussed different types of responsiveness at different time points, and other couples discussed the same type in each interview. Couples decided how to respond to their partner in the moment. They attempted to learn from past "mistakes" and adjusted their responses according to evolving needs (both their own and their partner's needs).

> *"It's just trying to figure out where we at right now, where she at, where am I at today, in this moment, and what is the best you know, what is the best way to go about it that I can control."*

Forming Our Grief Rhythm

As mentioned in the *Overview of Qualitative Results* earlier in this chapter, simultaneously regulating self and regulating other was considered impractical and unattainable for participants. In effect, participants consciously and unconsciously worked together to form a "rhythm" that ensured the emotional needs for both partners were met while also the functionality of the couple system remained intact. A rhythm is a repeated pattern of movement or sound. In this study, this word is used to describe the

repeated patterns of interaction that couples develop over time to cope with their shared grief. Each couple had their own unique rhythm, but the process of forming their rhythms were similar. Four recurring themes emerged: harmonizing our fragile and stable states, experiencing 'enough' stability to support their partner, experiencing too much fragility to support their partner, and displaying too much stability to support their partner (see Table 6). While the focus of this section is on the common processes instead of the differences between couples, it is important to note that contextual factors (e.g., type of loss, family structure prior to loss, family roles, etc.) should not be ignored when attempting to support other couples through the process of forming their own grief rhythm.

Table 6.

Forming Our Grief Rhythm: Summary of Sub-Themes, Code Groups, and Meaning Units

N=10; Transcripts=13

Sub-themes	Codes	Meaning Units
Sub-Theme 1: Harmonizing our fragile and stable states	(11)	(65)
Assessing our combined fragility and stability	4	37
Assessing partner's fragility and stability	4	19
Noticing drawback to trading off	3	9
Sub-Theme 2: Experiencing "enough" stability to support partner	(7)	(43)
Emotional shielding	3	28
Learning from each other	2	6

Supporting partner is healing for me	1	6
Showing consistency	1	3
Sub-Theme 3: Experiencing too much fragility to support partner	(5)	(30)
Withdrawing from others to regulate self	2	12
Feeling guilty for how my fragility impacts partner	1	8
Being fragile limits my ability to support others	1	6
Not being able to turn off grief	1	4
Sub-Theme 4: Displaying too much stability to support partner	(3)	(15)
Needing to see partner's grief	1	7
Talking is pointless if we don't feel the same pain	1	5
Resenting partner's lack of fragility	1	3
Total	26	153

Harmonizing Our Fragile and Stable States

Harmonizing is the ability to combine sounds in a compatible way. Partners accompany each other's grief and combine their different coping styles in a way that allows for the relationship and the family system to function. Fragility is a survival state. This is a place of raw and authentic grief that is all-consuming. Stability is a regulated

state. While grief can still exist in a stable state, it is more manageable, leaving room for other emotions such as joy, excitement, connectedness, and gratitude.

In order to harmonize their internal states, participants had to assess their partner's internal state in a given moment and then assess their combined fragility and stability. Assessing their partner's internal state included (a) deducing their partner's fragility,

> *"And so we ask each other that, like, hey, are you up for seeing a picture? Are you up for talking? And it's really obvious if I can tell you're feeling sad"*

(b) perceiving partner's emotional stability,

> *"I feel like, I know if I need to have my moment, I can go to her. Like she, she's not too, too broken"*

(c) worrying about partner holding in grief,

> *"I felt like his grieving was really just buried ..... And I felt like way he coped or the way he tried to deal with it was to not deal with it, but instead to drown it."*

and (d) convincing each other we are trying our best.

> *"I think there's still going to be continued exploration of that trust, and out of wanting to love and protect our partner. Like, are you making the best decision for you? Because it also affects me."*

As participants assessed their partner's internal state, then also assessed their combined states. This looked like (a) determining their ability to tolerate their partner's pain,

> *"It's like honestly like if she was like in a very vulnerable moment. It was actually hard for me sometimes to even like see it, or hear, so I try to keep [the interaction] short. You know the comforting short, and then sort of like exit, right."*

(b) preferring not to be fragile at the same time,

> *"And so not feeling like, 'well, if you're, if you're completely sunk, well, then I need to be too.' It's like, no, no, I'll, I'll take it as a positive that I'm not, that means I can support you in your feelings right now."*

(c) relying on partner's stability when I am fragile,

> *"if he were to lose it, how I lose it, most of the time we'd be lost. Like one of us has to be the stronger one."*

and (d) trading off as the support partner.

> *"It's just like, we're both in pain, but like, you know, you need stitches and I need a band aid right now. Like, so the person who just needs more, I think does get more."*

For many couples, trading off was not equal per se, but fit what was needed based on each partner's ability in a given moment. One couple described it as:

> *"Wife: [being positive for one another] was like 80, 20. Husband: But yeah, hey, those 20 [were] like... to me it was 50, 50 because those twenties are the days that I needed [your positivity], right, to jump back on that horse and be like, 'all right. I got this. Sorry about that. Let's just keep, you know, let's get back on the horse and let's keep riding."*

Harmonizing their fragility and stability through trading off had many benefits in maintaining their functionality as a couple. However, couples also noted some drawbacks. Couples shared how they struggled with disappointment and rejection as a result of trading off in fragile and stable states.

> *"I feel happy and playful. But you don't, well I'm disappointed. It would have been nice if you were on that level, but also it immediately goes to like, but also I'm going to give you that because I'm going to need that like this will flip-flop, so it's definitely like this emotional wheel of like, 'Oh, that's disappointing. But it's okay because it's going to go around where this whole thing will reverse.'"*

And they sometimes wished they could both be fragile at the same time.

> *"Sometimes I can feel guilty that I'm not as sad as you are. It's like I wish I was there with you."*

It was also difficult to accept that their partner was limited in their ability to support them because they were also struggling.

> *"You know we're going through the same thing. We were both struggling to cope so that was really hard for me... and I'm sure it's hard for him too, to not be able to just fix me, like, you know, heal me, to save me. And I think I struggled with that a lot."*

Experiencing 'Enough' Stability to Support Partner

"Yeah. I think there's an instinctual part of us that if one person's really hurting that they may put their guard up a little bit to be able to enter into the support and to be available for the other's needs."

In order to support their partner, participants engaged in some type of emotional shielding which gave the appearance of stability even if they were not feeling entirely stable in the moment. However, emotional shielding still required an ability to regulate self, and therefore was considered more stable than a fragile state. Emotional shielding looked like withholding grief to not burden or upset partner, turning off grief (being strong) to support partner, and withdrawing to control the impact of my grief on others.

> *"I would feel like I need to be more the one that has tried to be a little bit more levelheaded. That's why I can't really pass on a lot of my guilty feelings to her, so I don't bring her down."*

> *"He kind of takes, he kind of sacrifices himself to, in order to make sure that I'm okay."*

> *"I naturally kind of stepped into [isolating]. But it was I felt like it was healthier for me and for everybody else at the moment. [My grief] was like very erratic and impulsive."*

Emotional shielding was a protection of others, namely their spouse, versus a protection of self. Participants not only used emotional shielding to protect their partner in a fragile state, but also in a stable state.

> *"Sometimes I'm like, I feel down, but she looks so like happy and perky once they hang out and it's like, okay, how do I switch my heart out of this, and to enter into that?"*

> *"So, I feel like in the times that I'm genuinely happy. He wouldn't bring [his grief feelings] up. He actually sees me trying."*

Supporting their partner was healing for participants.

> *"He might not have even thought of a good encouraging word until I needed it. He might have not told himself that, but I needed to hear it, so he said it. But then he heard it for himself."*

> *"I think that's, again, like that's also a weird contradicting emotion of like, I can find joy in someone else's grief because I'm able to do something, that's a weird thing to say."*

In a stable 'enough' state, they learned from each other by putting words to their shared pain and modeling how to cope.

> *"She's speaking for the both of us. So, I rather hear it from her than me saying it."*

> *"She set a good model for like how to process that in a way that's not, that's not negative to other people."*

Experiencing Too Much Fragility to Support Partner

In a fragile or survival state, participants were more focused on protecting self than protecting other. They could not regulate themselves enough to withhold or "turn off" their grief. This meant the grief was very raw and vulnerable. In this state, participants tended to withdraw in order regulate themselves.

> *"[Not talking] is not out of being scared to tell your partner just more of like I'm already in such pain, and I don't feel emotionally able to like dig deeper into this right now."*

> *"Sometimes I'm fighting the tears, and then, if nobody knows how I'm feeling I can do okay with, but once they know that I'm sad or anything, and I acknowledge it and then that's when it's hard for me to fight back my tears."*

Carrying the heavy load of their own grief meant they were not able to support their partner.

