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# “We Hardly Ever Talk about It”: Emotional Responsive Attunement in Couples after a Child’s Death

AN HOOGHE<sup>\*,†</sup>  
PAUL C. ROSENBLATT<sup>‡</sup>  
PETER ROBER<sup>§</sup>

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*Within Western cultural traditions, the idea that parents should talk about the death of their child with each other is deeply rooted. However, across bereaved parent couples there are wide variations in communication about their grief with each other. In this study, we explored the experiences of bereaved couples related to the process of talking and not talking. We used a thematic coding approach to analyze 20 interviews with 26 bereaved parents (11 interviewed as couples, four as individuals). Four main meanings emerged out of our analysis: not talking because of the inadequacy and pointlessness of words in grief, not talking as a way to regulate emotions in daily life, not talking as an expression of a personal, intimate process, and not talking because the partner has the same loss but a different grief process. In addition, we found that the process of talking and not talking can partly be understood as an emotional responsive process on an intrapersonal and interpersonal level. In this process partners search for a bearable distance from their own grief and their partner’s, and attune with their relational context. A better understanding of this process is sought in a dialectical approach, emphasizing the value of both talking and not talking in a tense relationship with each other. Implications for clinical work are described.*

*Keywords: Qualitative Research; Grief; Loss of a Child; Dialectical Approach; Communication; Couple Relationship*

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## INTRODUCTION

We tried hard to spare each other. Mainly, we remained silent about the unspeakable. It is one of the most persistent paradoxes that I keep struggling with during all my reflections: the stereotype that “words fail” is completely right in my opinion, but on the other hand exactly those same words are the only way not to disconnect from everyone (Hooghe, Neimeyer, & Rober, 2011, pp. 910–911).

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\*University of Leuven, KU Leuven, Leuven, Belgium.

†Context, UPC KU Leuven, Leuven, Belgium.

‡Department of Family Social Science, University of Minnesota, St. Paul, MN.

§Department of Neurosciences, Institute for Family and Sexuality Studies, KU Leuven, Leuven, Belgium.

Correspondence concerning this article should be addressed to An Hooghe, Context, UPC KU Leuven, Leuvensesteenweg 517, 3070 Kortenberg, Belgium. E-mail: an.hooghe@upckuleuven.be.

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With these words a bereaved mother pointed to the complexity of grief communication. While words are needed to connect with the partner in the grief process, still something seems to pull toward silence and withdrawal.

The general presumption that talking about grief experiences is a necessary part of everyone's grief process and that not talking is harmful fits within our Western cultural traditions. In Western cultures encouragements like "you'd better talk about it" or "silence kills" are ubiquitous and deeply rooted. However, across bereaved parent couples there are wide variations in communication about their feelings and the child who died (Rosenblatt, 2000a, pp. 88–95).

A theoretical model emphasizing the value of both talking and not talking in a tense relationship with each other is the dialectical perspective on communication in personal relationships (Baxter, 2011; Baxter & Montgomery, 1996). This perspective is inspired by the work of the Russian philosopher Mikhail Bakhtin, who stated that in the uniqueness of every moment there is a continuous tension between two opposing forces, the centrifugal force (openness) and the centripetal force (closedness). Both forces are continually present, as they co-exist in a constant tension that is never resolved (Bakhtin, 1986). According to this perspective, people feel the wish to be open and share with others, while at the same time they also want to keep thoughts and feelings private. What is actually said between people is the momentary result of such dialectical processes.

The dialectical perspective has also been introduced in the grief literature (Hooghe, Neimeyer, & Rober, 2012; Hooghe et al., 2011; Toller, 2005; Toller & Braithwaite, 2009). For example, in a study of bereaved couples Toller and Braithwaite (2009) found two dialectical contradictions: one between trying to grieve together as a couple and apart as individuals, and another between being both open and closed when talking with one another about their child's death. Openness to one another was perceived to be essential, but embracing closedness to give space to grieve as individuals was found to be equally necessary. Similarly, Hooghe et al. (2011) argued for considering the complexity of the process of couple communication in the context of bereavement, acknowledging the dialectic, dialogic, and dynamic features of grief communication. They found these opposing forces in a case study of a bereaved couple (Hooghe et al., 2012). The interaction of both forces resulted in dynamic ways in which the bereaved couple tried to stay close to the memories of the child and at the same time found some distance from agonizing pain. Finally, Rober and Rosenblatt (2013) questioned if simple dichotomies (openness—closeness; talking—not talking; etc.) can capture the complexity of family communication. They proposed the concept of "systemic emotion management" to describe the way the dialectical process of speaking and keeping silent is enacted in family communication about loss.

