Relational and Spiritual Dimensions of Parental Grieving
Les Dimensions relationnelles et spirituelles du deuil chez les parents

Derrick W. Klaassen
Trinity Western University
Richard A. Young
Susan James
The University of British Columbia

ABSTRACT

This investigation explored parental grieving as a relational and spiritual process. Five couples participated in three sets of interviews over the course of approximately three months. Data were collected and analyzed using the qualitative action-project method. The findings revealed that couples grieved extensively in the context of their relationships. Grieving was facilitated through planned and spontaneous activities, and was impeded by disconnection from the loved ones and life stressors. Grieving was intimately connected to the parents' spiritual lives, which shaped continuing bonds, offered comfort and meaning, and provided an avenue to express distress. The findings yield implications for clinical work and further research with bereaved parents.

RÉSUMÉ

Cette enquête a exploré le deuil parental en tant que processus relationnel et spirituel. Cinq couples ont participé à trois séries d'entrevues au cours d'environ trois mois. Les données ont été recueillies et analysées en utilisant une méthodologie qualitative d'action-projet. Les résultats ont dévoilé que les couples exprimaient leur deuil largement dans le cadre de leurs relations. Des activités prévues et spontanées ouvraient la voie au deuil et il était entravé par la déconnexion des êtres aimés et les facteurs stressants de la vie. Le deuil était intimement lié aux vies spirituelles des parents qui formaient des liens continus, offraient du réconfort et du sens, et donnaient un moyen d'exprimer leur détresse. Les résultats ont des implications pour le travail clinique et de plus amples recherches avec des parents en deuil.

Over the past 20 years scholarly interest in the role of spirituality in the health and social sciences has increased significantly (Paloutzian & Park, 2013). Particular attention has been paid to the role of spirituality in coping with a wide variety of health and mental health challenges (Pargament, 1997). One of the most notable and consistent findings in this regard is that spirituality appears to be especially salient for those individuals who have been pushed to the limits of their existence and who have encountered life-changing events, such as the diagnosis of a cancer (Gall & Cornblat, 2002) or the death of a child (Klass, 1999).

The topic of death in general, and the death of a child in particular, is likely to invoke existential concerns in those who suffer from the loss (Center for the Advancement of Health, 2004). Qualitative and quantitative research programs have drawn attention to the suffering of bereaved parents and explored the ways in which they have attempted to cope with the loss of their child and readjust their lives to fit this new and tragic reality (Murphy, Johnson, & Lohan, 2003). Most researchers and clinicians (Janzen, Cadell, & Westhues, 2003–2004) acknowledge that the loss of a child is one of the most devastating losses for parents, and that this loss puts parents at significant risk for physical and mental health problems, including increased suicidal ideation (Harper, O'Connor, Dickson, & O'Carroll, 2011; Murphy, Tapper, Johnson, & Lohan, 2003), higher levels of posttraumatic stress disorder as compared to normative populations (Murphy, 2008), increased risk of complicated or traumatic grief (Bennett, Litz, Sarnoff Lee, & Maguen, 2005), increased rates of depression and anxiety (Kreicbergs, Valdimarsdottir, Onelöv, Henter, & Steinbeck, 2004), higher rates of paternal alcohol abuse (Vance, Boyle, Najman, & Thearle, 2002), increase in marital/relational disruption (Rogers, Floyd, Seltzer, Greenberg, & Hong, 2008), reduced sexual contact post loss (Dyregrov & Gjestad, 2011), and even an increased risk of mortality (Cohen-Mansfield, Shmotkin, Malkinson, Bartur, & Hazan, 2013; Li, Hansen Precht, Mortensen, & Olsen, 2003).

One of the main reasons for these health risks is that the loss of a child is generally considered to be an "unnatural" event (Davies, 2004), an event that reverses the biological order of birth and death and undermines the parents' assumptive worlds (Christ, Bonanno, Malkinson, & Rubin, 2003; Hibberd, Vandenberg, & Wamser, 2011). Given that modern societies have largely banished death from consciousness (Greenberg, Koole, & Pyszczynski, 2004) and that modern medicine continues to chip away at the ever-declining child mortality rates (Ahmad, Lopez, & Inoue, 2000), most parents do not expect to deal with the loss of a child and are thus ill-prepared to cope with such a trauma (Prigerson, Vanderwerker, & Maciejewski, 2008). Furthermore, medical and spiritual communities often have relatively few resources to aid suffering parents (Massey, 2000), despite the fact that many of the major world religions explicitly deal with the meaning of death, and that for some, such as Christianity, the death of "the son" is the central spiritual narrative (Klass & Goss, 1999). Many parents find themselves alone and at a significant loss about how to cope with such a devastating and all-encompassing crisis (D'Agostino, Berlin-Romalis, Jovcevska, & Barerra, 2008).

