

# 24

## Working with Grieving Couples: Using the Dual Process Model as a Framework for Clinical Practice

*An Hooghe*

Olivia uttered words in between many tears while gasping for air. Dennis, her 21-year-old son, had been on a weekend trip to Portugal with his father and stepbrother, Ben. Olivia's perception was that the two boys did not get along very well. Ben had been struggling with drug abuse, while Dennis was very much opposed to any substance use. It was unclear what exactly happened the night they found both boys dead on the beach, but an autopsy revealed that they both had substantial quantities of drugs in their bodies. 'Ben killed Dennis!' Olivia yelled. Her sweet, obedient boy who had never hurt anybody was now killed by his stepbrother. She nearly collapsed while she told this story, filled with sadness, anger and guilt.

It was only in the second session that Olivia spoke about her partner Ralph, with whom she had been together for more than 18 years. Together they had a daughter, Kathleen, who was 16 years old. According to Olivia, Kathleen looked a lot like her father and, like her father, did not talk about emotions at all. So, prior to his death, Olivia shared a great deal with Dennis, and now, with Dennis gone, she was living with two people who could not stand her tears and did not show any of their own grief. She felt more alone than she had ever felt.

Sharing emotions with others has always been the way Olivia coped with intense pain. When she was younger, she used to express and share her emotions with her mother. However, two years ago her mother had also died. 'It hurts so much, it's just too much for me to bear, and there seems to be hardly anyone to share it with.'

This woman, who once was a strong daughter, mother and wife, caring for many others in her family and in her job as a nurse, felt broken and lonely. As a therapist it was easy to empathize with her pain and solitude.

*(Continued)*

However, welcoming my empathy she got angrier at her partner Ralph, by whom she felt forced to move on in life. The message she got from her partner was that if she wanted to cry, it would be best to withdraw to her room so that sadness was not dominating their house and their daughter's life. 'Only a few months after my son died in those horrible circumstances, being murdered, he tells me to go on!' she said, staggered.

Although she experienced individual therapy as comforting, a place where she was understood in how she felt, I was convinced that I needed to invite Ralph to be involved in the psychotherapy process.

## SHARING GRIEF WITH THE PARTNER AND INVOLVING THE PARTNER IN THERAPY

Although the individual approach to grief has historically dominated research and practice (Breen & O'Connor, 2007; Breen et al., 2019), there is increasing emphasis on the utility of attending to interactive coping processes in grief therapy (Albuquerque et al., 2016; Stroebe & Schut, 2015). Indeed, research suggests that unique clinical insights can be obtained when interactive interpersonal phenomena are examined (Stroebe et al., 2013). Moreover, the International Work Group on Death, Dying and Bereavement (IWG), comprised of clinicians, researchers and educators, has stated: 'While individual interventions may lead to positive individual outcomes, family interventions may lead to better outcomes for individual family members and for the family' (Breen et al., 2019, p. 179).

Within couple and family relationships all members grieve in their own way, while also witnessing each other's grieving process. However, sharing the pain of grief with one another is often challenging. Indeed, research suggests that partners may have a multitude of reasons not to discuss their emotions with each other: the inadequacy and uselessness of words in grief, to create some distance from the pain of grief, as an expression of a personal, intimate process and because the partner has the same loss but a different grief process (Hooghe et al., 2017). Consequently, many bereaved couples share their grief with others who have somewhat more distance from the pain and are receptive to their expressed emotions; this can include friends, colleagues, siblings, etc. For some, the need to find this witnessing and receptive place results in a quest for psychotherapy.

In some cases, it is therapeutically indicated for couples to engage in an individual psychotherapy process. For example, the bereaved may need to work on their individual relationship with the deceased or process the haunting images of the death without burdening or being distracted by the partner (Jordan, 2012; Rynearson & Salloum, 2011). Indeed, in the presence of a close other one often automatically attunes with this other, keeping an eye on their reactions, taking care of them and adapting their own story in accordance with the other.