## **Our Study**

In this study we aimed at a deeper understanding of the different meanings and processes related to not talking with the partner about personal grief experiences after the loss of a child. While we acknowledge the importance of open communication, we do not want to underestimate the importance of not talking and silences in the grief process. Both talking and not talking are seen as part of a dialectical process. We defined "talking" as verbally communicating with one another. We defined "their individual grief process" as all the thoughts, emotions, and behaviors related to the death of their child.

## METHOD

### Participants and Data Collection

For this study we collaborated with the child oncology department of the University Hospital in Leuven, Belgium. Thirty Dutch speaking couples who lost their child to cancer in this hospital between 2003 and 2007 were contacted by letter asking if they would be willing to be interviewed about their grief process. Two weeks after they received the letter they were contacted by phone by one of the psychologists from the oncology department. The purpose of the study and confidentiality were explained. Twelve couples agreed to be interviewed, in addition to two mothers who wanted to take part even though their partner did not want to participate, and one couple only wanted to participate if they could do the interviews separately. They agreed to have their names and contact information given to the researcher, who then contacted them to arrange a first interview. In total, 26 parents participated, 14 mothers and 12 fathers, between age 36 and 53, all living in the Flemish part of Belgium and culturally Flemish. Three of the couples were interviewed twice and one was interviewed three times, so in total the 11 couples and four individuals provided a total of 20 interviews. In 16 interviews both parents (married) were present, in three interviews only the mother participated (one divorced mother, one mother was interviewed alone because the father chose not to participate, and one mother was interviewed alone because this couple chose to be interviewed separately), and in one interview only the father was present (whose wife was also interviewed separately). The deceased children were between 6 months and 18 years old, after a time of sickness between 3 months and 8 years, and all died of cancer (brain tumor, leukemia, kidney cancer).

Between May 2009 and December 2011, the first author carried out all the interviews. All but the first interview was at the home of the interviewees. The first interview was carried out at the university hospital, and in that interview both the first and third authors were the interviewers. For each of the first four couples we made a restoried story (McCormack, 2004) based on what they told us about the subject of not talking. We contacted them again asking them if they would be interested in receiving this story and we requested a second interview. They all agreed and gave feedback on the story we made. One couple was interviewed for a third time. In this third interview, a Tape Assisted Recall Interview (Elliott, 1986, 2004), we looked back at the video recording of the interview from the previous evening. Both partners as well as the interviewer stopped the tape at times they wanted to add/ask about unspoken reflections at a certain moment. These reflections yielded insights into the meaning of their interactions, including silences. These second and third interviews are also part of our data and analyses. All interviews started with their story about the deceased child, how they learned about the diagnosis, how the treatment evolved, and the ultimate dying. Gradually we asked for relational dynamics in their grieving processes, and more specifically how they could talk to each other, or how we could understand why they chose not to. Examples include, "how was it during those first days to share your grief with each other?" or "can you help us understand why you prefer to go to the graveyard by yourself, in silence?" or "what makes it difficult to talk to each other at moments like that?"

### Analyses

In this study, we aim for a better understanding of the process through which partners construct and interpret their own social reality in the context of shared realities, fitting a social constructionist underlying epistemology (Reczek, 2014). Rather than testing specific hypotheses, we inductively coded the data. All categories emerged out of the data and no predetermined categories were used.

Based on the video-recordings, the interviews were transcribed verbatim in Dutch. In preparation for the analyses, the first author watched the video files of the interviews several times to be fully immersed in the narratives. Simultaneously the transcripts were completed with notes about nonverbal behavior, and silences. Statements and sentences that seemed essential, revealing, and/or surprising regarding the theme of talking and not talking about grief experiences with the partner were identified and marked. Subsequently, a thematic coding was done on all transcripts, one by one, using MaxQda software Version 2 (2007). The first author identified descriptive categories that emerged through the line-by-line coding and the constant comparative method, assessing meaning units and categories for similarities and differences (Glaser & Strauss, 1967; Strauss & Corbin, 1998). This resulted in a hierarchical coding structure, with categories and subcategories reflecting the meanings related to not talking with the partner about grief experiences. During the coding process the hierarchical code system became more complex. New codes were created, and categories became more nuanced, resulting in a hierarchical structure with six levels of coding/subcoding. Often, meaning units were assigned with more than one code. For example, a father explains that he mostly avoids talking about his grief because “then I feel sad, and then she gets sad too. Then we are both sitting here in a sad atmosphere”. This meaning unit was coded with three different codes and subcodes: (1) “Not talking to create some distance from the pain of grief” with subcode “Talking makes me feel bad”, and (2) “Not talking to create some distance from the pain of grief” with subcode “Talking creates a negative atmosphere”, and (3) Not talking because the partner has the same loss but a different grief process, with subcode “Not burden each other’s grieving process”. We achieved theoretical saturation after analyzing the transcripts of 18 interviews (14 interviews with nine couples, and four interviews with four individuals). Two more interviews were coded but these data did not yield new categories, which confirmed the theoretical saturation (Charmaz, 2006).

