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The measurement of couple and family interactions and relationship quality in bereavement research

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Family assessment in grief research has been interested in either the impact of bereavement on family grief, and more precisely, how an individual's grief influences the family functioning, or how family dynamics mediate family members' individual grief experiences. Couple and family instruments used in grief research are reviewed. These were found to be well-validated and are usually popular in family research. In addition, qualitative research on family grief is reviewed to provide a more dynamic and interactive perspective. Finally, recommendations for further development of family grief assessment instruments are proposed. For future bereavement research, we suggest the use of multidimensional assessments, a multi-method, multi-informant, and multi-level approach to grasp the complex interactions of grief in the couple and family context.

Keywords: assessment; grief; family; couple; review

The loss of a loved one, and the grief experience that accompanies it, is unique for every bereaved individual. The main body of literature in the scholarly grief field concerns the bereaved individual, detached from his or her family network. As a consequence, the majority of studies assess individual grief reactions, making use of specific grief instruments (for an overview, see Neimeyer, Hogan, & Laurie, 2008). Most often, the frequency and/or intensity of grief reactions are measured for the bereaved individual, in addition to general health measures and psychiatric symptoms. Nevertheless, grief is also a family affair. The grief of the individual is embedded in family relations, bringing unique dynamics within every family. Reasonably, it can be assumed that circular and interactional dynamics within these family relations will affect the individual grief response. Only a few studies have included the assessment of the interpersonal and dynamic dimension of grief within the marital or family context.

The scope of this paper is limited to the family system, including relationships within the nuclear family, namely, the marital relationship between partners, and/or the relationship between parents and children, and/or between siblings. It leaves out second-order relationships (e.g. grandparents or grandchildren, uncles and aunts). It focuses on how family interactions and the quality of the relationships in the family are related (or not) to grief processes and manifestations. There are two ways to consider these interactions. The first is related to whether bereavement has

an impact on family functioning and couple interactions. This is further referred to as 'couple or family grief'. The second examines how the couple and family variables are mediators/moderators of the individual's grief reactions after bereavement. From this perspective, couple and family relationships are considered to influence the level of the individual grief responses of its members either in a positive or in a negative way, depending on the quality of the relationships. The present paper will review the assessment methods that have been used to test or explore these two perspectives.

We start by reviewing the instruments that have been used in bereavement studies to assess couple or family interactions and relationship quality. In doing so, we summarize the main instruments that have been used, together with their psychometric qualities and added value for bereavement research. To provide a more dynamic and interactive perspective, we then, in the second section, present an overview of the main qualitative research methods that have been used to explore the couples' interactions and the functioning of bereaved families. Finally, in the third section, we formulate recommendations to address the interpersonal perspective for future bereavement research.

For our literature search, we used the Web of Science (WoS) and PsychINFO (OvidSP) search engines (search terms: grief AND family). In addition, we searched the two main grief journals, *Death Studies* and *Omega, Journal of Death and Dying*, for studies assessing couple or family interactions. For each article, we checked the lists of

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references to find other relevant studies. Given our scope, we excluded studies on the effectiveness of grief treatment. Studies that assessed social support in general were also excluded because it was usually not possible to differentiate between support provided by friends or the more extended social context from that provided by the family members.

Review of the instruments assessing couple and family interactions and relationship quality

Instruments assessing marital and/or family interactions used in grief studies stem from the general family literature. Interestingly, no instrument directly measures couple or family grief. This surprising finding is further discussed hereafter. Our search resulted in questionnaires assessing the (1) marital relationship between partners, (2) child–parent relationship, and (3) more general functioning of the family. We found no study including the relationship between siblings in the context of grief. Here, we mainly discuss the validated questionnaires, with a focus on the values and limitations of these instruments specifically for grief research. Table 1 gives an overview of the psychometric properties of these questionnaires and it can be seen that these were generally adequate.

1. Questionnaires assessing the marital relationship between partners

A variety of terms have been used to describe the overall quality of marital relationships, including marital satisfaction, quality, adjustment, and happiness. Many researchers have used these terms interchangeably without specifying their unique definitions and conceptualizations (Graham, Diebels, & Barnow, 2011). However, Graham et al. (2011) considered marital satisfaction to relate specifically to the spouse's subjective global evaluation of his/her relationship with his/her partner. It includes feelings of happiness and pleasure experienced when considering all current aspects of his/her marriage (Hawkins, 1968). Marital adjustment has rather been used to refer to the processes of adaptation that are presumed to be relevant to achieving a harmonious and satisfying marital relationship (Spanier, 1976).