Nevertheless, often there is added value in engaging the partner in psychotherapy (Hooghe & Migerode, 2015). Indeed, when partners are faced with a significant loss,

they not only need to focus on their own individual grieving process, but also must witness the grieving process of the partner and possibly engage with changes to the couple relationship that result from the loss. Incongruent grieving can be particularly challenging for partners, as it requires them to find ways of embracing the differences in each other's grieving style (Paley, 2008) and develop a mutual understanding despite these differences, which is essential to the survival of the relationship (Essakow & Miller, 2013). In cases where the connection between the partners is threatened, involving the partner in the therapy process is crucial as a way to create or re-establish a relationship in which both partners feel understood. Therefore, as therapists it is important to consider possible risks of offering individual psychotherapy that is empathic and non-judgemental in cases where spouses experience one another as judgemental or critical towards each other's grieving styles. This was exemplified in the case of Olivia and Ralph, where the individual therapy with Olivia threatened to widen the rift between her and her husband. It was clear that Olivia was considerably more emotional in her grief, wanting to express and share her pain, while Ralph tried to create distance from the violent story and the immense pain with the goal of moving the family forward in life. Importantly, these distinct approaches to coping with grief are not problematic in themselves because each individual grieves in their own unique way. Instead, it is the fact that both partners are critical and lack understanding of each other's grieving style that threatens their relationship and as a result, their individual well-being.

In my third session with Olivia I sensed the risk that our individual therapy was posing as a surrogate for her relationship with Ralph as Olivia would offer comments such as 'I'm so glad you understand how I feel. No one else seems to understand me, especially not Ralph with his terrible remarks about how I need to go on. At least you understand that this is not an option when you lose your own child in such traumatic circumstances. I just can't understand how he doesn't get it...' and so on. It was becoming apparent that feeling understood by the therapist made Olivia even more angry towards her husband. This is the point at which I persuaded Olivia that I would need Ralph to join our sessions to help her in the grieving process.

## THE DUAL PROCESS MODEL AS A FRAMEWORK FOR CLINICAL PRACTICE: AN INTERACTIVE VIEW

The dual process model (DPM; Stroebe & Schut, 1999) was initially formulated within an individual approach to psychotherapy and grief. Increasingly, it has incorporated more relational and interactional aspects (Stroebe & Schut, 2015; Wijngaards-de Meij et al., 2008). This model suggests that the most effective adaptation to loss involves oscillation between *loss-oriented* (attention to aspects of the death) and *restoration-oriented coping* (re-engaging in life and adapting to a changed life following

the loss). Central to this model is *oscillation*, which is regarded as a dynamic regulatory process of loss confrontation and loss avoidance. Consequently, the use of confrontation and avoidance behaviours are conceptualized as a defining feature of the bereavement experience. Research suggests that interventions based upon the DPM may be more effective than more traditional approaches to grief therapy (Fiore, 2019; Shear et al., 2005).

In translating the DPM to an interpersonal and interactive approach relevant for marital and family therapists, research has highlighted two adaptations to the model (Hooghe et al., 2019). First, loss- and restoration-oriented coping can function in a complementary manner and can occur simultaneously. For example, the bereaved confronting the loss (e.g., talking about the loss) in a way that also builds in some avoidance (e.g., not talking directly about the pain of loss but talking in metaphorical language). Alternatively, a father may go to a party to distract himself from his grief, also knowing that the former teacher of one's deceased child will be there and will probably start a conversation about the child. Similarly, Shear (2010) argued that the bereaved do not oscillate between loss- and restoration-focused coping, but rather that these processes overlap, occurring in tandem.

The second adaptation to the DPM suggests that the regulatory process of oscillation is not merely situated on an individual level. Both partners contribute to a process of attunement in which they continuously regulate their own emotions, while interacting with their partner. In a metaphorical image one could say that grieving is like dancing:

The dancer needs to feel 'in tune' with oneself and with the music to move in a fluent and smooth way. When two people, like a couple, dance together they also need to attune with each other. Most couples have created their own dance over the years together. But then, confronted with the loss of a child, the music changes. All need to adapt to the changed music, and find ways to dance again, on their own, and together. Learning a new dance involves new steps and is not possible without stepping on each other's toes at times, or movements where one interrupts the other, and so on. To be able to dance together the partners also need to trust each other. Maybe the partners hear the sounds of the music in a different way. Maybe, at times, they both need their individual space on the dancefloor to dance their own dance. When closer to each other, they both need to attune with the partner. This requires the close and constant 'sensing' of the other. (Hooghe et al., 2019, p. 159)