To verify the credibility and trustworthiness of this analysis, we incorporated an extensive auditing process (Hill, Thompson, & Nutt-Williams, 1997; Rober, 2004). When the coding was finished, the first author gave a detailed report to three external auditors (all experienced psychologists and family therapists). Independent of each other these auditors read the report and reviewed the overall category structure for coherence/consistency as well as elegance/nonredundancy. All meaning units were audited for their fit into the category to which they were assigned. All three auditors then provided feedback to the first author, who used this feedback to modify the category system and the assignment of meaning units. Then a second report of the category structure was made and again sent to the three auditors. After this second round in the external auditing process we reached an overall consensus about the report. A total of 471 meaning units were coded, and 117 codes were given.

While in the process of writing this paper we went back to the data of the interviews, and carefully re-examined the meaning units and codes previously given. This resulted in a reordering and renaming of some categories.

## FINDINGS

All parents who were interviewed differentiated between talking about the child (or reviving memories of the child) and talking about their grief process. They all emphasized the importance of remembering the child and keeping their child present as life continues. However, talking with each other about how they felt in their grief was subject to much more complexities.

Our analyses revealed four main meanings related to not talking: (1) not talking because of the inadequacy and pointlessness of words in grief, (2) not talking to create

some distance from the pain of grief, (3) not talking as an expression of a personal, intimate process, and (4) Not talking because the partner has the same loss but a different grief process.

### **Not Talking Because of the Inadequacy and Pointlessness of Words in Grief**

Several parents said that for the horrendous experience of losing a child words fail: These parents said that the experience of losing a child cannot be conveyed in words:

Father: "I can express how I feel, I can show it, but the feeling that is beneath my tears is something impossible to convey." "I would not know how to put it in words."

Moreover, most parents also mentioned the pointlessness of words. Some parents said that there was no point in talking about their feelings again and again. The feelings do not change.

Mother: "His life stopped. What's more to say? You can't keep saying it. All the things are said so many times already."

Many also expressed the fact that talking will not bring the child back:

Mother: "...so, what's the point in talking about it? It doesn't help."

### **Not Talking to Create Some Distance from the Pain of Grief**

All the parents talked about a tension between the enormous pain of the loss and the inevitability of ongoing life (in which there is a need to protect oneself from the pain to go on).

Father: "... I'm working, and then she wants to say something, ... I don't want that at that time, because ... there's no way I can keep on working [if we would talk] ..."

For both mothers and fathers, talking is often experienced as the stirring up of painful things. This disturbs the rhythm of daily life and therefore it is avoided. Talking about it is "too painful," "too confronting," "too exhausting", and "makes it all harder." One father compared his grief with an emotional core, protected by a crust. He said "Imagine that you would ask me to talk about the time when my daughter was sick, or the moment of death or something, then I feel I am piercing through that crust." Another father used the metaphor of a full bucket: "as long as the lid is on it, it's ok. But if the lid goes off, then it splashes out." Often to move on in daily life, grieving parents prefer not to pierce through the crust, or take the lid off the bucket.

Some parents talked about avoiding the pain of the loss because they don't know how they will end up, maybe not being able to function for a few hours or days. More than only a moment of disturbance, the confrontation with the pain of loss was also described by some as something that can reverberate for hours. Father: "When we talk about it in the evening, and then we go to bed, then that's a hard blow. When you wake up in the morning, then again you think about it. Then you keep thinking about it all day long." Talking brings the deep pain to the surface, and then some parents need time to recover. Therefore, not talking about their grief is experienced as a way to regulate emotions in daily life: to keep the pain at a bearable distance. A continuous search for this bearable distance is something that some bereaved parents said they needed to do for themselves, not being burdened by the grief process of the partner.

Furthermore, for some parents, this keeping away from their most painful feelings also represents a basic philosophy, or like a father says, "we need to go on, there is no use in standing still." This way of thinking is often strengthened by the memories of their sick child courageously struggling with the illness. Or as one mother expressed it, "Our



daughter fought, she fought tremendously. And all the messages she gave were positive. On her last card for Mother's day she wrote 'my love will keep growing'. That's what we wrote on her grave. So, yes, that was her motto 'Stay positive!' And yes, that is something from her I want to carry along. . ."

### **Not Talking as an Expression of a Very Personal, Intimate Process**

While at times these parents feel the need to avoid the grief to go on with daily life, at other times they feel drawn to feel closer to their child, and immerse themselves in grief. This intensive grieving over the loss of their child is experienced as something very personal.