In several studies, the quality of the relationship to the spouse *prior* to his/her death and its impact on grieving processes (e.g. Carr, 2004; Stroebe, Abakoumkin, & Stroebe, 2010) was assessed. For obvious reasons, these studies on spousal loss cannot assess the quality of the current spousal relationship. Grief studies investigating the marital relationship are thus usually conducted after child loss. Most have used questionnaires developed by the authors themselves, without prior validation (e.g. Dijkstra & Stroebe, 1998). In other cases, the instrument used was not reported (e.g. Fish, 1986). Four validated questionnaires have been used to measure the quality of the marital

relationship: the first addresses marital satisfaction, the second relationship adjustment, and the last two intimacy and communication in the relationship.

The Index of Marital Satisfaction

Kamm and Vandenberg (2001) have used the Index of Marital Satisfaction (IMS, Hudson, 1992) to study how attitudes about grief communication are related to grief processes and marital satisfaction in bereaved parents. The IMS questionnaire was initially developed to measure the severity of problems and the degree of positive feelings in the marital relationship. Both partners rate items such as 'I feel that our relationship is a good one', 'I feel that we do a good job of managing our finances'. Kamm and Vandenberg (2001) found that a positive attitude about grief communication was related to high grief in the early stages of bereavement and to low grief in the later stages. Marital satisfaction was unrelated to grief or attitudes about communication, but there was a gender difference. Positive attitudes about grief communication were related to higher marital satisfaction in women but not grief, whereas for men, positive attitudes were related to less severe grief reactions 5-year post-loss but not marital satisfaction.

Although the IMS was developed to focus on traditional marital relationships, the way its items are formulated allows for a broader investigation of romantic relationships, also including cohabiting and same-sex couples. However, other well-validated questionnaires have been used more frequently in the family literature, providing relevant information to compare marital satisfaction in bereaved couples with those undergoing other types of stressors (for a review of the marital satisfaction instruments, see Graham et al., 2011).

The Dyadic Adjustment Scale

The Dyadic Adjustment Scale (DAS; Spanier, 1989) was used in three studies as a means to test whether child loss had an impact on the quality of the marital relationship or conflicts between spouses (Dyregrov & Gjestad, 2011, 2012; Murphy, Johnson, & Lohan, 2003; Murphy, Johnson, Wu, Fan, & Lohan, 2003; Najman et al., 1993). Results on the DAS were not reported in Dyregrov and Gjestad's study, which presented data on sexuality gathered by means of an interview. In Najman et al.'s study, the results indicated that the quality of the relationship deteriorated for bereaved parents 2-months post-loss, but that this deterioration was no longer significantly different after 6 months in comparison to parents whose infant had survived. Although break-up rates were increased for bereaved parents, for those who remained together, the deterioration of relationship quality was rather modest in size. In Murphy et al.'s study, over the 5-year follow-up after the violent death of their adolescent or adult child,

Table 1. Psychometric properties of couple and family instruments used in bereavement research.

Instrument	Number of items; subscales	Internal consistency (Cronbach's alpha)	Test-retest reliability	Construct, convergent, and discriminant validity	Factorial validity
Questionnaires assessing the marital relationship between partners					
Index of Marital Satisfaction I (IMS; Hudson, 1992)	25 items	.96 (Hudson & Glisson, 1976)	.97 (Hudson & Glisson, 1976)	Concurrent validity with the Lock-Wallace Marital Adjustment Test; Distinction between couples identified by therapists as having or not having marital problems (Cheung & Hudson, 1982; Hudson & Glisson, 1976)	
Dyadic Adjustment Scale (DAS; Spanier, 1976)	32 items Total score and 4 subscales: Consensus (13 items, the degree to which the couple agrees on matters of importance to the relationship), Satisfaction (10 items, the degree to which the couple is satisfied with the relationship), Cohesion (5 items, the degree of closeness and shared activities experienced by the couple), Affective Expression (4 items, the degree of demonstrations of affection and sexual relationships)	.70 (Affective Expression) to .95 (Total score), <i>Mdn</i> = .87 (Carey, Spector, Lantinga, & Krauss, 1993)	.75 (Affective Expression) to .87 (Total), <i>Mdn</i> = .81 over a 1-week period (Carey et al., 1993)	Discriminant validity demonstrated by distinguishing married and divorced couples. Concurrent validity with the Marital Adjustment Scale (Locke & Wallace, 1959)	A number of confirmatory and exploratory factor analyses have confirmed Spanier's original data (1976) factor structure. But, other studies have also found various factorial structures (see Graham et al., 2006)
Personal Assessment of Intimacy in Relationships scale (PAIR; Schaefer & Olson, 1981)	30 items No total score 5 subscales: Emotional, Social, Sexual, Intellectual, and Recreational Intimacy	.70 (Emotional), .71 (Social), .71 (Sexual), .70 (Intellectual), .70 (Recreational)	.37 to .81 over a 2-year period	Moderate to high correlations with the Marital Adjustment Scale (Locke & Wallace, 1959) (range .34 to .98)	Factor analysis confirmed the structure (Schaefer & Olson, 1981) Confirmatory Factor Analysis failed to replicate the structure (Moore, McCabe, & Stockdale, 1998)