> *"If I'm not mentally or emotionally stable and then you know if he comes to me with something just as heavy as what I'm dealing with then, then it might drag me down further just because I'm already dealing with my stuff."*

Even though they were in a self-protective state, participants still considered the impact their fragility had on their partner. Participants voiced how guilty they felt for being in a fragile state because they worried it hurt or burdened their partner.

> *"Well because when I go down, I'm afraid I'm going to kind of like... to use the image of the drowning person, you know, if you go out there to help them, guess what he's gonna do? He's gonna grab you and try to bring you down with him. And I'm afraid that's what I've done. No, that's what I've done, and so, me struggling and drowning affects her directly."*

> *"I just have to look at him, you know, and I still even feel guilty for [making him feel my grief]. But he still does it, you know."*

Displaying Too Much Stability to Support Partner

> *"Tried to stay strong for her. But I didn't know she needed to see [me grieve]."*

When participants shielded their emotions too much from their partner or were "too" regulated, their partner started to doubt whether they were experiencing grief at all, which was painful. Participants resented their partner's seeming lack of fragility.

> *"So in the moment, I was almost like annoyed that I'm feeling all this. And you're there [being positive], you're somehow making it, like acting like it's okay, right."*

Without the possibility of resonance, participants believed talking was pointless and would not share their grief with their partner. This posed a barrier to their partner's ability to attune to or respond to their grief.

> *"You know, like he said that I see things differently, I process things differently versus him and so when he's telling me what he went through in*

> *his mind and I'm like wait what, you know, so like so the grieving is not the same level we don't, we didn't feel the same pain seems like, and so [talking] became like, was like pointless"*

Participants shared that, although they relied on each other's stability, they needed to see or know that their partner was still grieving in order to feel connected to them.

> *"I think it's more showing each other that we can. More so than, you know, that I need to cry, you know, with her at any given time. I just need to show her that I can."*

> *"I don't want him to feel hurt, I don't want him to cry or anything, but I think [showing me he grieves] brings us in that same space that you know that he kind of acknowledges [the pain of the loss]"*

Summary of Results

Coregulation involves the ability to regulate self and the ability to regulate other, however, not necessarily at the same time. In order to regulate self, participants first had to learn to distinguish their grief emotions from other emotions, and then responded to those emotions by accepting their grief process, redirecting thoughts, and relying on others for support. In order to regulate their partner, participants attuned to their partner through non-verbal cues, verbal expression of needs, and empathy, and then responded to their partner based on what they believed their partner needed and what they could offer in a given moment. Some responsive strategies included protecting their partner from a "dark place," resonating with their partner's grief, removing responsibilities, giving space, being present, prioritizing the relationship, expressing appreciation, and showing affection. Over time, as participants' confidence grew in regulating themselves and their partner, a grief "rhythm" formed where partners harmonized their fragile and stable states, most often by taking turns supporting one another. While partners relied on each other's stability, they also needed to know that their partner "felt with them" or resonated

with their pain, so they needed to be able to access their grief even in a stable state in order to effectively support one another.

CHAPTER V

DISCUSSION AND FINAL CONCLUSIONS

The present study sought to understand how couples coregulate their grief following the death of child. Five couples, or ten bereaved parents, participated in thirteen interviews where they discussed how they attempted to support each other within the first two years following their child's death. The results indicated that couple coregulation for bereaved parents involves the processes of regulating self, regulating other, and forming a grief rhythm.

In grounded theory research, the results are meant to inform and augment theoretical knowledge about the subject matter. The focus of this discussion is to expand upon the study results by organizing the qualitative themes into an overarching theoretical framework. The theoretical framework presented in this discussion is the *Process of Coregulation*. In the following sections, the main process themes (regulating self and regulating other) and sub-themes (attunement and responsiveness) outlined in the results are examined more wholistically to examine their interrelatedness. Additionally, *the Relational Window of Tolerance* is used to elaborate on the process of "forming our grief rhythm" and a case study example is used to illustrate how one couple moved in and out of their relational window of tolerance throughout their participation in the study. Finally, implications for clinical practice and future research are explored.

Process of Coregulation

The main processes that arose from this qualitative inquiry into couple coregulation were regulating self, regulating other, and finding our grief rhythm. While

the results show that these processes happen concurrently, the longitudinal data reveals how the processes relate to each other which may help improve the effectiveness of clinical interventions for couples who are grieving the loss of a child. For the purpose of contributing and continuing the dialogue regarding grief coping in couple relationships, other terms and phrases that have been used to describe similar themes in prior qualitative research studies are compared to this study's themes.

Reciprocity of Attunement and Responsiveness

Within the processes of regulating self and regulating other, couples illustrated two supporting processes: attunement and responsiveness. These two processes seem to have a positive influence on each other. In other words, as couples report improved attunement to themselves or other, they also report more effective responsiveness. And, as they reported more effective responsiveness, they also reported improved attunement. From a family systems perspective, this could be thought of as a feedback loop.

Responsiveness describes the behaviors or actions that result from an understanding of emotional needs (Johnson, 2019; Siegel, 2020). To respond appropriately to themselves or their partner, bereaved parents developed a working understanding of the possible strategies that could be beneficial in meeting those emotional needs. Participants described "figuring this out in the moment," and they did so by paying attention to verbal or nonverbal cues in their partner or by labeling their own feelings. However, once they responded through some mechanism of support, they also paid attention to whether their response resolved or didn't resolve the emotion. This was also determined by an interpretation of their partner's cues or by noticing a change in internal state for themselves, or attunement, and thus the feedback loop continued.

Participants suggest that attunement to self and other takes time. For clinicians who are supporting couples early in their grief, it may be helpful to set a realistic expectation that partners will need time to understand their own grief and each other's grief in order to respond effectively. Additionally, participants reported that what seemed to help them understand their own inner world and their partners inner world was to express emotions openly without fear of judgment. While emotional expression fueled more effective attunement and responsiveness to self and other, aligning with previous quantitative research on bereaved parents (Albuquerque et al., 2017), couples reported many barriers to openly expressing emotions with their partner. This indicates the presence of potential moderating factors that might hinder the effectiveness of systemic therapy interventions. The first barrier, the fear of judgment, most often resulted from different grieving styles and/or a lack of resonance. Couple therapists may need to assess how each partner currently expresses his or her grief emotions and how both partners view their differences before encouraging emotional expression. As other scholars have advised, it may be beneficial for therapists to model empathy in couple sessions and frame new behaviors, such as withdrawing or isolating, as expressions of grief, so that partners may learn to better interpret and accept their differences (Avelin et al., 2013; Bartel, 2019). Couples who grieve similar at the same time, or concordant couples, tend to have higher rates of posttraumatic growth when compared to couples who experience more differences in their grief symptoms, or discordant couples (Buchi et al., 2009). Other research asserts that understanding differences serves to help couples negotiate possible competing needs (Toller & Brathwaite, 2009), which is reflected in the results of this study as well.

Other barriers to openly expressing emotions were the lack of knowledge of one's own emotions (attunement to self), a low tolerance of partner's emotions (experiencing a fragile state), and a fear of burdening my partner (emotional shielding). The barriers of emotional tolerance and emotional shielding are explored in the following section, however, the barrier of self-attunement prevented responsiveness to self as well, so it is best explained here. A lack of knowledge of one's own emotions or poor attunement to self, prevented some participants from sharing their emotions simply because they were not aware of or not sure of what they were feeling or needing, which in turn inhibited active responsiveness.

In this case, couple therapists may need to support individual partners in labeling their own emotions and distinguishing between rapid changes in internal states (i.e., self-attunement) before facilitating more emotional expression with their partner. Systemic therapists may also need to advise supportive others (spouse or other family members) that bereaved parents may need "space" to understand their feelings before they are ready to talk about it. This is also suggested by other qualitative researchers who conclude that not talking about grief may be an appropriate response in some circumstances (Bartel, 2019; Hooghe et al., 2018; Toller & Braithwaite, 2009).

As couples explore and encourage more emotional expression with one another, it may also be helpful for couple therapists to clarify that communication about grief is often non-verbal. This can serve as a reminder to couples that they *are* communicating even when they are not talking, which may help to invite more emotional attunement to self and other. This is not necessarily reflected in current assessments of dyadic coping that rely on verbal communication to indicate stress and requests for support

(Bodenmann, 2008). Additionally, these measures assess mostly responsiveness (or behaviors) in dyadic coping during stressful events, including loss. While the results from this study support the importance of assessing types of responsiveness couples use to regulate themselves and their partner, the results also indicate that dyadic coping involves both attunement and responsiveness and that responsiveness relies heavily on effective attunement for success. In light of this, assessment measures for bereaved parent dyads might be modified to reflect the importance of accurate attunement to self and other.