Bereaved couples describe how they keep an eye on each other, at times relying on one another and at other times creating some distance for the other – in this way emotional regulation is clearly also a relational process. These two processes can be captured in the concepts of *vertical* and *horizontal attunement*, demonstrated by Rober's dialogical perspective on storytelling (Rober, 2017) in which he describes attunement as an intrapersonal process (vertical attunement), as well as an interpersonal process (horizontal attunement). These two forms of attunement are inherently connected, one making the other possible in a dynamic interaction. Consequently, the

dynamic oscillation process of the DPM might be better understood as a process of attunement.

Figure 24.1 offers a modification of the standard DPM figure with the above-described adaptations incorporating an interpersonal and interactive view that includes two partners. In this modified figure the two traditional poles (loss- and restoration-oriented coping) are presented as a Venn diagram for both partners, illustrating how the poles overlap. The figure represents two partners who are both, on an individual level (see small white arrows), constantly attuning with themselves in terms of distance and closeness to the loss and ongoing life (restoration). In addition, there is an ongoing attunement process between the partners, attuning with each other (large black arrows). In Figure 24.1, the top diagram represents partners who have a similar coping style, both with dominant restoration orientations. By contrast,

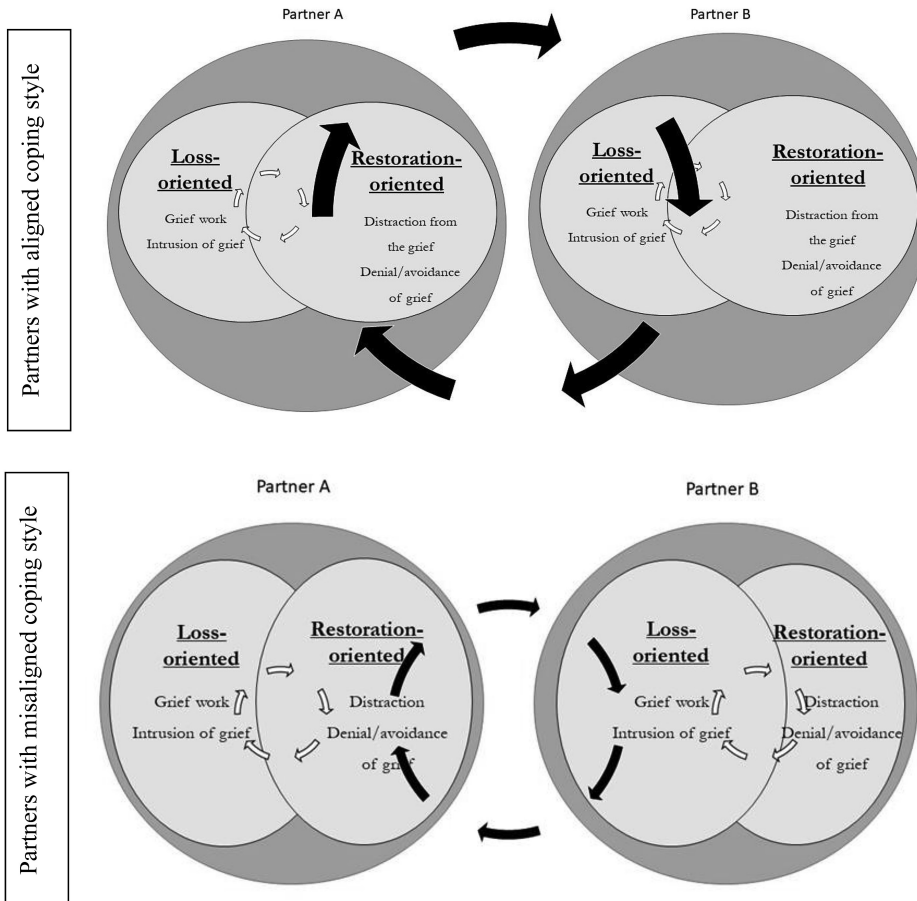


Figure 24.1: An interpersonal and interactive view on the DPM (incongruent grieving) in a couple. The dominant orientation for each individual is represented at the top. The small white arrows indicate the individual attunement process. The black arrow indicates the attunement process between the partners.