Mother: "And then, at night, when I'm in my bed, then I can let myself go. Then I cried, when nobody was around. I rather do that on my own, just like he [the father] does."

Many parents described how they often physically isolated themselves because they preferred to grieve on their own, when they are home alone, or a place where they can cry on their own. One father explained: "It's not like we have to hide something from each other, but often one is so much in one's own realm of thought." Withdrawing from others and shrinking into oneself was described as a personal and preferred choice:

Father: "I like to grieve on my own, while I am cooking or while I'm in my car or so."

Some bereaved parents used possessive pronouns to describe their grief.

Mother: "This is MY pain, this is MY grief."

Grieving moments were then described as private moments, something they felt entitled to. Some parents said that they felt more in control of their grief process (e.g., being able to control the moment and the intensity more) when grieving in this isolated and private way, "Asking questions to myself at the moment I feel ready for it, being able to dose it myself." At some point, this father added, "You become your own partner in the dialogue." Sometimes having a moment in which one could feel lonely and sad was a deliberate choice. Like a mother said, "Sometimes it's a choice. Then you choose to feel lonely, just shutting out everybody", and she added "I need these moments to be involved in it, even if it makes me feel bad." The grief was experienced as something deeply inside and too intimate to share with others, or as a father expressed it, "I think that is too intimate, so intimate, it's really something deep inside yourself." Some parents especially need isolation from their partner. For them, talking to others is easier, as they are not in the same pain.

Mother: "Then we are here with the two of us, both having tears in our eyes. That doesn't work. For me it's easier to talk to others."

Importantly, these private moments were described as moments they shared with their deceased child:

"This is MY moment with [deceased child]."

One mother talked about her daughter's room, where she has put a cd player, and "then I listen to her cd, and that is my moment. My moment with her."

### **Not Talking because the Partner Has the Same Loss But a Different Grief Process**

Both partners were confronted with the same process of their child's illness and the eventual death. Talking about their grief with each other was often experienced as very difficult precisely because both parents went through a similar experience (Gilbert, 1996). In our study four subcategories reflect different meanings of not talking with each other related to the fact that they both were grieving the same loss.

### *Respect and not burden each other's grieving process*

According to the parents we interviewed, not talking with each other can be understood from a position of respect for each other. Some partners said that they wanted to respect the grieving process of their partner without interfering in it.

Mother: "I often sense what he is feeling, and then I'll leave him to it. I mean, I don't need to be there; he doesn't need me there, so I'll just leave him to do his thing."

Moreover, they wanted to grant private grieving moments to their partner. Or as a mother said: "I think you need to grant each other the sadness."

In addition, all parents said they took care not to burden the other with their own grief, but instead they tried to spare the partner.

Mother: "We often protected each other, not talking about it not to hurt the other."

Father: "We try to spare each other. You know each other's pain, but we don't say it."

In addition, some parents said that they felt worried that the expression of their own grief would cause the grief of the partner to surface.

Father: "When I start to cry, maybe she'll start crying too. We don't want to burden each other with it."

### *The uselessness of words*

As both partners were grieving the same loss, talking about it was often experienced as useless, because words would not add anything to their communication. They knew each other's expressions and behaviors, and no words were needed to explain how they felt.

Mother: "We don't always make those awful things explicit towards each other. . . . I don't need to explain, he is the father."

Sometimes the parents we interviewed found ways to share grief without explicitly talking about it. As the grief was often experienced as too raw, they sometimes addressed it indirectly. They hinted at it without going into it, both knowing they were talking about the pain of grief. For example, one couple talked about the urn of their deceased daughter, "Always when it snows I think 'Oh wouldn't she be cold in her little vase?' and then he says 'No dear.' (Both laugh.) . . . In that way we talk about her (Silence). . . . I think that is just a way to say something else."

Importantly, more than verbally sharing their grief, which they scarcely do, many parents emphasized the importance of an emotional connection to share grief with the partner. One couple, for example, described how they often sat in the room of their deceased child together, both doing their own things (he reading his paper, she ironing), without saying anything, but somehow connected to each other. Then the mother added, "We often understand each other without saying one word. Then we look at each other for just one moment, like, yes, again we are thinking about the same thing." Moreover, the silent physical contact can be of great value. Or as one father expressed it: "It's partly a matter of attunement. When one sees that the other is having a hard time, . . . a hand, a shoulder. Physical contact says a lot more than words." With these words, this father emphasizes the importance of an emotional attunement with the partner, communicated in a nonverbal physical way. Also, some parents expressed that they feel confident that, if needed, they would talk to one another.

### *Not enough distance from the pain of the partner*

Talking with the partner about one's own grieving process was experienced by some parents as difficult or even undesirable. Both partners are grieving the same loss and feel that the partner's process comes too close to their own grieving process.