Reciprocity of Regulating Self and Regulating Other

"But more or less, understand myself before I understand them."

Regulating self and regulating other were two of the main processes of coregulation discussed by participants. Although the study procedures and interview questions focused mainly on regulating other, participants repeatedly reflected on the apparent need to regulate self in order to regulate other, and the challenge of attempting both at the same time. This is reflected in the overall process of forming a grief rhythm. It seemed that participants wanted to feel they could reasonably "handle" or tolerate their own grief in order to witness and support their partner through theirs. If they were unsure about their own grief tolerance, participants reported that they were less likely to bring up grief with their partner and were more likely to avoid emotional conversations.

Conversely, if participants doubted their partner's ability to tolerate grief or noticed that their partner was seemingly overwhelmed by or avoided grief emotions, they also reported a greater avoidance of emotional expression and engaged in emotional shielding, if possible, to not overburden their partner's emotional tolerance. Participants

were cautious about their grief being a trigger for their partner likely because they believed their role was to shield their partner from potential triggers.

This confirms other theories about why couples and families do not talk about their grief and has important implications for therapeutic interventions. Individuals might report that their partner "isn't grieving" when in fact their partner may be actively withholding their grief so as not to overwhelm the other spouse. Hooghe et al. (2018) discusses how couples negotiate emotional expression through intrapersonal and interpersonal attunement. The current study echoes the conclusions drawn from Hooghe and colleagues that couples are constantly assessing what each person in the relationship can handle emotionally in a given moment to determine whether they can talk openly about their grief or not, and that not talking is as much, if not more, of a stabilizing strategy as talking.

As discussed in the previous section, self-attunement seemed to encourage more openness to others, especially in expressing emotions. Similarly, self-attunement also seemed to support better attunement and understanding of others. Even if there remained differences in the type of emotion or needs partners had, they were better able to understand one another's grief once they achieved some level of self-awareness or self-understanding. Thus, it initially appears that self-attunement may be a prerequisite for regulating other and for being receptive to the support of other.

Participants conversely reported that regulating their partner improved their attunement and responsiveness to self. As they listened to and empathized with their partner's grief, participants acknowledged similarities in their own experience

(resonance) and learned coping skills modeled by their partner. Therefore, the relationship between regulating self and regulating other becomes more complex.

In order to balance both togetherness and separateness in regulating self and other, couples assessed present emotional tolerance and the need for resonance. If individual tolerances were low, partners might withdraw either to protect partner (emotional shielding) or to protect self (emotional fragility). However, in the pain of grief, parents yearned for a shared "acknowledgement of that pain" in order to receive support from partner and to openly express their needs. Shared grief, or resonance, was comforting to participants and provided assurance of non-judgmental support. It seems bereaved parents wanted to feel they were not alone in their grief, even if they had to grieve apart from their spouse to sustain the functionality of their relationship. It appears that resonance was an essential part of forming a grief rhythm and resolved difficult feelings of resentment or guilt when partners were unable to "grieve together." For therapists, fostering and enacting resonance in couple relationships may be an essential goal for therapeutic interventions.

While the idea of resonance aligns somewhat with the previous conclusions about the value of concordant grieving (Buchi et al., 2009; Toller & Braithwaite, 2009), this study reveals a more complex understanding of the processes involved in concordant and discordant grieving (grieving similarly and differently; grieving together and apart). Bereaved parents acknowledged that while they would like to grieve *with* their spouse, they are often unable to because they experience the intensity of grief emotions at different times and because one of them has to be "stronger" in order for them to function overall. So, while concordant grieving is possibly the preferred option, it is not

necessarily the most feasible for relational resilience. Therefore, as Toller and Braithwaite (2009) suggest, it is more feasible for couples to engage in both concordant (grieving together) and discordant (grieving apart) processes. However, in order to remain connected in discordant grieving, partners must be able to tolerate both presence (bearing witness to the experience of the other) and resonance (acknowledging shared grief). This means that, as long as individual partners can engage in responsiveness or supportive behaviors, trading off in grief may be the ideal for relationship resilience. Future research on bereaved parents might need to reevaluate what is considered "grieving together" or joint dyadic coping and grieving apart, which implies that partners are not present to one another's experiences. When couples are trading off in the support role, although they are not grieving "on the same level" as their spouse, they are still engaging in joint coping which may involve collaborative problem solving, attending important events or rituals together, and conveying mutual commitment (Bodenmann, 2008). Additionally, emotional withdrawal to protect self and emotional shielding to protect other may look similar behaviorally (i.e., grieving apart) but were perceived as separate behaviors by participants. In order to explore this meta-process more fully, I propose the Relational Window of Tolerance as it applies to grieving couples.

Figure 7.

The Relational Window of Tolerance: Longitudinal View

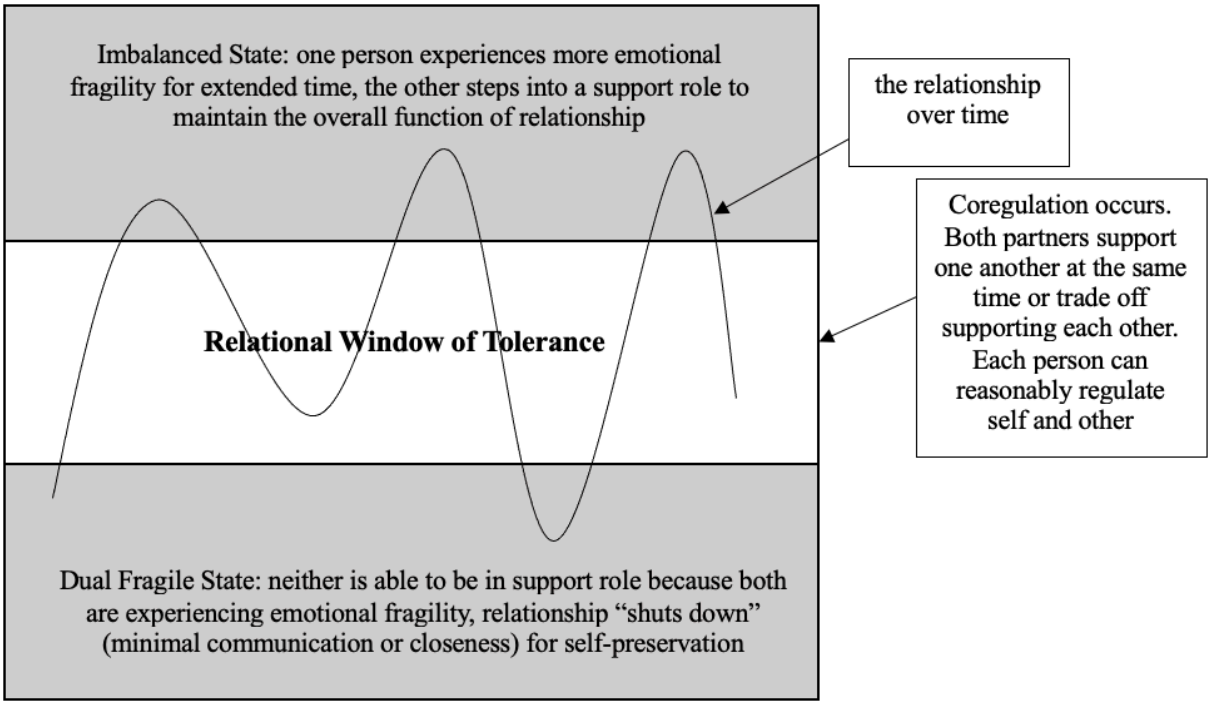

Figure 7. Relational Window of Tolerance: Longitudinal View

The Relational Window of Tolerance

The individual "window of tolerance" was first defined by Dan Siegel (1999) and describes how the body's internal regulating system (parasympathetic and sympathetic nervous systems) operate under normal and stressful conditions. The "window of tolerance" is a regulated state in which the parasympathetic and sympathetic nervous systems work in harmony to maintain the overall function of the individual. Within the "window of tolerance," a person experiences calm and optimal arousal (Siegel, 2007). In this state, an individual is primed for connection with other and compassion for self. While stress is still present, it feels manageable and "tolerable."

However, when parasympathetic and sympathetic systems are not operating in harmony, the individual experiences a dysregulated state in either hyper- or hypo-arousal.

Hyper-arousal is a state of heightened alert and sensitivity to stimuli (Siegel, 2020). Behavior can become aggressive or impulsive, depending on fight or flight stress responses. In hypo-arousal, the individual experiences withdrawal, shutting down, apathy and possibly dissociation or amnesia (Siegel, 2020). Both hyper- and hypo-arousal are attempts to regulate the body's stress, but the current stress is beyond the internal systems "tolerance" or ability to cope.