the bottom diagram is an example of incongruent grieving, which is not uncommon. Here, the first partner is portrayed with a dominant (more visible and explicit) restoration orientation coping style while loss-oriented coping is more pronounced for the second partner. Framing our case example in the DPM, we could say that Olivia was mainly coping in a loss-oriented manner, while Ralph oriented towards restoration. She wanted to have the right to focus on her loss and grief, arguing that this loss was very recent and traumatic. By contrast, Ralph reasoned that there is nothing they can do to bring Dennis back, but they still have a daughter to take care of and life needs to go on.

For the fourth session Olivia and Ralph came together. I asked him how it was for him to be invited. With a smile on his face, he said that he had no problem coming along, but that he did not believe in psychotherapy. In his view, coping with a loss is something nobody can help with because being bereaved means that one needs to find out for oneself how to go on as soon as possible. Olivia looked at me as if she was saying, 'You see, I told you so.'

## **POLARIZED COPING ORIENTATIONS IN THE DYNAMIC OF A COUPLE RELATIONSHIP**

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Sometimes partners do not understand or accept that their spouse grieves in another way. When this is the case, the incongruent grieving might give rise to the polarization of coping styles. In the dynamic of a couple relationship, one partner carries all the visible grief and represents loss-oriented coping, while the other represents restoration-oriented coping and ongoing life. For example, as portrayed in Figure 24.2, the loss orientation is dominant in the first partner's grieving process and the restoration orientation is dominant for the second partner. This polarized coping exceeds the inherent differences between two grieving people but denotes the interactive dynamic between two partners. The more one orients towards the loss, the more the other orients towards restoration, or the other way around. This also seemed to be the case for Olivia and Ralph: the more she endeavoured to give Dennis a central place in their lives, the more Ralph emphasized that what they needed in their couple and family life was to focus on ongoing life. Below, we describe three important steps in working with bereaved partners using the case of Olivia and Ralph as illustration.

### **Exploring loss- and restoration-oriented coping in both partners: A double dual process**

In the couples therapy process it is beneficial to explore the meanings related to both loss- and restoration-oriented coping in each partner. Often, the partners will easily

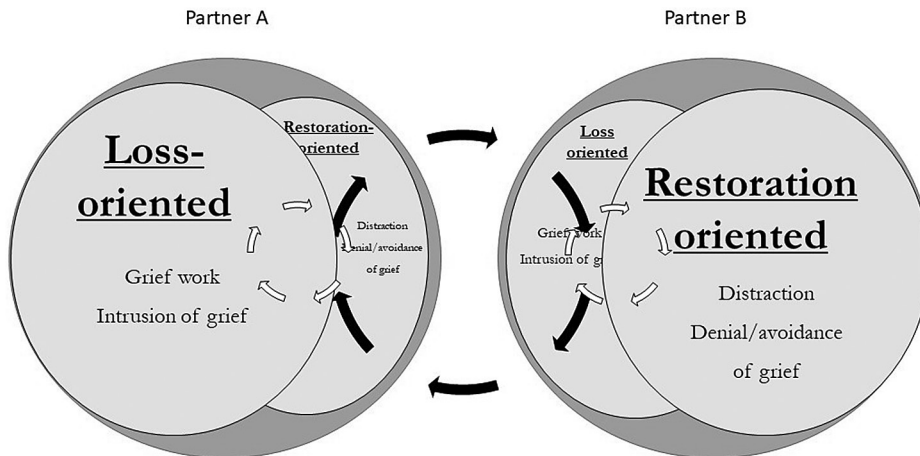


Figure 24.2: An interpersonal and interactive view on the DPM (polarized coping orientations) in a couple. The dominant orientation for each individual is represented at the top. The small white arrows indicate the individual attunement process. The black arrow indicates the attunement process between the partners.

express their main orientation (loss or restoration) of their own volition. Noting these dominant orientations as different coping styles often affirms the experience of being stuck in a polarized dynamic, resulting in both the couple and the therapist feeling powerless (e.g., 'It seems like you feel the need hold on, and share your grief with him, while for you it feels better to move on'). Therefore, it can be of utmost importance to also explore the less dominant coping orientation, often covered up and silent.