(Continued)

Table 1. (Continued).

Instrument	Number of items; subscales	Internal consistency (Cronbach's alpha)	Test-retest reliability	Construct, convergent, and discriminant validity	Factorial validity
Family Environment Scale (FES; Moos & Moos, 1981, 1994)	90 items 3 domains: Family Relationships, Personal Growth, and System Maintenance indexed with the 10 subscales: Cohesion, Expressiveness, Conflict, Independence, Achievement Orientation, Intellectual-cultural Orientation, Active-recreational Orientation, Moral-religious Emphasis, Organization, and Control	Subscales: .64 to .79 (Moos, 1979)	.81 (Moos & Moos, 1994).	The discriminant validity of the FES has been demonstrated (Moos & Moos, 1994). Construct validity of this instrument is supported by evidence (Moos & Moos, 1994). Limited support for use with young children	Five studies found that factors did not fit the subscales as suggested by Moos and Moos (1983). For example: factor analysis failed to replicate 10 subscales, but found support for 7 subscales (Robertson & Hyde, 1982).
Family Relationships Index (FRI; Kissane et al., 1996)	12 items 3 subscales: Cohesion, Expressiveness, and Conflict	0.55–0.62 (Cohesion), 0.48–0.56 (Expressiveness), 0.65–0.70 (Conflict) (Edwards & Clarke, 2005)	The test–retest reliability of the FRI has been established (Moos, 1990).	The FRI demonstrated good sensitivity (.86) but moderate specificity (.45; Kissane et al., 2003). The construct validity of the FRI has been established (Moos, 1990).	No factorial validity studies available.
Family Assessment Measure (FAM-III; Skinner, Steinhauer, & Santa-Barbara, 1984)	134 items 3 subscales: General, Self-Rating, and Dyadic Relationship.	All subscales: from .65 to .87. .94 (General scale: adults and children); .89 and .86 (Self-rating scale: adults and children); .95 and .94 (Dyadic relationship adults and children (Skinner et al., 1983)).	No test-retest reliability data available.	FAM-II discriminates clinical from nonclinical families (Skinner, Steinhauer, & Santa-Barbara, 1983). FAM, FACES, FAD tapped similar constructs (Bloom, 1985).	No factorial validity studies available.

(Continued)

Table 1. (Continued).

Instrument	Number of items; subscales	Internal consistency (Cronbach's alpha)	Test-retest reliability	Construct, convergent, and discriminant validity	Factorial validity
Family Adaptivity and Cohesion Evaluation Scales (FACES II/III; Olson, Portner, & Lavee, 1985)	44 items 2 subscales: Adaptability-Cohesion and Social Desirable	.77 (Cohesion) .62 (Adaptability) (Olson et al., 1985).	.80 for Cohesion and Adaptability over 4-5 weeks (Olson et al., 1985).	Green (1989) reports inconsistent patterns for the two subscales and for different family members: The Self-report Family Inventory distinguished clinical and nonclinical groups better than the FACES II. FACES, FAD, FAM tapped similar constructs (Bloom, 1985).	Evidence for 4 factors (Olson et al., 1985).
Family Sense of Coherence Scale (FSOC, Antonovsky & Sourani, 1988)	26 items 3 subscales: Comprehensibility (8 items), Manageability (9 items), and Meaningfulness (9 items).	.92 (for the entire sample, husbands and wives separately)	No test-retest reliability data available.		No factorial validity studies available.
Family Crisis Oriented Personal Evaluation Scale (F-COPES, McCubbin et al., 1987)	30 items 5 subscales composing 2 dimensions: (1) internal coping strategies of the family which include Reframing and Passive Appraisal, and (2) external coping strategies which include Acquiring Social Support, Seeking Spiritual Support, and Mobilizing the family.	.86 (Olson, Russell, & Sprenkle, 1983).	.81 (Olson et al., 1983).	The F-COPES subscales are predictive of stress in various types of families (Minnes et al., 1989).	
Family Hardiness Index (FHI, McCubbin et al., 1996)	20 items 3 subscales: Commitment (inner strengths of the family, reciprocal dependence, and ability to work together), Control (internal or external locus of control of the family), and Challenge (a change is perceived as normal and potentially growth enhancing).	.82 (McCubbin et al., 1996).		The validity coefficients range from .20 to .23 with criterion indices of family satisfaction, time, and routines, and flexibility (McCubbin et al., 1996). Validity has been established through positive correlations with family function measures (McCubbin et al., 1996).	