The width of an individual's "window of tolerance" determines their resilience to stressful circumstances. A wider "window of tolerance" indicates that a person can tolerate difficult experiences while maintaining a regulated state, thus setting them up to utilize additional resources, effectively problem solve, and recover more quickly (Siegel, 2007). However, a narrow "window of tolerance" indicates that an individual has a limited capacity for stress, and they are more likely to become dysregulated, thus being cut off from potential internal and external resources (Siegel, 2007).

When viewing the window of tolerance from a relational perspective, the partners in the couple dyad become the two regulating systems that work harmoniously to maintain the overall function of the larger system (i.e., the relationship). Within the relational window of tolerance (see Figure 7), each partner feels supported by the other and each partner contributes time, energy, and skill to the needs of the relationship. In this regulated relational state, the couple relationship flourishes and likely experiences moderate to high levels of intimacy, trust, commitment, respect, and interdependence. The couple may still experience conflict, but they are likely to address and resolve conflict quickly and learn from the experience. There is a rhythm of interaction, where

each partner knows what the other needs (attunement) and responds within their own capability (responsiveness).

Imbalanced State

When couples encounter stressful circumstances that push them beyond their own ability to cope, such as the loss of a child, they may experience a dysregulated relational state. Similar to hyper-arousal, the first dysregulated state is best described as an imbalanced state, where one partner experiences more fragility, either in individual hyper- or hypo-arousal, than the other and therefore, receives more support than the other (see Figure 8). While one partner experiences and expresses the pain of their shared loss, the other takes on a support role. In an imbalanced state, the "support" partner attempts to unburden the other by taking over responsibilities and neutralizing triggers, and the partner experiencing more fragility may withdraw to regulate themselves. As one participant from couple three stated: *"I feel like I'm like a safe rock. This is where she can hide."* While this is helpful for the partner experiencing a more fragile state, it can lead the support partner to be overburdened and under supported. The relationship can possibly maintain this state temporarily, but it is not sustainable long term.

If the couple is able to switch off routinely as the support partner in an imbalanced state, then overtime the relational window of tolerance widens as they form a more resilient regulated state. This is similar to expanding an individual window of tolerance. When an individual experiences distress outside of their window (in either hyper- or hypo-arousal) and learns how to regulate that distress effectively and safely, their current window of tolerance widens (Siegel, 2020). Most of the couples in this study's sample discussed how they began to trade off over time, which presented unique

challenges, but was overall considered a strength and source of resilience for their relationships. When trading off in the support role, couples shared that it does not have to be equal (50/50). Some couples had more defined roles as the "typical fragile partner" and the "typical support partner." However, both partners had to have confidence in each other's ability to take on the support role some of the time, especially if the more stable partner started to become more fragile. Having confidence in one another's ability to self-regulate and regulate other encouraged mutual reliability and interdependence, thus both people had an opportunity be fragile at different times. The same partner in couple three explained: *"I feel like, I know if I need to have my moment, I can go to her. Like she's not too, too broken."*

The challenges of trading off in an imbalanced relational state were namely emotional exhaustion and needing a break from grief together. As partners traded off in the support role, they reported that their partner's grief would trigger difficult emotions for them, such as helplessness, guilt, worry, and grief. Additionally, expending energy to offer empathy, compassion, and resonance to regulate their partner was emotionally taxing at times. So, when their own grief was lighter, parents wouldn't necessarily receive a break from emotional heaviness because entering into a support role had its own emotional weight. However, this seemed to be mitigated by fulfilling a sense of purpose in helping their partner through the pain of grief. Supporting or "being strong" for the other was difficult but meaningful. Another mitigating factor included finding time together, apart from the grief. It was important for partners to take advantage of moments when they were both in a reasonably stable state in order to take a break from the grief *and* the support role together.

Dual Fragile State

The second dysregulated state is best described as a dual fragile state. In this state, both partners are experiencing heightened fragility (see Figure 8). Both partners are outside of their individual window of tolerance, whether in hyper-or hypo- arousal. While one might assume this would create a more apparent opportunity for resonance, this relational state led to the opposite. Partners withdrew simultaneously into their own emotions and did not express their needs to one another. They were both in "survival mode," and therefore existed together without really connecting with one another. In a dual fragile state, participants felt unsupported in their own grief and at the same time felt guilty that their partner was not being supported in his or her grief. Partners were concerned for each other, but unable to communicate that concern because of the burden of their own pain.

A dual fragile state is most similar to the individual hypo-arousal state, in that the relationship "shuts down" temporarily so that individual partners can survive. Hypo-arousal creates disconnection between the parts of the larger system (Siegel, 2020), and each part becomes responsible for its own survival (Schwartz, 2010). Each partner becomes an "island" without a bridge of support to connect them. Similar to an imbalanced state, the couple may be able to sustain this temporarily, but not long-term. Trading off was not an option, at least initially, for couples in this relational state.

What seemed to help couples form greater resilience in a dual fragile state was learning to regulate their own emotions. Once they were able to regulate self towards a stable enough state, they could then engage in emotional shielding instead of emotional withdrawing and were no longer "pulled down when [spouse] was down." In contrast to

emotional withdrawing, when participants engaged in emotional shielding, they withheld grief from their partner but did not disengage from the relationship. One or both partners learned to turn off or turn down their grief while the other was needing support, which brought them into an imbalanced state instead of a dual fragile state.

However, participants warned that turning off emotions so much that they could no longer access their grief was equally disconnecting as being in a dual fragile state. Partners did not want to feel left behind in the grief while the other was thriving, and it was important to know that their spouse could still understand what they were feeling even though they may not be feeling it in that moment.

Figure 8.

Relational Window of Tolerance: Fragile and Stable States

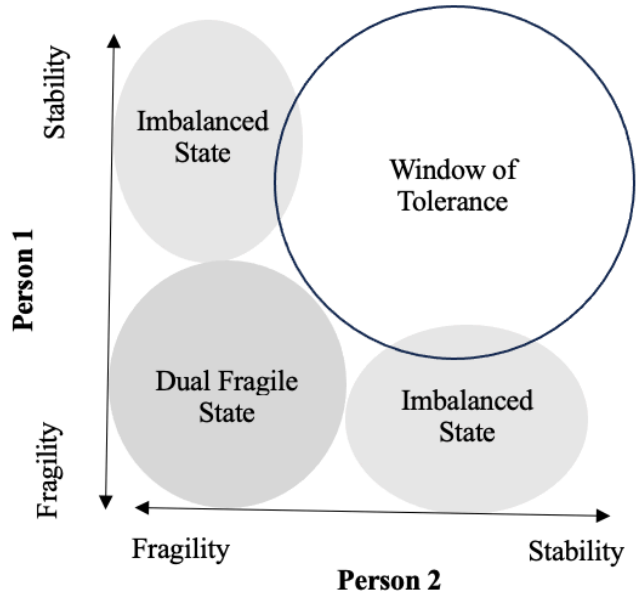

Figure 8. Relational Window of Tolerance: Fragile and Stable States

Couple Case Study Illustration

To illustrate how partners harmonized their grief in and out of the relational window of tolerance during the study, a case study of Couple One is presented. While any of the five couples who participated in this study could be used as an example, Couple One experienced both imbalanced and dual fragile states, and therefore adequately described both.

Initially, couple one described an imbalanced state. Amy noted her own fragility and how it impacted the communication in the relationship:

> *"I think it was also me being in a really bad place you know, and then we barely were able to communicate. We don't sit there and fight or anything it's just that the comments and the responses are pretty short."*

Patrick acknowledged Partner A's withdrawal as a sign of her fragility and expressed how this worried him.

> *"When she always hold it, and hold it, and hold it. And then, one day, it'll explode and it'll come out, you know, and you just never know, you know... She's also a very private person, so she's not going to talk about it. So, you know, she never gets to get it off her chest."*

In response, Patrick took on a support role. He engaged in emotional shielding, withholding his grief from Amy, with the hope that she would see him as strong and come to him whenever she was ready to talk. His initial responsiveness strategies included giving space, removing responsibilities, and being positive.

> *"I'm not going to try to pry her out of her shell. Whenever she's ready she'll let me know. But I think that's herself where she will clam up. And, you know, she has her cocoon that she feels safe around. And really, you know, whenever she's ready, she'll kind of come out...and as emotional as she gets, if I'm crying with her that's not really solving anything."*

Patrick would talk about his grief elsewhere, with coworkers and friends, but with his spouse, he would share his positive outlook to appear strong, encouraging her to find a

similar perspective. His emotional shielding led Amy to believe that Patrick was no longer grieving, which made her feel alone and caused her to withdraw even more in fear that her spouse would not understand her grief even if she were to share it. This kept the couple in a dysregulated imbalanced relational state.