Mother: "I couldn't cope with someone else's grief, (to her husband) I cannot comfort you, I'm sorry, I would have liked to be able to, but no, I actually still need to go through my own things."

Father: "I think we were not able to help each other. . ."

Because of this lack of distance, some parents said that they felt that they could not help each other. The intense personal grief sometimes makes it impossible to be there for the partner.

### *Different grieving styles or moments*

Many of the bereaved parents talked about the difficulty of talking with each other about their grief because of the different ways or times in which they grieve.

Mother: "When I'm feeling bad, he often is not. And when he is having a hard time, sometimes I'm not, so we both grieve on our own."

For some parents, such differences made it hard or even disruptive to share their grief. Both partners had their own moments in which they were intensely immersed in grief, while at other times they tried to go on with daily life and distanced their grief. Obviously these moments were not always in parallel for both partners. Talking about their grief with each other required some synchronization, or observing the partner and looking for some attunement to each other's process.

Mother: "It has to match a little. It's not because I am feeling bad that I need to involve her, because maybe she is busy and not struggling with it at that moment."

More than the differences in moments of grieving, some parents also pointed to the differences in communication styles, which made it hard or disruptive to talk to each other.

Father: "We just have a different way of communicating."

Mother: "It's not always easy of course. I am a very open person and he is very closed."

Parents often experienced differences in the way they focused on the loss of their child or the way they avoided focusing on it.

Father: "I'm not saying that she has no pain anymore, but she can cope with it in a more objective way."

Mother: "I want to keep my son alive . . . while he [husband] finds it hard [to keep the child alive]; he cannot talk about it."

Because of these differences, some couples struggled. Talking about their grief with each other sometimes led to conflicts, which made it all even more painful.

Mother: "We start a conversation and it goes well until the point that the other says something which gives me the feeling: 'No, this is not what I think or feel, not at all!' I hope to feel listened to and have my own opinion without someone saying that it isn't ok, without getting that aggressive reaction. . . Then I feel not listened to, and that hurts."

In these arduous conversations, like this woman describes, one often did not feel listened to or understood by the other. What follows may become a painful fight.

Mother: ". . . a silent fight. No words are said anymore, and we don't talk to each other for the rest of the day."

Another mother talked about her feeling of, at times, not wanting to live anymore since her son died. She used to talk about this feeling with her husband, but then he became angry.

"How can you say this, having three other children?" he said. Then she stopped telling him when she felt that way. "I'm not telling him, because I know, well, that you

(to husband) don't think that way. I don't want to be confronted with that, the fact that you don't understand that some things are difficult for me." Not feeling respected in one's own way of grieving, or not getting the responses one hopes for, resulted, in time, in avoid-ing conversing with each other about their grief.

Mother: "Maybe, because I have felt misunderstood so many times, then I try, yes, to keep it for myself."

Interestingly, some of these parents also described how they did not feel the emotional space to be able to listen to their partner.

Mother: "To be there for each other, both thinking so differently, requires that we can put our own feelings aside for a while, to listen to the other, and go with his feeling. I cannot go into things which I feel so differently, and I don't want to do it either, because I feel so much need to be listened to myself."

Over time, for some partners, these differences and difficulties resulted in accepting the reality of not being able to talk about their grief with each other.

Mother: "I think we came to the point that we both gave up talking about it with each other. It's too hurtful and exhausting. . . . It's a pity, but I think I need to accept it."

## DISCUSSION

Our study contributes to a model of couple grieving in which talking and not talking are part of a dialectic process encompassing a continuous tension between the two. As the value of openness is widely recognized, in our study we were particularly interested in what bereaved parents told us about the meanings and circumstances of not talking to each other about their grief experiences. Many scholars in the grief literature have pointed to the challenges and difficulties in communication for the marital relationship of bereaved couples after the loss of a child (Oliver, 1999; Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008; Rosenblatt, 2000a, 2000b; Schwab, 1992). The difficulty of grieving together and the challenges faced by grieving partners were also described by Toller and Braithwaite (2009). Although the participants in their study stressed the importance of grieving together, they also found this was difficult due to the different ways they approached and expressed their grief. Research on gender differences in bereavement has shown that women generally confront their emotions more than men, while men use more avoidant coping strategies (Stroebe, 2001).

But the challenge of grieving together is not only a question of different grieving styles. It may also have other grounds. Some researchers for instance examined the avoidance of talking about the loss with the partner from the perspective of protecting the partner (Stroebe et al., 2013), in terms of conflict avoidance (Rosenblatt, 2000a, pp. 50, 91–92), avoiding blaming and pain (Rosenblatt, 2000a, pp. 68–69), and in terms of not feeling ready to talk (Rosenblatt, 2000a, p. 69).