parents' marital adjustment had improved, suggesting that time was an important component of adjustment. Also, those parents who had found meaning in the death of their child after five years were those whose marital adjustment was the highest.

The DAS is a 32-item scale assessing the quality of marriage and other similar cohabiting or homosexual dyads. It may be completed by either one, or both partners, this latter option providing means to calculate (dis-)agreement scores. Partners report on their perception of the relationship on items such as 'How often do you and your partner quarrel?', 'Do you confide in your mate?'. It is the most widely used measure of marital adjustment in the social and behavioral science literature (e.g. Graham, Liu, & Jeziorski, 2006). It has been translated into various languages including French, Dutch, Chinese, and Turkish. One conceptual limitation is that the total DAS score confounds satisfaction, which is also one of the DAS subscales, and the determinants of satisfaction (e.g. agreement, shared activities). Researchers are asked to use the subscales of interest rather than the total score (Graham et al., 2006), as it was done in the bereavement studies described above. Another problem with the DAS is the use of different item formats (5- to 7-point scales as well as dichotomous items) and thus an unequal weighting of subscales.

The Personal Assessment of Intimacy in Relationships

One longitudinal study (Lang & Gottlieb, 1991, 1993, for the 1- to 24-months results; Lang, Gottlieb, & Amsel, 1996, for the 2- to 4-year follow-up results) has included the Personal Assessment of Intimacy in Relationships (PAIR; Schaefer & Olson, 1981) scale to examine whether grief reactions are a function of parental intimacy following the death of an infant. The PAIR is a 30-item scale, created to evaluate the level of intimacy within dyadic relationships (e.g. couples, friends). The PAIR can be answered in two modes: (1) 'as my relationship is now' and/or (2) 'as I would like it to be'. This dual approach yields both perceived and ideal levels of intimacy and, when completed by couples in both modes, provides insight into any intra-person discrepancies as well as information about inter-person differences. Partners report on their perception of the relationship on items such as 'My partner listens to me when I need someone to talk to', 'My partner helps me clarify my thoughts'. The results of this study indicated that, 1- to 24-months post-loss, more intense grief reactions were related to low-intellectual intimacy as reported by women, while men with higher grief reactions reported consistently lower levels of emotional, social, sexual, and recreational intimacy with their partner and having considered marital separation. At the follow-up, both men and women who had reported lower levels of intimacy soon after the death experienced more intense grief reactions, suggesting that if bereavement undermines the quality of the intimate

relationship with one's partner, this detrimental effect may become a risk factor of poor grief outcome.

The Marital Communication Inventory

The Marital Communication Inventory (Bienvenu, 1971) is a 50-item questionnaire which was used in one study (Feeley & Gottlieb, 1988) to address the quality of the communication in bereaved couples after their infant's death, and its relationship to the use of similar or different parental coping strategies. This questionnaire is not a frequently used instrument in the marital relationship literature (only one other study, Bodenmann, Kaiser, Hahlweg, & Fehm-Wolfsdorf, 1998). In Feeley and Gottlieb's study, results indicated that, 6- to 27-months post-loss, mothers' and fathers' coping strategies were more concordant than discordant, but that mothers in couples whose coping was discordant perceived higher levels of conflict in their communication with their spouses than mothers in couples whose coping was concordant.