> *"I kept wondering why he is always smiling... I wanted him to feel the same pain that I'm feeling, but yet I wasn't seeing it, then you know, then there's that separation... talking was pointless"*

Amy began to explore and learn about her own emotions in therapy, and in doing so, it gave her more insight and empathy into what Partner B was feeling. Instead of viewing grief as 'right versus wrong,' she became more accepting of varied emotions and expressions of grief. Empathy soon turned into resonance.

> *"Once I can identify it then I can see that, 'okay, whether who is right or wrong it's just to identify what you're going through,' makes it easier to like understand... seeing he is heartbroken just as much as I am, even though he doesn't show it to me every day. It kind of made me realize, you know he is broken too. He is sad as well. He just doesn't show it."*

As Amy learned to regulate herself and became more accepting of her partner's grief, she was able to be more attuned and responsive to Patrick. She expressed gratitude rather than criticism for his positivity and strength and acknowledged that it gave her hope in the darkest moments of her grief.

> *"I guess thinking of like I'm in a dark spot you know, during that few months, yeah just having him there kinda like my little light, my little beacon, like okay, you know I can't see anything else I'm too wrapped around all the problems I'm dealing with, but I can I know he's there. So it's like, okay I'll make my way to that location, to that whatever he is, so at least once I'm there then at least, then that's half the battle, you know I got myself out, then from there, we can fix whatever we can fix."*

Patrick described this shift in the relationship as "uplifting." He was no longer overwhelmed by being the only one in the support role and they began expressing their

grief more openly without the fear of judgment on either end, which encouraged more opportunities for resonance.

> *"There was an evening where she shared some of her heartaches and, you know, we're able to talk about it a little bit more and that in and of itself is a relief to, you know, hear things that I might have said in passing."*

With a newfound sense of resonance in their shared pain, the couple accepted that if one of them experienced more stability and was able to shield their emotions appropriately, then they were able to be more resilient both individually and relationally.

> *A: "If he started crying just as much as I did who's going to help kind of pull me out of my depression or whatever it is I'm feeling at that moment, so I'm like I understand we shouldn't be at that you know that emotion, at the same time."*
> *P: "Tried to stay strong for her. But I didn't know she needed to see [me grieve]... I know that she sees my grief. I may not always show it but is there and I think, knowing that she sees that, or saw that, gives her hope."*

However, the increased resonance caused them to fear that they both were possibly more fragile than they realized. Especially in regard to guilt, the couple experienced more of a dual fragile state. They attempted to coregulate this by emotionally shielding some guilt from one another and not entering into conversations about their guilt until they were confident that they could come out of it themselves (regulate self) or bring their partner out of it (regulate other).

> *Interviewer: Is guilt something you share with one another?*
>
> *A: No, I don't, I'm not there yet. I think that's the biggest.. I think I can't figure it, fix it, or even deal with it myself so... will we be able to solve you know the can of worms that we had just open, will we be able to deal with it, or else will be back into that possible depression mode and then we can't get out. So, it's can we solve if we were to face it? Are we able to get out of it if we are to go in this?"*
>
> *P: I don't want to bring her down with my feelings or thoughts on all of this because it will upset her.*

If this couple attended therapy at this point, a therapist may want to help them learn to self-regulate guilt before encouraging them to support one another. This couple is beginning to trade off in supporting each other, but one partner has more limited capacity than the other (Partner A), so it may be helpful for her to let her spouse know when she is ready to talk and when she is not.

Therapeutic Implications

While multiple scholars have encouraged therapists to work with grieving parents together in order to support both individual and relational goals (Albuquerque et al., 2018; Avelin et al., 2013), it cannot be said enough that assessing couple dynamics provides invaluable insight into how the individuals in the relationship are able to cope. At the very least, therapists are advised to ask about the other partner's coping when working with individual bereaved parents. However, couple therapists are advised to help bereaved parents observe their own process of forming a grief rhythm and encourage discussion about how their unique rhythm impacts both individuals, similar to externalizing "the dance" in emotionally focused therapy (Johnson, 2019). Participants in the study were openly receptive to the narrative reflections about their relationship and they shared how valuable it was to hear their own process of relating to one another read aloud. Through narrating the couple's process, the therapist can identify possible opportunities for resonance and facilitate responsive enactments during moments of stability for one or both partners.

As couples harmonize their grief, it is likely that female bereaved parents will experience more fragility over prolonged periods of time compared to their male partners (Buyukcan-Tetik et al., 2022; Lang et al, 2007). This means that couples are more

susceptible to prolonged imbalanced states after the loss of a child, and that male partners are more likely to enter into a support role. This was evident in this study as most of the male partners discussed feeling the need to "be strong" for their partner. As a result, male bereaved parents may be less likely to share their grief in order to shield their partner from further pain. This phenomenon may help to partially explain why men experience lower overall post-traumatic growth following the death of a child because they may generally be receiving less support than their partner (Albuquerque et al., 2018). Continuing to research gender differences in parental grief may be unintentionally reinforcing socially accepted gender roles, and perpetuates a perception that men are "less fragile" in their grief when in actuality the relationship does not afford them opportunities to be fragile and therefore, they appear more stable to give their partner the opportunity to grieve. Instead, it may be valuable to explore the dyadic processes that would encourage both men and women to experience the full range of their grief.

For couple therapists who may initially try to encourage the "withdrawing" partner to be more emotionally expressive in the relationship (Johnson, 2019), it may be important to consider that this may unintentionally further dysregulate the couple, pushing them into a dual fragile state. Instead, couple therapists may want to focus on emotional self-regulation for both partners and then gradually guide the couple to trade off in the support role to coregulate their grief. Male partners in heterosexual relationships may need additional assurance that their partner can tolerate supporting them in their grief, once she is in a more stable state. It may be important for couples to effectively attune when their partner is in a fragile state *and* when their partner is in a

stable state, so they can harmonize their individual tolerances and maintain the functionality of the relationship overall.

Trustworthiness of Conclusions and Limitations

Trustworthiness of qualitative data is assessed through four main criteria: confirmability, dependability, credibility, and transferability. The definitions of these terms can be found in the methods chapter. However, in this section, a summary of these criteria is presented, and the limitations of this study are explored.

Confirmability

The data collection methods of this study were well-suited for triangulation. In triangulation, multiple sources of data are cross-checked (Krefting, 1990). Because data was gathered in different methods (surveys and interviews) and from both partners, data could be cross checked during interviews between partners and by comparing qualitative and quantitative results. Because not all of the participants completed the surveys at each time point, the quantitative data provided limited support for the qualitative findings. However, individual changes in bereavement symptoms and perceptions in marital quality did mirror the qualitative report given by couples. Partners seemed to be in tune with each other's self-reported grief symptoms and accurately described changes in their partner's grief during the interviews. Marital quality scores seemed to match couples' qualitative descriptions of communication patterns, relational closeness, and mutual dependency on one another.

Dependability

The audit provided a reliability check for the results. Auditors had expert knowledge of the constructs relevant to this study and offered suggestions about the terms and specific language used to describe the couple processes which were incorporated into the final results. Additionally, participants language remained paramount throughout the coding process and was used to describe themes to ensure that the information presented did not deviate from their lived experience.

Credibility

For interview-based data, rapport between interviewer and participant is especially important to ensure credibility of the findings (Krefting, 1990). Rapport also takes time to build, so prolonged engagement supports credibility both in increasing the chances of recurrence and in building rapport. There was some attrition in this study, but the attrition that existed was due to lowered marital quality (divorce) and busy schedules.

Member checking was a valuable credibility check in this study. In an effort to reduce the time and emotional burden on participants, summaries of interview data that were most important were read to the participants before each interview (Carlson, 2010; Doyle 2007). Additionally, final results were emailed to participants and participants were provided detailed instructions and expectations for member checking so they are aware of the purpose of this process and their role in it (Carlson, 2010). While not all the participants responded to the final results, the participants who did offered no changes and gave positive feedback.

Transferability

The sample size of this study was small and presents a threat to the transferability of the results, which is not uncommon in qualitative research (Morrow, 2005). However, the

context of the study and the demographics of the participants (including the type of loss, age, number of additional children, ethnicity, religion, etc) are explicitly stated in the final report of the findings so that clinicians and scholars can interpret the results appropriately and determine how best to apply them in clinical practice. Though the sample size is small, the sample is variable in regard to race, ethnicity, and types of loss (Krefting, 1990). Additionally, participants reported a varied range of grief related symptoms at each time point.