In our study, we found that the process of talking and not talking could partly be understood as an emotional process of attunement on an intrapersonal and interpersonal level. On the intrapersonal level, attunement is a process of emotional regulation in which each partner continuously searches for closeness to the deceased child, while remaining at a bearable distance from the unspeakable pain to make life possible. For instance when a parent feels threatened to be overwhelmed by grief in a way that is too intrusive, or does not fit the here and now circumstances, feeling too close to the pain, then he/she may start to do something practical, or he/she may focus his/her attention on something that is not so emotional. In one of our interviews, one couple used the metaphor of "cycling around an emotional core of grief" to refer to this process of emotional regulation. For them it was a

continuous search for the right distance: close enough but always careful not to come too close to the core or to stay close too long (see Hooghe et al., 2012, for a description of this metaphor analysis). It is a continuous and restless process of moving closer and farther, never finding the right distance. It is always too close or too far. The word “attunement” used by one of our participants seems to capture the essence of this never-ending process, as it expresses its searching, trial-and-error character. It is a search for a balance never to be found, but responsive at every moment (Figure 1).

To be able to do this individual emotional attunement, these parents said they sometimes need some kind of withdrawing or isolation from the outside world. Not talking was a way to attune with oneself, and protect their own grief which felt too intimate to share, and too vulnerable to be intruded on and possibly disrupted by someone else’s thoughts or emotions. Just because most partners were in a close attunement with each other (knowing each other so well that they could easily read each other’s emotion, and be influenced by it) they especially needed to distance from their partner, therefore choosing not to talk (too much) with each other. In this way they respected their own and each other’s need to withdraw, and tried not to burden, or be burdened by, the partner. One father, for instance, explained that whether they talked or not was often determined by how they assessed each other’s emotional state: “It depends where each of us is in the (emotional) roller coaster.”

The intrapersonal process of emotional regulation rests on an interpersonal process. In the couple, there was an emotional attunement on a relational level at times when they did talk about their grief, or interact with each other. Then, they were oriented toward each other and they attuned to each other. Our data suggest that each partner observes the other, and, in response, they attune to each other. Often, the observation and assessment of the other makes the partner hesitant to say something. Or a conversation may be stopped, because, for example, they want to spare each other, or because they feel like they need to respect the other in his/her emotional process. Like a father said: “. . . then I feel concerned that because I’m sad, that she would become even more sad than she already was at that time, and that we would intensify each other’s pain” (Figure 2).

Interestingly, sometimes partners can explicitly describe their own processes of relational attunement, but most often it seems to happen outside of awareness. Because most of the interviews we did were couple interviews, we could often observe this process during

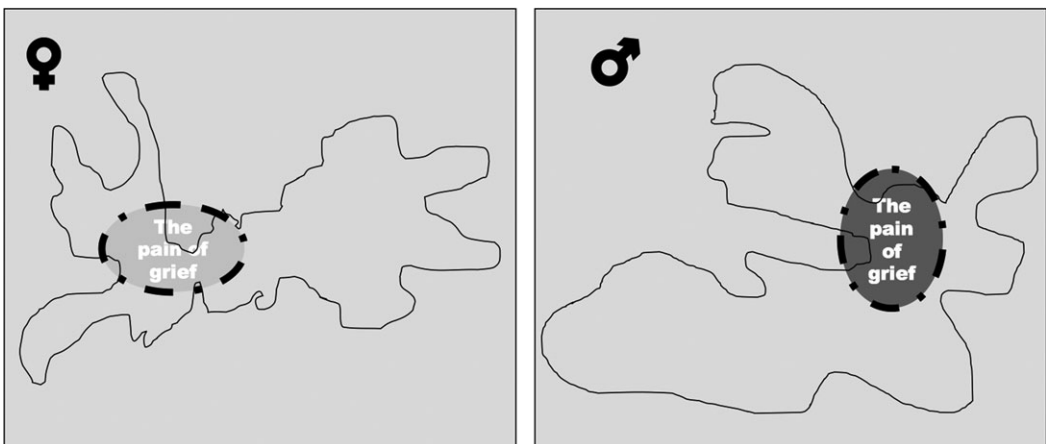


FIGURE 1. Intrapersonal Emotional Attunement: A Process of Emotional Regulation.