Exploring loss and restoration orientations in both partners can make more space for silent voices in both partners, recognizing at least some mutual experiences besides their more evident differences. Rather than two polarized voices, we might create at least four voices, some louder, some quieter, but all present.

In this first session with both Olivia and Ralph I wanted to explore both partners' coping with the loss. What has Ralph learned in his life about coping with loss? As he was undoubtedly more restoration-oriented, what might he be protecting by not focusing (too much) on the loss? I was genuinely interested, and Ralph started to talk about the sudden loss of his wife more than 20 years ago. At that time, he was left alone with four small kids. Clearly, at that time he needed to go on with life (household, school, professional life and so on) in the best interest of the children. We explored the metaphor of a firm, heavy iron door that has protected him for a long time from paralyzing emotions, like sadness and grief. In the case of Dennis, he said, it also protected him from a great deal of rage. He explained that if he did not protect himself from this

(Continued)

rage, he would kill the one he held responsible for Dennis's death, the father who was not paying attention to his two sons. Dennis felt that opening this iron door even a little bit would be dangerous, as too much anger might come out. I wondered whether this door was draughtproof: 'Are there moments that smoke comes from beneath the door?' 'Yes,' he said, 'every night at dinner, when Dennis always came to eat with the family, I feel a stab in my stomach seeing that empty chair.' Exploring his feelings of loss, a tear came, which he rapidly wiped away when Olivia looked at him. I noted aloud that these tears were not shared, not at the dinner table, not in this therapy session. 'No,' he said, 'there is already enough sadness and grief dominating our house.'

In this same session we engaged in a similar exploration of Olivia's way of coping. What did she learn about moving forward after loss in her life? What is she protecting by staying close to the grief, not moving on too fast? Does she ever feel that the grief is holding her too tight? Olivia talked about how she had been used to discussing her emotions with her mother. However, she added that sometimes she wished for herself to be more like her daughter (and Ralph, but she did not make that explicit) by being able to relinquish some of the heaviness at some moments. Carefully, I also explored this part of Olivia that was more restoration-oriented. Olivia explained that sometimes she wanted to be able to go for a walk with a friend and talk about other things, to be distracted from the constant pain. 'But then, it feels like all of us would have forgotten the terrible thing that happened to Dennis. Both Kathleen and Ralph act as if Dennis was never a part of this family, so there is no way for me to loosen a bit.'

### Validating the relational efforts of both partners

The emotionally focused therapy approach (EFT, Johnson, 2019; Migerode et al., 2018) is a couple-based therapeutic approach that can effectively be applied in working with bereaved couples (Barboza et al., 2021). As its originator, Susan Johnson (2019), puts it:

EFT expands experience and interactions. The first goal of therapy is to access and reprocess the emotional responses underlying each partner's often narrow and rigidly held interactional position, thereby facilitating a shift in these positions toward accessibility and responsiveness, the building blocks of secure bonds. The second goal of therapy is to create new interactional events that redefine the relationship as a source of security and comfort for each of the partners. (p. 10)

Working from this EFT approach, the second step of grief therapy with couples can include helping both partners to better understand each other's grief experiences and their attempts to cope with them. Increased understanding between the partners can



then become a vehicle for enabling their mutual support of one another. Again, in the words of Johnson (2019):

When EFT is successfully implemented, each partner becomes a source of security, protection, and contact comfort for the other. Each partner can then assist the other in regulating negative affect and constructing a positive and potent sense of self... This process is a journey... from isolation to connectedness. (p. 10)

One approach for accomplishing this mutual understanding is reframing the grieving behaviour of the spouses as ways to protect something that is important to them, such as the relationship with the partner and family members and/or the relationship with the deceased. The therapist can work with the grieving couple to highlight how each partner's coping style is intended to save the partner relationship and family life or the continuing bond with the bereaved.