2. Methods of assessment of the parent-child relationship

Research on the parent-child relationship during bereavement is rare. Self-made questions have been used (e.g. Mack, 2001). One remarkable study by Sandler, Wolchik, and colleagues has used a state-of-the-art multi-method multi-informant assessment of the relationships between bereaved parents and children (Haine, Wolchik, Sandler, Millsap, & Ayers, 2006; Wolchik, Ma, Tein, Sandler, & Ayers, 2008), the reason for which is mentioned here. Parenting is defined as an interactional process, meaning that both, parent and child influence each other constantly by means of a long-lasting, spiral movement of interactions (Barber, Stolz, & Olsen, 2005). Research has established that all parenting behaviors can be placed upon two dimensions *positive parenting* (i.e. behavior wherein a parent shows warmth, acceptance, and consistent discipline) and *control* (i.e. behavior wherein a parent wishes to influence the behavior of the child). On the latter dimension, one can classify behaviors into two subdimensions: *psychological* and *behavioral* control (respectively, control over the child's psychological world or behavior). Positive parenting was shown to be a protective resource against the adverse effects of negative life events (e.g. Barber et al., 2005), and could also be after bereavement.

Sander et al.'s team assessed parental support with child- and parent-report questionnaires (caregiver's warmth and consistent discipline, namely the Child Report on Parenting Behavior and the Family Routines Inventory, which were created for that purpose). In addition, they video-taped interactions between parent and child while discussing two issues to code the quality of the parent-child interactions. Results showed that caregiver-child

relationships that involve high levels of responsiveness, warmth, and consistency of discipline promote children's beliefs that they will be able to deal with both uncontrollable as well as controllable stressors in their lives.

3. Questionnaires assessing family functioning

Family functioning is the day-to-day way of living of the family (Steinhauer, Santa-Barbara, & Skinner, 1984) and describes how a family is organized, giving individuals the freedom to develop without endangering the maintenance of the family as a whole. The general level of family functioning plays an important role in the onset and continuation of emotional and behavioral problems in children and adolescents, and can be seen as a possible protective or risk factor in times of family distress. Seven studies have examined family functioning in relation to grief reactions, and seven well-validated instruments were used, three of them in only one study (Greeff, Vansteenwegen, & Herbiest, 2011).

The Family Environment Scale

One prospective study (Traylor, Hayslip, Kraminski, & York, 2003) used part of the Family Environment Scale (FES, Moos & Moos, 1981, 1994) to explore the relationship between the grief process and characteristics of relationships within the family system of bereaved persons after the death of a parent or spouse. The FES is a 90-item questionnaire addressing 10 dimensions of the family structure and processes. The advantage of this measure is that it examines each family member's perceptions of the family in three ways: as it is (real), as it would be in a perfect situation (ideal), and as it will probably be in new situations (expected). Traylor, Hayslip, Kraminski, and York (2003) found a significant increase of expression of family affect and cohesion over time. The FES was a predictor of fewer grief symptoms over time, in particular, greater cohesion 1-month post-loss and predicted fewer grief symptoms 6 months later.

The Family Relationships Index

The Family Relationships Index (FRI; Kissane et al., 1996) is a 12-item short form derived from the FES. It was developed by Kissane and colleagues to measure an individual's perception of their grieving family's functioning (Kissane et al., 1996; Kissane, Bloch, Onghena, & McKenzie, 1996). In this longitudinal study on families bereaved after a parent's death, family cohesiveness, conflict, and expressiveness appeared to discriminate between adaptive and maladaptive families, as shown by their levels of grief reactions and psychosocial adjustment. Five types of grieving families were found: two were functional (supportive and conflict-resolving), two were dysfunctional (sullen and

hostile), and one was intermediate with regard to both family functioning and psychological adjustment. The FRI is now used as a screening instrument to select at-risk families who could be helped and benefit from Family-Focused Grief Therapy (e.g. Kissane et al., 2006).

The Family Assessment Measure

The Family Assessment Measure (FAM-III; Skinner et al., 1984; only the Affect and Communication dimensions) was used in a study by Traylor et al. (2003) to examine the role of family communication in sharing grief and expressing feelings of sadness. The FAM-III is a 134-item self-report of family functioning. Results of the study of Traylor et al. (2003) suggest that families who are more aware of and able to express their emotions with one another report less intense grief over time as compared with more stoic families. Also, communication was found to be an important aspect of sharing one's grief, and expressing feelings of sadness about the loss, and allows one to proceed through the grief process.