One possible limitation of this sample was that couples reported generally high marital quality throughout the study. This may indicate that our results represent couples who are successfully enacting relational resilience throughout their shared grief process. Couples who are experiencing lower marital quality may not have been willing to participate in a study where they discussed their grief together, likely because that would have further dysregulated an already dysregulated system (see relational window of tolerance). While it is impossible to examine the differences between couples who chose to participate and couples who did not, couples who did participate described fluctuations in their relationship at different stages of their individual grief process and suggested that at certain times in their coregulatory process they may have been less willing to participate in the study.

Future Research

The study's procedures and theoretical foundation were informed by decades of research into couple relationships following the death of a child. This study aims to support the wealth of knowledge that already existed and contributes a new lens by which to examine couple relationships. Qualitative research provides deeper insight into known

and unknown concepts. Future research might be interested in creating, amending, and/or analyzing assessment instruments for coregulatory concepts such as attunement, responsiveness, self-regulation, regulating other, and the relational window of tolerance. Additionally, quantitative studies could provide longitudinal data with a larger sample size to further understand how these concepts relate to one another. Data from both quantitative and qualitative studies could examine how these concepts contribute to the marital quality of relationships over time, and/or how these concepts apply or do not apply to couples faced with other traumas or crises.

Future research in bereavement might also consider how these concepts apply or do not apply to parent-child relationships, or other sub-systems of the bereaved family including siblings, in-laws, grandparents, etc. For couple relationships, researchers might consider conducting experimental research designs to evaluate possible coregulatory interventions. Research with LGBTQ+ couples might further illuminate the role of gender in harmonizing fragile and stable states. Finally, it would be important to examine couples who report lower marital quality following the loss of a child to understand how, if at all, the ideas presented in this discussion could support them in their hope for relational resilience.

Summary

In conclusion, bereaved parents are the best and the worst support for one another. They can provide each other resonance, a sense of shared grief, that no one else can. However, they also have to be able to regulate themselves enough to be in a position of support for their partner. Couples form a rhythm of interacting with one another to balance the demands of their individual grief process with the demands of their

relationship. Overtime an unspoken but symphonic harmonization occurs between the partners which supports their individual and relational needs. While every couple develops their own rhythm, some couples may need additional support learning how to regulate self or other. Armored with this knowledge, therapist and counselors can support these couples in either individual or relational therapy.

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Appendices

APPENDIX A

Informed Consent

Research Study Title: COUPLE MEANING-MAKING AFTER THE LOSS OF A CHILD: A LONGITUDINAL STUDY

Researchers: Jessica Barboza, MFT, Doctoral Student, Utah State University, Logan, UT

Ryan Seedall, MFT, PhD, Utah State University, Logan, UT

The information below is presented to help you decide if you would like to participate in this study. Your participation is entirely voluntary. Please take your time reading this information.

Why is this research being done?

The purpose of this research study is to understand how couples navigate the grief process after the loss of a child. Couples use many coping strategies to support one another and to manage their own distress when grieving. Partners sometimes process their grief together and at other times apart from one another. We hope to better understand how couples make these decisions and to identify common processes of couple interaction that strengthen resilience and connection.

What will I do in this study?

Couples are asked to participate together in three online interviews over the course of 9 months (one interview every 3 months). Each interview is 90-minutes. You will be interviewed by a trained marriage and family therapist. The therapist will ask questions about your loss, your relationship, and your grief. You may choose not to answer any question that you do not feel comfortable answering. The interviews will be run via Zoom and they will be recorded on a secure server for later analysis. You will need access to a computer or tablet, WiFi connection, and private space to participate in the interviews. In the intake screening, the therapist will go over how to work the audio and video functions of the Zoom platform.

Prior to each interview, you will also be asked to complete an online survey. The survey will take approximately 20 minutes to complete. In the survey, you will be asked questions about your grief and your relationship with your partner. The survey is meant to be taken privately and individually, so please do not share your responses with your partner.

In addition to the three interviews and the three surveys, you will also be asked to complete monthly diary entries about your current grief experience. Each month, you will

be sent an email with a link to a webpage that will have a prompt and text entry box for you to write your response. The link will be valid for up to one week after it is sent to you.

After the final interview, you may choose to schedule a follow up interview with the therapist to debrief about the study. The researchers will reach out to you once the data has been analyzed to inform you of the results.

Confidentiality

Your personal information (ie. name, phone number, & email address) will not be revealed to anyone other than the researchers and members of the research team, unless required by law. Therapists are required by law to report any known or suspected child or elder abuse or neglect, and to take action to ensure safety if a client presents danger to self or others.

Recorded interviews will be password protected and kept on a secure server that only members of the research team can access. Each of the Zoom calls will have a unique Meeting ID and passcode that only you and the therapist will know.

Information collected from this study, including interviews, monthly diaries, and surveys, may be published and presented at conferences. Names and other identifying information will be changed to protect your privacy and anonymity.

Risks

Because of the personal nature of this study, some of the questions in interviews and surveys might elicit some discomfort. Possible risks include experiencing uncomfortable emotions related to your loss or grief. However, these uncomfortable emotions are normal for anyone who has recently lost a child, so we do not anticipate that any risk will be added as a result of the study.

You may choose to end your participation in the study at any time. Any information gathered prior to your decision to leave the study will be used for analysis and possible publication.

Benefits

While this study does NOT mirror or replace therapy in any way, the study does provide participants a chance to explore emotions and meaning related to their loss through writing prompts and interview questions. Writing or journaling about grief has similar benefits to regularly attending grief support groups.

You will not be asked to refrain from attending therapy or support groups while participating in this study. These resources are available to all bereaved parents and you are welcome to use them at any point in the study.

You will also be compensated for your participation in the study. Each participant will receive $25 for each interview and an additional $25 for completing the monthly diary entries ($6.25 per entry). If a participant completes all of the interviews and diary entries, he or she will receive a total of $100. Participants will be paid for their participation after each interview.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, Jessica Barboza: jessica.barboza@usu.edu ; Ryan Seedall: ryan.seedall@usu.edu

If you have questions about your rights or would simply like to speak with someone other than the research team about questions or concerns, please contact the IRB Director at (435) 797-0567 or irb@usu.edu.

Notice of Consent

By signing this document, you agree to participate in this study. You indicate that you understand the risks and benefits of participation, and that you know what you will be asked to do. You also agree that you have asked any questions you might have, and are clear on how to stop your participation in the study if you choose to do so. Please be sure to retain a copy of this form for your records.

Participant Name (printed): _____

Participant Signature: _____

Date: _____

In addition to your participation in this research study, we would also like to honor your child's legacy by mentioning his or her first name in the acknowledgements of this research project. It is important that we protect your privacy, so only first names will be used. Your names and all other identifiable information will be removed for your anonymity. If you agree to give us permission to use your child's first name in the acknowledgements of this research project, please sign below.

_____
Participant Signature

_____
Date

APPENDIX B

Time 1 Semi-Structured Interview

The purpose of this interview is to understand how, if at all, you have started to make sense of the death of your child. It is common for people with the same loss to grieve differently, and there is no right or wrong way to grieve. It is possible that you and your partner may have different answers to the same question. You are welcome to respond or react to each other however you would normally respond or react. You may choose not to answer any question that I ask you. If you choose not to answer, I will ask a follow up question to better understand why you do not want to answer that question at this time. This interview should last about 90 minutes. Today's discussion will be recorded for later review. At the end of this interview, I will check in to see how you are feeling, and if needed, offer some additional resources.
Do you have any questions before we begin?

Narrative of the Loss

- What stands out the most to you when you think about the circumstances of the death?
- How do you view the loss now?
    - Does everyone in your family see the loss the same way?
    - What is it like to have a different view of the loss than others? What feels true or untrue about other people's perspectives?
    - What would it be like to see the loss from your partner's point of view?
    - How have other experiences of loss influenced this one?
    - How would you describe grief to someone who has never experienced it?

Narrative of the Family

A. Relationships with the child

- How would you describe your family 6 months prior to [child's name] death? How would you describe your family 6 months prior to your child's diagnosis (if chronic illness)? *(Family can be defined by immediate family, extended family, or close friends)*.
    - How did you spend time together?
    - What made your family unique?
- How would you describe your family since his/her death?
    - What, if anything, about your family has changed since the death of your child?
- What do you miss most about [child's name]?
- Do you see yourself preserving your child's legacy? What does that look like?

B. Relationships among other family members

- Couple history: What is unique or meaningful about your relationship with one another?
    - How would you describe your communication with one another prior to the loss?

    - How would you describe your communication with one another since the loss?
    - How connected do you feel towards one another since the loss?
    - What role do you want your relationship to have in your grief?
- How often do you share your grief with one another? What does that look like?
    - What is it like to see your partner grieve?
    - What do you do to comfort your partner?
    - How does his/her grief influence your grief?
    - What do you expect will change for your family over the next few months?
        - Will you spend more or less time together? Will you face any additional challenges as a result of the loss?
    - Have any other relationships been impacted by this loss?