I validated Ralph for his effort to protect his relationship and family from being crushed beneath too much grief so they can move forward in life, so that their teenage daughter could move forward in living her life and so that Ralph does not kill Dennis's father, keeping his fear under control. Also, for Olivia, I validated her efforts to protect the whole family by keeping Dennis's memory alive, as well as her continuous efforts to honour her son by never forgetting what had happened that terrible night, what was done to him outside his will, costing him his life – these are stories to never forget.

Exploring both loss- and restoration-oriented coping in both partners (a double dual process) and validating their efforts for the relationship in holding this orientation, we aim to soften the polarization that has often grown between the partners.

### **Exploring the interactive dynamic between the partners**

As a final step in psychotherapy with grieving couples, therapists can explore the dynamic interaction between each partner's coping style, increasing their awareness of how they navigate a continuous attunement with each other; like a dance each moves on their own, in the presence of the other and in interaction with the other. It was clear that the dance Olivia and Ralph were dancing was a painful one and that their partner relationship was threatened. They were both stuck in their own way of coping with the loss, which got more and more pronounced and polarized. Rather than being partners in this tragedy, they became opponents.

In a slow and empathizing voice, genuinely feeling for both partners but also for their couple relationship, I continued to reframe what I thought was going on between them: although they were both, in their own way, trying to protect themselves, the bond with Dennis, their couple relationship or family life, unfortunately, their efforts were not bringing them closer to each other or to being compassionate partners in this tragedy. I suggested that perhaps they both had similar goals and hopes, and both missed each other's comfort. They both become silent for some time. I noticed that it seemed as if they both touched on something that they had lost, in addition to losing Dennis. Indeed, Ralph added that he had not only lost the boy he had taken care of for so long, but also his wife and even the mother for his daughter. However, he explained that this was not what was causing him the greatest pain. Instead, the fact that he felt so powerless in everything that had happened to Dennis and to his wife was awful. As an adult and husband, he had not been able to prevent any of this nor was he able to undo the facts or help his wife feel better. After exploring this experience with him, I asked him if it would be possible for him to tell his wife about this enormous feeling of powerlessness. I invited him to turn to her and say something about this feeling. The moment he turned his chair and looked her in the eyes, tears came and he sobbed, 'I'm so sorry there is nothing I can do for you.' Clearly Olivia was surprised by his tears and tone of voice. It took her some time to be able to respond, before she said, 'You don't have to, it's OK, but it's too early to be the wife you want me to be.' He nodded and took her hand.

Working with couples, therapists often aim to create or re-establish a connection between the partners. Importantly, this is not always about loving interactions or statements, but rather, as is the case for Olivia and Ralph, about expressing vulnerabilities and limitations. This can be done in the form of an enactment of the kind described for Olivia and Ralph, where the therapist helps the partners to express and receive such messages/statements.

## KEY POINTS

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- When the connection between the partners is threatened, involving the partner in the therapy process is crucial as a way to create or re-establish a relationship in which both partners feel understood.
- An interactive view on the dual process model can be valuable as a framework for working with bereaved couples as incongruent grieving in couples might give rise to the polarization of coping styles.
- To help soften the polarization that has often grown between the partners it can be valuable to explore loss- and restoration-oriented coping in both partners (especially the less dominant coping orientation), validate the relational efforts of both partners and mirror the interactive dynamic between the partners.