The Family Adaptivity and Cohesion Evaluation Scales

The Family Adaptivity and Cohesion Evaluation Scales (FACES II/III; Olson et al., 1985) were used by Lohan and Murphy (2006, 2007) and in Kissane et al.'s validation study (see above). The FACES II/III is a 20-item self-report questionnaire assessing the ability to modify the family structure, roles, and rules in response to developmental or situational demands, (adaptability) and the bond that family members share with one another (cohesion). In Lohan and Murphy's (2006) study, the bereaved parent was conceptualized as having three role identities: individual, spouse, and parent. They found striking similarity of many bereaved parents to normative families with adolescents, continuing to function in ways that support flexibility and cohesion. Comparing married mothers with single mothers (Lohan & Murphy, 2007), they also found no significant differences. Marital status appears not to be the sole determinant of how a family functions in a stressful transitional situation. Results from both studies point to careful assessment of an individual family, regardless of the family constellation, to provide appropriate intervention and/or referral for at-risk families.

The Family Sense of Coherence Scale

In a study by Greeff et al. (2011), the Family Sense of Coherence Scale (FSOC, Antonovsky & Sourani, 1988) was used to examine the degree of family adaptation as indicated by family resilience after the death of a child. The FSOC is a 26-item measure of the sense of coherence in families in terms of the internal and external environment. Each item is a reflection of the extent to which the

respondent interprets the world as comprehensible, manageable, or meaningful. Greeff et al. (2011) found no significant difference between fathers and mothers in terms of family sense of coherence. The presence of children in the family did not have any influence on the sense of coherence among parents.

The Family Crisis Oriented Personal Evaluation Scale

Greeff et al. (2011) also used the Family Crisis Oriented Personal Evaluation Scale (F-COPES, McCubbin, Olson, & Larsen, 1987) as a means for examining the role of family coping in grief. The F-COPES is a 30-item questionnaire which assesses the internal (i.e. making use of the resources from the nuclear family) and external coping strategies of a family (i.e. making use of the resources from outside the family). The results revealed that when the family members had adequate coping strategies, in particular when they redefined or reappraised the problem, the family adaptation was higher, as measured by the FSOC.

The Family Hardiness Index

Greeff et al. (2011) also examined the protective role of basic strengths that family members employ when confronted to child bereavement using the Family Hardiness Index (FHI, McCubbin, Thompson, & McCubbin, 1996). The FHI, a 20-item scale, measures the inner strength and durability of a family system. Family strength in general and commitment to the family as reported by both parents and siblings were correlated with family adaptation. Also, seeing the crisis as a challenge was related to higher family adaptation.

Qualitative research with couples and families in grief

To better understand the multidimensional and dynamic complexity of families, qualitative research can complement quantitative research. While the quantitative studies can reveal trends and relationships between aspects of marital and family life after the death of a loved one, this research methodology is limited in its ability to explore subjective experiences, meanings, and family dynamics in depth. Qualitative research methods are well-suited to grasp the complexity inherent to grief in family life.

To evaluate qualitative studies, principles and criteria significantly differ from those being used for quantitative studies. Stige, Malterud, and Midtgarden (2009) suggest two important challenges for qualitative research: first, producing rich and substantive accounts based on engagement, processing, interpretation, and (self)critique, and second, dealing with preconditions and consequences of research, with a focus on (social) critique, usefulness, relevance, and ethics.

For the purpose of this paper, we systematically searched for qualitative studies regarding the grief process and its meanings in marital and family life. Therefore, we explored grief literature, as well as family literature and qualitative research literature. We acknowledge that this review may not be comprehensive, because both the bereavement and family literatures are widely disbursed, but we found 38 studies addressing the subject of grief combined with elements of family relationships.

Bereavement scholars typically adhere to the type of research that fits best with their interest in certain research questions and their preferred methodology. Nevertheless, 6 out of the 36 studies in this review integrate both quantitative and qualitative methodologies, in a mixed method design (Barrera et al., 2007; Cornwell, Nurcombe, & Stevens, 1977; Dyregrov & Gjestad, 2011; Gilmer et al., 2012; Lehman, Lang, Wortman, & Sorenson, 1989; Thomas & Striegel, 1994–1995). Different research designs for mixed methods are possible, for instance, depending on the order in which the quantitative and qualitative data are collected and analyzed (sequential or concurrent), and the priority given to the quantitative and qualitative data (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005). Sometimes the qualitative data serves as an explanatory purpose to augment quantitative data. Others (e.g. Barrera et al., 2007) have given priority to the qualitative data, while quantitative data were simply used for contextualizing the attributes and psychological characteristics of the sample. Moreover, some studies make use of concurrent designs, whereby both data sets are used to confirm or cross-validate study findings (e.g. Dyregrov & Gjestad, 2011; Gilmer et al., 2012).