Narrative of the Self

- How would you describe your role in the family prior to the loss?
- How would you describe your view of self (positive or negative) prior to the loss?
- How would you describe your role in the family and your view of self now?
- How would you describe your partner's role since the loss?
- What aspects, if any, of yourself feel "lost" or "hidden" right now? What aspects of yourself, if any, have appeared more often?

Additional Questions to Follow Up

- Is this how you would normally react or respond in this moment?
- What would you do if you weren't worried/concerned about how your partner would react?
- What is it like to say that out loud?
- What has been most helpful to you when you feel that way?
- What is the hardest part of feeling that way?

Check in at the end about how they are feeling and determine if additional resources are needed.

Additional resources:

1. Grounding or containment exercises for emotion regulation
2. Grief Support Groups
3. Individual or Couple Counseling

APPENDIX C

Time 2 Semi-Structured Interview

The purpose of this interview is to understand any changes that have happened since the last interview. I will start today by reading through a summary of what you shared last time. You may correct or expand on any information that is presented to you, so that it best fits your personal experience. Then, the interview will proceed as it did last time. It is common for people with the same loss to grieve differently, and there is no right or wrong way to grieve. It is possible that you and your partner may have different answers to the same question. You are welcome to respond or react to each other however you would normally respond or react. You may choose not to answer any question that I ask you. If you choose not to answer, I will ask a follow up question to better understand why you do not want to answer that question at this time. This interview should last about 90 minutes. Today's discussion will be recorded for later review. At the end of this interview, I will check in to see how you are feeling, and if needed, offer some additional resources.
Do you have any questions before we begin?

Narrative of the Family
A. The relationships with the deceased
- How would you describe your family since the last interview?
    - How do you spend time together?
    - What interactions have been most influential or meaningful to you since the last interview?
- Do you see yourself preserving the legacy or memory of your child's life? What does that look like?

B. The relationships among other family members
- Couple history:
    - How would you describe your relationship, specifically your communication with one another, since the last interview?
    - What role do you want your relationship to have in your grief?
- How often do you share your grief with one another? What does that look like?
    - What is it like to see your partner grieve?
    - What do you do to comfort your partner's distress?
    - How does his/her grief influence your grief?
    - What do you expect will change for your family in the next few months?
    - Have any other relationships been impacted by this loss?

Narrative of the Loss
- How do you view the loss now?
    - Does everyone in your family view the loss the same way?
    - What is it like to have a different view of the loss than others? What feels true or untrue about other people's perspectives?
    - What would it be like to see the loss from your partner's point of view?
    - Has your definition of grief changed? If so, how?

Narrative of the Self

- How would you describe your role in the family now?
- How would you describe your partner's role now?
- What aspects, if any, of yourself feel "lost" or "hidden" right now? What aspects of yourself, if any, have appeared more often?

Additional Questions to Follow Up

- Is this how you would normally react or respond in this moment?
- What would you do if you weren't worried/concerned about how your partner might react?
- What is it like to say that out loud?
- What has been most helpful to you when you feel that way?
- What is the hardest part of feeling that way?

Check in at the end about how they are feeling and determine if additional resources are needed

APPENDIX D

Time 3 Semi Structured Interview

The purpose of this interview is to understand any changes that have happened since the last interview and to understand your overall experience as a participant in this study. I will start today's interview by reading over a summary of the last interview. You will be able to correct or expand on any information that is presented to you so that it best fits your personal experience. Then, I will proceed with the interview questions as I did last time. It is common for people with the same loss to grieve differently, and there is no right or wrong way to grieve. It is possible that you and your partner may have different answers to the same question. You are welcome to respond or react to each other however you would normally respond or react. You may choose not to answer any question that I ask you. If you choose not to answer, I will ask a follow up question to better understand why you do not want to answer that question at this time. This interview should last about 90 minutes. Today's discussion will be recorded for later review. At the end of this interview, I will check in to see how you are feeling, and if needed, offer some additional resources.
Do you have any questions before we begin?

Narrative of the Family

A. The relationships with the deceased

- How would you describe your family since the last interview?
    - How do you spend time together?
    - What interactions have been most influential or meaningful to you since the last interview?
- Do you see yourself preserving the legacy or memory of your child's life? What does that look like?

B. The relationships among other family members

- Couple history:
    - How would you describe your relationship, specifically your communication with one another, since the last interview?
- How often do you share your grief with one another? What does that look like?
    - What is it like to see your partner grieve?
    - What do you do to comfort your partner's distress?
    - How does his/her grief influence your grief?
    - What do you expect will change for your family in the next few months?
    - Have any other relationships been impacted by this loss?

Narrative of the Loss

- How do you view the loss now?
    - Does everyone in your family view the loss the same way?
    - What is it like to have a different view of the loss than others? What feels true or untrue about other people's perspectives?
    - What would it be like to see the loss from your partner's point of view?
    - Has your definition of grief changed? If so, how?

Narrative of the Self

- How would you describe your role in the family now?
- How would you describe your partner's role now?
- What aspects, if any, of yourself feel "lost" or "hidden" right now? What aspects of yourself, if any, have appeared more often?

Additional Questions to Follow Up

- Is this how you would normally react or respond in this moment?
- What would you do if you weren't worried/concerned about how your partner might react?
- What is it like to say that out loud?
- What has been most helpful to you when you feel that way?
- What is the hardest part of feeling that way?

Check in at the end about how they are feeling and determine if additional resources are needed

APPENDIX E

Recruitment Flyer

We send our sincerest condolences and join you in mourning the death of your beloved child. In our effort to strengthen and facilitate a greater understanding about the grief process, we are asking bereaved parents, like you, to participate in our research study. We are conducting this study to learn from couples about how they cope with the tragedy of losing a child together. This research will help therapists and counselors better support other bereaved families.

If you choose to participate in the research study, you and your partner will be asked to partake in three 90-minute online interviews across a 9-month timeframe (one interview every 3 months). In each interview, the interviewer will ask you and your partner questions about your grief and about your relationship with each other. In addition to the interviews, you will also be asked to answer an online questionnaire and write monthly journal entries.

Participants in this study will be compensated for their time. Each participant will receive $25 for each interview they partake in and an additional $25 for completing the journal entries. The total amount for participating in all of the interviews and all of the journal entries is $100 per person.

In order to participate in the study, you and your partner must:

- speak and write in English
- have access to a computer with audio and video capabilities
- have access to WiFi and email
- live in the same home
- have custodial rights for the child

If you are interested in helping therapists and counselors develop more strategies to support bereaved families, please reach out to:

Jessica Barboza, LMFT (Doctoral Student)
jessica.barboza@usu.edu
281.253.8186

CURRICULUM VITAE

Jessica Barboza, PhD, LMFT-S, EMDR-Trained

Doctoral Graduate in Department of Human Development and Family Studies
Utah State University
Concentration of Study: Marriage and Family Therapy
jessica.barboza@usu.edu

Licenses: Marriage and Family Therapist - Supervisor
State of Texas: 204248 (Exp. November 2024)

Education

PhD.	Utah State University, Defense Completed: August 2023 Human Development and Family Studies Concentration: Marriage and Family Therapy Major Professor: Ryan Seedall, PhD Dissertation: *Processes of Couple Coregulation in Bereavement: A Longitudinal Study*
M.A.	St. Mary's University, August 2017 Marriage and Family Therapy (COAMFTE accredited) (3,000+ hours post-graduation)
B.S.	Texas A&M University, December 2014 Major: Psychology Minor: Business Administration

Professional Affiliations

2015- American Association of Marriage & Family Therapy: Clinical Fellow
2020- Association of Death Education and Counseling: Student Member
2018-2022 Catholic Psychotherapy Association: Clinical Member
- 2021 CPA Conference Diversity Liaison (2020-2021)
- Student and University Outreach Coordinator
- Awards Committee Chair

2015- 2022 Texas Association of Marriage and Family Therapy: Clinical Member

Honors and Awards

2021 CEHS Graduate Student Research Award

2021 ADEC Conference Student Scholarship

2021 CEHS Student Researcher of the Year (HDFS Department Nomination)

2020 AAMFT Student Ethics Competition: Third Place Award

2020 Phyllis R. Snow Graduate Scholarship Recipient
Department of Human Development and Family Studies
Utah State University

2020 AIS Lieutenant Clyde Parker Baugh Memorial Scholarship Recipient
Utah State University

2019 Graduate Student Fellowship
Department of Human Development and Family Studies
Utah State University

2015 Department of Education and Counseling Graduate Scholarship
St. Mary's University
Department of Education and Counseling

Research Positions

2019-2021 Graduate Research Assistant, Logan, UT
Utah State University
Faculty Mentor: Ryan Seedall, PhD
AES Grant: *Couple support and aquatic intervention for lower limb pain*

2015-2015 Trauma and Grief Lab Assistant, Houston, TX
Director: Julie Kaplow, PhD.