## RECOMMENDED READINGS

- Barboza, J., Seedall, R., & Neimeyer, R. A. (2021). Meaning co-construction: Facilitating shared family meaning-making in bereavement. *Family Process*, *61*(1), 7–24.
- Breen, L. J., Szylit, R., Gilbert, K. R., Macpherson, C., Murphy, I., Nadeau, J. W., ... & International Work Group on Death, Dying, and Bereavement (2019). Invitation to grief in the family context. *Death Studies*, *43*(3), 173–182.
- Hooghe, A., Rosenblatt, P. C., & Rober, P. (2017). 'We hardly ever talk about it': Emotional responsive attunement in couples after a child's death. *Family Process*, *57*, 226–240. <https://doi.org/10.1111/famp.12274>

## REFERENCES

- Albuquerque, S., Pereira, M., & Narciso, I. (2016). Couple's relationship after the death of a child: A systematic review. *Journal of Child and Family Studies*, *25*(1), 30–53.
- Barboza, J., Seedall, R., & Neimeyer, R. A. (2021). Meaning co-construction: Facilitating shared family meaning-making in bereavement. *Family Process*, *61*(1), 7–24.
- Breen, L. J., & O'Connor, M. (2007). The fundamental paradox in the grief literature: A critical reflection. *Omega: Journal of Death and Dying*, *55*, 199–218.
- Breen, L. J., Szylit, R., Gilbert, K. R., Macpherson, C., Murphy, I., Nadeau, J. W., ... & International Work Group on Death, Dying, and Bereavement (2019). Invitation to grief in the family context. *Death Studies*, *43*(3), 173–182.
- Essakow, K. L., & Miller, M. M. (2013). Piecing together the shattered heirloom: Parents' experiences of relationship resilience after the violent death of a child. *The American Journal of Family Therapy*, *41*(4), 299–310.
- Fiore, J. (2019). A systematic review of the dual process model of coping with bereavement (1999–2016). *Omega: Journal of Death and Dying*, *84*(2), 414–458.
- Hooghe, A., & Migerode, L. (2015). Expanding the system. In R. A. Neimeyer (Ed.), *Techniques of grief therapy: Creative strategies for counseling the bereaved* (pp. 275–278). Routledge.
- Hooghe, A., Rosenblatt, P. C., Neimeyer, R. A., & Rober, P. (2019). 'It's a matter of attunement': Exploring couple communication in times of child loss and child cancer (dissertation).
- Hooghe, A., Rosenblatt, P. C., & Rober, P. (2017). 'We hardly ever talk about it': Emotional responsive attunement in couples after a child's death. *Family Process*, *57*, 226–240. <https://doi.org/10.1111/famp.12274>
- Johnson, S. M. (2019). *The practice of emotionally focused couple therapy: Creating connection*. Routledge.
- Jordan, J. R. (2012). Guided imaginal conversations with the deceased. In R. A. Neimeyer (Ed.), *Techniques of grief therapy* (pp. 282–285). Routledge.
- Migerode, L., Lagrou, K. & Hooghe, A. (2018). Rouwen als paar. In J. Zoetmulder & J. D. Graaf (Eds.), *Emotionally focused therapy in uitvoering*. Stichting EFT Nederland. [Grieving as a couple]
- Paley, N. (2008). *Partners in grief: Couples' narratives of the transition from pediatric palliative care into bereavement* (doctoral dissertation, University of British Columbia).
- Rober, P. (2017). *In therapy together: Family therapy as a dialogue*. Palgrave Macmillan.
- Rynearson, E. K., & Salloum, A. (2011). Restorative retelling: Revisiting the narrative of violent death. In R. A. Neimeyer, D. Harris, H. Winokuer & G. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 177–188). Routledge.
- Shear, K., Frank, E., Houch, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association*, *293*, 2601–2608.
- Shear, M. K. (2010). Exploring the role of experiential avoidance from the perspective of attachment theory and the dual process model. *Omega*, *61*(4), 357–369.
- Stroebe, M. S., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, *23*, 197–224.

- Stroebe, M., & Schut, H. (2015). Family matters in bereavement: Toward an integrative intra-interpersonal coping model. *Perspectives on Psychological Science*, 10(6), 873–879.
- Stroebe, M., Schut, H., & Finkenauer, C. (2013). Parents coping with the death of their child: From individual to interpersonal to interactive perspectives. *Family Science*, 4(1), 28–36.
- Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., Van Den Bout, J., Heijden, P. G., & Dijkstra, I. (2008). Parents grieving the loss of their child: Interdependence in coping. *British Journal of Clinical Psychology*, 47(1), 31–42.