To summarize the features of these investigations, remarkably, 26 out of the 38 reviewed studies concerned the grief process of parents over the loss of a child, while 7 studies focused on the death of a parent (Boerner & Silverman, 2001; Nickman, Silverman, & Normand, 1998; Riches & Dawson, 2000; Rosenblatt & Barner, 2006; Rosenblatt & Elde, 1990; Silverman & Silverman, 1979; Silverman, Weiner & El Ad, 1995), or the combination of child loss and parent loss (Lehman et al., 1989; Rosenblatt & Wallace, 2005). Three studies examined the loss of a family member more generally (Breen & O'Connor, 2010; Nadeau, 1998; Rober & Rosenblatt, 2013). With the exception of the Harvard Child Bereavement Study (Boerner & Silverman, 2001; Nickman et al., 1998), all studies exclusively assessed the accounts of adults, generally the female perspective. With some exceptions (Dyregrov & Gjestad, 2011; Hooghe, Neimeyer, & Rober, 2011, 2012; Hunt & Greeff, 2011–2012, Malkinson & Bar-Tur, 2004–2005; Rosenblatt & Wallace, 2005; Silverman & Silverman, 1979; Silverman, Weiner & El Ad, 1995), the majority of participants were Caucasian, residing in the United States or Canada.

Not surprisingly, interviews were the preferred method of data collection. We found one autobiographical study, combining interviews with participant observation (Handsley, 2001), and two studies also using diary extracts (Hooghe et al., 2011; Riches & Dawson, 2000). Most studies used a single interview. Rather exceptionally, multiple interviews were conducted with the same individuals, or with couples/families in the same time period (e.g. Gudmundsdottir & Chesla, 2006; Hooghe et al., 2012; Nadeau, 1998), or at different times, providing longitudinal assessment (Alam, Barrera, D'Agostino, Nicholas, & Schneiderman, 2012; Martinson, McClowry, Davies, & Kuhlenkamp, 1994). An exceptional study is that of Rober and Rosenblatt (2013), who did meticulous research on an autobiographical novel, exploring the first conversation about a death, focusing on the disclosure of sensitive information. Data analysis in the reviewed studies was often based on a phenomenological approach. However, the methodological section of many studies is limited, only mentioning 'content analysis', 'narrative analysis', 'thematic analysis', or 'grounded theory' as the mode of analysis.

In general, a distinction could be made between two types of qualitative studies among those reviewed here. First, about half of the studies explore more general grieving processes, including questions regarding marital or family relations. The findings of these studies exemplify the major importance of the family context for the bereaved. The other half of studies explores more specific themes related to families and grief. Brabant, Forsyth, and McFarlain (1994), for example, examined the dilemma regarding the definition of the family after the death of a child. Gudmundsdottir and Chesla (2006) explored the habits and practices developed by families, while Nadeau (1998) investigated the meaning-making processes in family bereavement. Moreover, Rosenblatt and his colleagues explored specific themes, such as parenting after the death of a child (Rosenblatt, 2000), shared reminiscence about a deceased parent with family members (Rosenblatt & Elde, 1990), or how a parent's death can alter the conditions, forms, and grounds of closeness versus distance in a couple relationship (Rosenblatt & Barner, 2006). Riches and Dawson (2000) explored family themes in greater depth, such as the experiences of a daughter after her mother's death, following early remarriage of the widowed father. Finally, some scholars addressed the theme of sexuality and intimacy between bereaved partners (e.g. Dyregrov & Gjestad, 2011; Hagemeister & Rosenblatt, 1997; Johnson, 1984–1985), or the complexity of couple communication from a relational dialectic perspective (Hooghe et al., 2011; Toller & Braithwaite, 2009). All these studies, examining relational dynamics in depth, again point to the multi-complexity of how grief is experienced by any bereaved individual, in the ever present context of relationships and the broader social world.