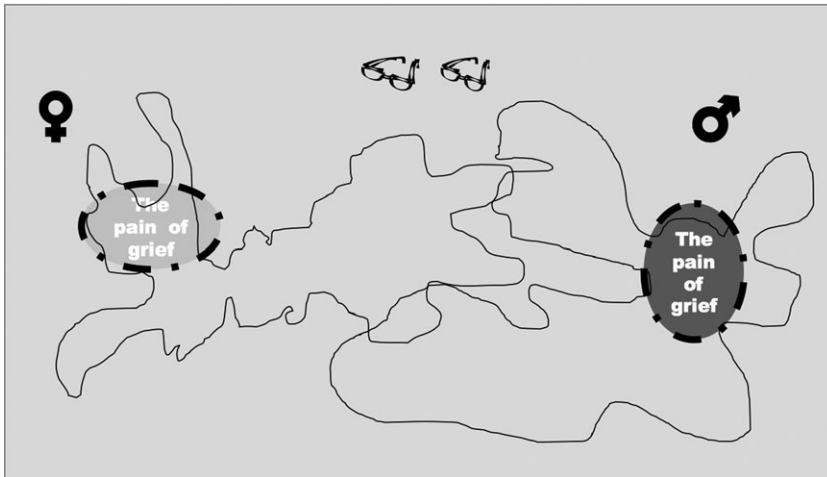


FIGURE 2. Interpersonal Emotional Attunement Through Responsive Interaction.

the interviews. For example, we could see how one partner kept an eye on the other and took over the conversation when the partner seemed to be having an emotionally difficult moment.

Remarkably, a similar attunement process could be observed in the way our participants initially responded when we invited them to be interviewed. Many parents immediately explored the circumstances of the interview, such as the place (most of them did not want to come to the hospital where their child died, because that would be too close to their pain), or the particular moment (often participants mentioned a timing that would be better or not appropriate, e.g., not around an anniversary date, or close to a holiday or party), or those being involved (like some decided only to participate if the interview was not in the presence of their partner, and most couples mentioned that they would rather not have the interview when their other children would be around).

### Limitations of the Study

Given our interest in better understanding the not talking of bereaved couples, it would have been particularly interesting if we would have been able to interview those who chose not to participate. If we would have had an extensive talk with them maybe they could have provided us with even more reasons why talking about grief may not be preferable. While we of course accepted their decision not to participate, we briefly inquired for their reasons. Interestingly, the reasons they gave us correspond with the main findings from this study. For example, some nonparticipating parents said that they were not used to talking about it and that participating in an interview to talk about their grief did not fit with their way of coping with the loss, individually and as a couple. Moreover, some parents told us that they did not see the benefit or usefulness of this interview for their own grief process, or considered their words inadequate to express what they felt. Furthermore, most nonparticipating parents explicitly noted that they feared it would stir up too much of the pain around the loss. Finally, some parents also mentioned the fact that because this interview would be in the presence of their partner, it would be awkward or too difficult, as most of them had not talked about it with each other for a long time, or ever.

Another limitation may be the choice for predominantly doing couple interviews. We did 16 couples interviews (with 11 couples) and 4 individual interviews. There were some

obvious differences between the two. For example, in couple interviews they often addressed the partner directly, and even asked questions to each other. Moreover, they sometimes took over the conversation at times when one started to cry. Maybe doing only individual interviews would have led to other findings. On the other hand doing couple interviews gave us the opportunity to witness the processes of talking about grief in couples. Furthermore, the use of couple interviews had the extra value of allowing us to observe the co-creation of the account, and partners eliciting accounts from one another (Reczek, 2014).

In this qualitative study we did not focus on gender differences. However, when we checked all the quotes in the different meanings, we could not note an explicit gender difference. Interestingly, this absence of gender differences was also found by Stroebe et al. (2013) in their study on the avoidance of talking about loss and remaining strong in the partner's presence. They found similar patterns of avoidance of talking and holding back grief for the sake of the partner.

During this study we often wondered how the subject of not talking, and the tension between talking and not talking experienced by our participants, is also a cultural issue. Flemish people are generally known as not overly verbal or rather limited in emotional expressions. When asked about the meanings regarding not talking with each other about their grief, the bereaved parents often referred to a more general way of dealing with emotions as an individual and as a couple, namely being silent about one's emotional life. Although it would be very interesting to better understand how the cultural context may affect our findings, our study does not compare cultures, so it does not allow for any statements regarding the specific influence of culture. Perhaps there are cultures in which the dynamics of couple interaction are quite different from what was seen in these Flemish-speaking couples. Future research would have to explore that. However, the ideas in this paper may be helpful in understanding nontalk or little-talk in bereaved parent couples from many cultures.

In addition, we can also wonder about the possible dialogical dynamic between the interviewees and the interviewer (a psychologist), who is most likely perceived as someone who believes in the value of talking. It was remarkable how many of the parents in our interviews talked about not talking in an almost remorseful way. For example, one woman said apologetically at the start of the interview: "We actually never talk about it; maybe we should, but we actually don't." It is conceivable that this apologetic stance points to a cultural aspect of what is considered the preferred way of grieving in Belgium, as it is often voiced by psychologists and social workers.