2013-2014 Texas A&M University IRB Assistant: Biology and Human Subjects

2013-2014 Undergraduate Research Assistant, College Station, TX
Texas A&M University
Social Psychology Lab
Faculty Advisor: Heather Lench, PhD.

- *Boredom*
- *Affect development*
- *Motivation*

Teaching Positions
Adjunct Faculty and Lead Instructor

Divine Mercy University

Spring 2023 PSY 620: Master's Thesis
Student Advisor

Spring 2023 PSY 520: Marriage and Family Skills and Strategies
Course Developer & Asynchronous Online Instructor

Spring 2022 PSY 520: Marriage and Family Systems Theory
Asynchronous Online Instructor

St. Edward's University

Summer 2022 CNSL 6371: Crisis & Trauma
In-Person Instruction

CNCO 6364: Introduction to Family Systems Theories
In-Person Instruction

Spring 2022 Practicum Supervisor
St. Edward's University Community Counseling Clinic

Fall 2021 CNSL 6371: Crisis & Trauma
Synchronous Online Instruction

CNCO 6364: Introduction to Family Systems Theories
Synchronous Online Instruction

Summer 2021 CNSL 6371: Crisis & Trauma
Synchronous Online Instruction

CNSL 6353: Group Counseling
Synchronous Online Instruction

Spring 2021 CNSL 6371: Crisis & Trauma
Synchronous Online Instruction

<u>Graduate Instructor of Record</u>

Utah State University

Spring 2021 HDFS 2400: Marriage and Family Relationships
Classroom/Online Instruction

Fall 2020 HDFS 2400: Marriage and Family Relationships
Classroom/Online Instruction

Spring 2020 HDFS 1500: Lifespan Development
Co-Instructor: Andres Larios Brown

Classroom Instruction

Graduate Teaching Assistant

Utah State University

Summer 2020 HDFS 3210: Families and Diversity
Faculty Professor: Ryan Seedall, PhD.

Fall 2019 HDFS 2660: Parenting and Child Guidance
Faculty Professor: Kay Bradford, PhD.

Clinical Positions

2022 - Licensed Marriage and Family Therapist-Supervisor: Houston, TX
Pacem Family Therapy, PLLC
Clinical Director/Owner of Online Private Practice

2022 – 2023 Licensed Marriage and Family Therapist: Houston, TX
Grief Recovery Center
Independently contracted Marriage and Family Therapist

2021- 2022 Licensed Marriage and Family Therapist: Austin, TX
Divine Mercy Counseling, PLLC
Independently Contracted Marriage and Family Therapist

2019-2021 Licensed Marriage and Family Therapist: Logan, UT
Sorenson Center for Clinical Excellence, Behavioral Health Clinic
Supervisor: Ryan Seedall, LMFT-S, Dave Robinson, LMFT-S

2018-2019 Licensed Marriage and Family Therapist-Associate: Austin, TX
Intuitus Group Counseling Clinic, PLLC
Supervisor: Christopher Sperling, LMFT-S

2017-2019 Bereavement Group Facilitator: Austin, TX
Austin Center for Grief and Loss
- Divorce
- Spousal Loss

Publications

Barboza, J. (2023). "Our Dearly Departed: Where they are now and why it matters" Book Review. *Integratus.*

Barboza, J., Seedall, R., & Neimeyer, R.A. (2021). Meaning Co-Construction: Facilitating family meaning making in bereavement. *Family Process.*

Barboza, J. & Seedall, R. (2021). Evaluating the relationship between family resilience and grief-related symptoms: a preliminary analysis. *Death Studies.*

Presentations and Guest Lectures

Barboza, J. (2022, April). *Co-Constructing Meaning in Times of Loss.* Workshop Session. Texas Association of Marriage and Family Therapy Conference 2022 "MFTs in Extraordinary Times: A Systematic Approach to Response and Recovery."

Hooghe, A. **& Barboza, J.** (2022, February). *Couple Grief Therapy: Facilitating Emotion Co-Regulation and Meaning Co-Construction.* Webinar Presentation. Association of Death Education and Counseling.

Hooghe, A. **& Barboza, J** (2021, December). *Emotion Co-Regulation and Meaning Co-Construction in Family Grief Therapy.* Training Module. Portland Institute for Loss and Transition. [Online]

Barboza, J. (2021, November). Supporting Grieving Students and Families for Faculty and Staff. Brigham Young University. Provo, UT.

Barboza, J. (2021, November). Marriage Seminar: *Finding Intimacy After Children.* St. Catherine of Sienna Catholic Church ROMP. Austin, TX.

Barboza, J. (2021, October). *Applying Attachment Theory to Grief Therapy.* St. Edward's University Master of Arts in Counseling Student Association Lunch and Learn.

Barboza, J. (2021, April). *Embracing Cultural Humility in the Grief Experience*. Main Conference Break-out Presentation. Catholic Psychotherapy Association. [Online]

De la Garza, L. & **Barboza, J.** (2021, April). *Networking to Inclusion: How individuals, agencies and non-profits can collaborate to support minority, immigrant and underserved communities.* Main Conference Break-out Presentation. Catholic Psychotherapy Association. [Online]

Barboza, J. (2021, April). Meaning Co-Construction. Poster-Presentation. ADEC Conference.

Barboza, J. (2020, November). MFT Theories. Guest Lecture on narrative therapy techniques for relational therapists. Utah State University. Logan, UT.

Barboza, J. (2020, November). MFT Practicum. Guest lecture on grief and loss. Utah State University. Logan, UT.

Barboza, J. (2020, November). Counseling Ethics. Guest Lecture on Ethical considerations for relational therapists. St. Edward's University. Austin, TX. [Online]

Barboza, J. (2020, September). Catholic Feminist Podcast: *Marriage Therapy and Pre-Cana.*

Barboza, J. (2020, September). Marriage and Family Therapy Student Association: *Ambiguous Loss in the Time of COVID-19.* Utah State University. Logan, UT. [Online]

Barboza, J. & Brown, A.L. (2020, February). Marriage and Family Therapy Student Association: *Healthy Relationships Presentation.* Utah State University. Logan, UT.

Barboza, J. (2020, February). Graduate Level Play Therapy. Guest lecture on sand tray techniques. Utah State University. Logan, UT.

Barboza, J. (2019, November). HDFS 2660 Parenting and Child Guidance. Guest lecture on blended families. Utah State University Logan, UT.

Barboza, J. (2019, November). HDFS 2660: Parenting and Child Guidance. Guest lecture on divorce and co-parenting. Utah State University. Logan, UT.

Barboza, J. (2019, November). HDFS 2660: Parenting and Child Guidance. Guest lecture on work and parenting. Utah State University. Logan. UT.

Barboza, J. (2019, October). Community Outreach Parenting Class: Marriage and Family Therapy Student Association. Utah State University Logan, UT.

Barboza, J. (2019, September). HDFS 2660: Parenting and Child Guidance Lecture. Guest lecture on parenting models (STEP, PET, and Behavioral). Utah State University. Logan, UT

Sperling, C. & **Barboza, J.** (2019, June). *Faith and Sexuality Presentation*. St. Vincent de Paul Catholic Church Together in God's Love Marriage Prep. Cedar Park, TX.

***Jewell-Elliott, J.** (2019, April). *Unveiling the Relationship between Bereavement and Spirituality*. Annual Catholic Psychotherapy Association Conference: Poster presentation. Atlanta, GA.

Barboza, J. (2019, February). *Communication and Sexuality Presentation.* St. Thomas More Catholic Church Together in God's Love Marriage Prep Retreat. Austin, TX.

Barboza, J. (2018, October). *Communication and Sexuality Presentation.* St. Thomas More Catholic Church Together in God's Love Marriage Prep Retreat. Austin, TX.

Barboza, J. (2018, October). Concordia University: Guest Lecture. Overview of career in Marriage and Family Therapy. Austin, TX.

Barboza, J. (2018, March). *Communication Presentation*. Diocese of Austin Together in God's Love Marriage Prep Retreat. Austin, TX.

***Jewell-Elliott, J.** (2017, May). Texas A&M University San Antonio: Texas Success Initiative Prep Workshop. San Antonio, TX.

***Jewell-Elliott, J.** (2017, March). Texas A&M University San Antonio: Texas Success Initiative Prep Workshop. San Antonio, TX.

***Jewell-Elliott, J.** (2017, March). Restore Education: Texas Success Initiative Prep Workshop. San Antonio, TX

* Unmarried last name.