Conclusions and recommendations for future research

This review focused on the assessment of couple relationships, parent–child relationships, and family functioning after bereavement. Because the research questions and findings of the studies are directly related to how the assessment was addressed, we shortly summarize them. Two main questions were addressed in the reviewed studies. First, a few studies examined the impact of bereavement on the marital relationship or on the family functioning. It seems that marital adjustment deteriorates after child loss (Najman et al., 1993) but that, over time, this impact was softened, especially for those who had found meaning in the loss (Murphy et al., 2003). With regard to family functioning, no significant differences were found in comparison to control families (Lohan & Murphy, 2006, 2007). This brings an important methodological concern in that to examine this question, studies should include relevant comparison groups to assert that a potential effect is due to bereavement and not other common factors. The second question was whether couple or family functioning was related to adjustment after bereavement. Most of the reviewed studies actually examined this question. Couple or family communication, intimacy, cohesion, and/or support were generally found predictive of better adjustment. We praise that some studies used a longitudinal design that allowed examining these predictions (e.g. Lang et al., 1996; Traylor et al., 2003).

Most of the studies found in the literature search had not used validated questionnaires. However, for those that did, they usually chose well-validated and popular instruments in family research. To examine the interactions between an individual grief experience and the family context, the use or development of such instruments could be extended in several directions. The loss of a loved one is always situated in the complexity of daily life where individual, systemic, and broader societal issues are intertwined. Therefore, for future bereavement research, we recommend the use of a multidimensional evaluation of couple and family grief, within a multi-method, multi-informant, multi-level approach. We elaborate on these aspects next.

A multidimensional evaluation of couple or family grief

The effect of bereavement on the couple relationship, parenting, and family functioning is multidimensional. For example, child loss might have a negative impact on sexual intimacy but a positive impact on emotional intimacy. The use of total scales, such as the total DAS score, brings general information about adjustment but the use of subscales or multiple scales addressing different dimensions of family grief will allow a more fine-grained understanding of the potential interactions between these dimensions. The reviewed research has sometimes focused on several

dimensions of couple and family grief, but it could be extended to other ones (e.g. parental control in addition to positive parenting in the parent–child relationship).

With regard to construct validity, the general couple or family questionnaires could be adapted so that their item content more directly addresses family grief (as was done e.g. in Feeley & Gottlieb, 1988). For instance, items such as ‘People in my family look out for each other’ (FES) measure a general family dimension (Cohesion). A family grief version of a Cohesion item could be ‘People in my family want to help each other dealing with grief’.

A multi-method approach

A multi-method approach, including quantitative as well as qualitative methods, is warranted in future research, to grasp the complexity of grief in relation to the family. The value of qualitative research, complementing quantitative research on grief and family dynamics, is predominantly to be derived from specific research questions, exploring themes where there is still little knowledge or theory and exploring questions that quantitative methods cannot address. Nevertheless, qualitative researchers should be more explicit and detailed in describing their methodology process.

A multi-informant multi-level approach

The family system is not a ‘sentient being’ and therefore, does not experience grief. On the contrary, individuals whose interdependence constitutes the family system do have feelings, and these feelings are often evocative of feelings from others. Group level effects may not produce the kind of coherence or similarity that some views of family systems theorists sometimes presume (Cook & Kenny, 2004). The couple and family questionnaires reviewed presume that factors are measured at the level (couple or family) for which they were constructed. This premise was sharply criticized (Cook, 2005). For example, the FES measures factors at the family level using items like ‘People in my family look out for each other’. Such measures imply that all family members are similar. Feelings could be measured at the lower, more fine-grained level, using directed-relationship items in which each family member evaluates each of the other family members, and not the family members as a whole (e.g. I can talk with my father about my feelings of loss) (Cook, 2001, 2005). Moreover, using a ‘round-robin’ design, in which each family member has to score his/her individual feelings in each relationship, could allow an accurate analysis of the proportional importance of the various levels of family functioning (i.e. individual, dyadic, family) regarding a family member’s individual experience. Because sources of variance from the different levels of family functioning

are interdependent, the statistical model used will need to take this into account (Cook & Kenny, 2006).

Final remarks

More longitudinal research will be needed if one wants to examine the bi-directional dyadic influence of grief on the family and vice versa. Generally, future research would also benefit from extending to the larger population of bereaved. This concerns the greater inclusion of the perspective of children, siblings, and grandparents, and the stimulation of research outside Western culture.

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