## **Clinical Implications**

Family therapists often try to help bereaved families and couples to create a safe space in which to explore and share meanings related to the loss (Hooghe & Neimeyer, 2013; Kissane & Bloch, 2002; Kissane & Hooghe, 2011; Nadeau, 2008; Shapiro, 2008; Walsh & McGoldrick, 2004). A better understanding of the multitude of meanings related to not talking about grief experience can help therapists to think about the challenges related to grief therapy for couples confronted with the loss of a child. As psychotherapy is in many respects a "talking cure," we believe that for a lot of grieving couples there may be an ambivalence regarding the quest for psychotherapy itself. Often, in clinical practice our clients tell about their hesitations to come into therapy to talk about their loss, because they fear they would be encouraged to share their most intimate grief experiences with the therapist and perhaps the spouse. They might well fear the surfacing of the pain as a consequence of talk. Moreover, they might doubt the usefulness of talking about their loss, realizing that this will not bring back the deceased.

As therapists, working with grieving parents, and the intensity and powerlessness that we often feel, we are also in this process of emotional attunement. First, there is an attunement with our own emotions we need to regulate. Second, we need to attune with the processes of both parents and with the emotional climate in the couple.

Strengthened by the findings of our study, we think that it might be useful for therapists to presume the presence of this dialectic tension between talking and not talking in grieving couples. Rather than urging couples to be open about their experiences and talk about their feelings, or address the avoidance by confrontation, our study suggests that, in dialogue with our clients, therapists need to explore with both partners the meanings of both talking and not talking about their grief experiences, and the value of it in terms of connection. Moreover, we suggest that therapists should make room to reflect on the process of the individual and relational emotional responsive attunement as a dynamic way of grieving, rather than something that should aim for a fixed balance in all moments. This suggestion for psychotherapy equally comes from the feedback of the interviewees, who, after the interview, often reflected that the interview was a helpful conversation for them because, as one father said, "We actually never thought about how we do this, for ourselves and with each other. We just do it. We go on, without thinking about 'the how.'" A few weeks after the interview, one mother asked us for the videotape of the interview, so she could listen again to what her husband had said about his process, and the way he restrains for her sake. Also for this couple, the mother said, their talking during the interview about their processes of emotional attunement was new and helpful.

Thus, for some couples, grief therapy with both partners could be very valuable to help partners to speak and listen to each other in relation to their unique grief experiences and grieving styles. Often, when there is a lot of tension in the couple subsequent to the loss, it's helpful to offer them the time and space to listen to each other's experiences and meanings, creating an enhanced connection in talking and grieving together and/or in the greater validation and acceptance of the need to grieve apart. Sometimes merely the presence of the partner, with only one partner talking about their own grief experiences while the other one is primarily listening, can meet both partners grieving styles, while also contributing to a greater understanding and connection in the couple relationship.

Although we strongly believe in the added value of the presence of the partner or other family members as the natural support system in the grief process (Kissane & Hooghe, 2011), therapists should also make room for hesitations of the bereaved to talk to the partner. The findings of our study can also help us understand the dynamics of the frequent quest for individual, rather than conjoint, grief therapy, and the hesitations to bring one's partner or other family members to the sessions. Often grief experiences feel too intimate to share, or one or both partners want to avoid setting off conflict or one partner is protective of the other or one does not feel this is the right time and so on. Importantly, as our findings show, often other people than the partner are easier to talk to, just because the partner is the one they automatically attune to. While being in a therapy session with one's partner automatically draws one to a relational attunement, the absence of the partner can be experienced as a relief and opportunity not to keep an eye on the other. Or, as a bereaved mother says, "Here, on my own, I can cry out loud, with sound. I never do that while he (husband) is present, because then I'm immediately looking at his response and wonder how that affects him." As a consequence, individual therapy is sometimes experienced as a safe, isolated bubble, away from their daily life and connections. One father conveyed this in relation to the interviewer: "I can talk to you [about my grief] because I will not see you in my daily life, and there is no need for further contact between us." The hesitations to bring others, such as one's partner, into therapy can thus be understood



as an expression of being burdened by the grief of the other and their own attunement to it, or as an expression of the respect for the partner's own grief process and the concern of burdening the other with one's own grief. Consequently, therapy might usefully be carried out at times with both partners together, and at times with them separately.

Finally, our study points to the importance of sharing while words often fail. Sometimes partners said that they do not talk to each other about the loss of their child because words fail to express their pain. This illuminates the powerlessness of grieving parents to express in words what they experience, while at the same time they need to find ways to not feel alone. Indeed, our findings point to a distinction that needs to be made between talking about grief experiences in relationships and sharing grief as a way to connect with another. All bereaved parents in our interviews stressed the significance of sharing their grief with each other in a nonverbal way, without the necessity of spoken words. Holding hands, embracing each other, or just being together in silence is often experienced as a way of grieving together.

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