One consistent theme that has emerged in the clinical and research literature on child loss is that many parents cope with their loss through engaging their spiritual beliefs and practices (Attig, 1996). Researchers who have begun to explore the ways in which spiritual resources may contribute to recovery from child loss have generally found them to function as a protective factor against complicated grief, contributing to the adjustment and recovery process (Gillies & Neimeyer, 2006). However, research on the general role of spirituality/religiosity in coping (Klaassen,

McDonald, & James, 2006) and particularly in relation to parental bereavement remains in its infancy; further investigations are required to explore the role of spirituality in the recovery after child loss (Wortman & Park, 2008, 2009).

A second limitation in parental bereavement research is the individualistic conceptualization and investigation of grieving (Walter, 1996). Stroebe, Hansson, Schut, and Stroebe (2008) emphasize the significance of shifting the research focus from individual to interpersonal perspectives. Although many researchers and clinicians (e.g., Bowlby, 1998) recognize that parental bereavement is an inherently relational trauma, the vast majority of studies have conceptualized and researched grieving solely as an intrapsychic process. With a few notable exceptions (e.g., Hooghe, Neimeyer, & Rober, 2011; Wijngaards-de Meij et al., 2008), few scholars have investigated how parents grieve jointly for their child.

In light of these limitations, this study sought to investigate how bereaved parents of faith grieve jointly for their deceased child. The study employed contextual action theory (Valach, Young, & Lynam, 2002) as its theoretical lens and the qualitative action-project method (Young, Valach, & Domene, 2005) as its method of inquiry. The research question for this study was *How do spiritual/religious bereaved parents grieve jointly for their deceased child?*

Method

Contextual action theory can be considered an integrative framework—a specific way of looking at human emotional, cognitive, behavioural, and relational processes—that draws on a variety of discourses in the social sciences, including social constructionism and hermeneutics (Valach et al., 2002). One of the chief features of this framework is that it assumes action, and in particular joint action—intentional human activity—to be its central construct and unit of analysis. Thus, in contrast to much of the recent research on bereavement, contextual action theory directs the researcher to explore the ways in which grieving emerges in the relational lives of bereaved parents.

The action-project method is a comprehensive, team-based, qualitative method that uses video-based interviews, participant journalling, and telephone monitoring to comprehensively monitor and describe individual and joint processes over time (Young et al., 2005). The method follows an interpretive hermeneutic that moves between data and the contextual action theory framework. Importantly, the action-project method was specifically designed for dyadic research and focuses not only on retrospective accounts but also on current actions.

This study employed an instrumental case-study approach to the action-theoretical investigation of joint grieving (Stake, 2005). An instrumental case study offers a distinctive approach to qualitative research, as it employs specific cases in the service of understanding a given phenomenon or process—in this case, joint grieving of spiritual/religious parents. This implies that, although individual cases are inherently important, they are employed in the service of understanding the larger process and of theoretical elaboration.

Participants

Participants were recruited through a variety of means, such as e-mail advertisements, posters, support groups for bereaved parents, and contacts with local grief counselling agencies. Selection criteria for the participants included the following: (a) The couple must have experienced the death of a teenage or adult child (16 years of age or older at the time of death), and (b) the couple had to identify that spirituality/religiosity was important for their grief.

Five heterosexual couples met the screening criteria outlined above and agreed to participate in the study. The mean age of the male participants was 60 years (*SD* = 4.29), and the mean age of the female participants was 61.5 years (*SD* = 7.66). At the time of the study, all couples were married and living together. Four of the couples had remaining biological children, and 1 couple had 2 remaining adopted children (*M* = 1.2; *SD* = 0.4). Three of the couples also had grandchildren. All of the bereaved parents identified themselves as Protestant Christians. All couples had lost one biological child (1 female child, 4 male children). The causes of death were sudden and violent for all children (e.g., motor vehicle accidents, accidents, suicide, heart attack). The mean age of the deceased children at the time of death was 21.2 years (*SD* = 2.56), and the average time elapsed since the time of death was 10 years (*SD* = 4.6).

Data Collection and Analysis

The process of gathering data followed the typical pattern for the action-project method (Young et al., 2005). The data were collected by the first author and by three research assistants who were trained in the action-project method. Data collection encompassed three sets of individual and joint interviews, individual journals for each participant, and telephone monitoring logs. Data collection was staggered and lasted approximately three months for each couple.

The first set of interviews began with a warm-up conversation, during which two researchers asked the couple to share about themselves, their deceased child, and their grieving process. Following this introduction, which lasted approximately 60 minutes, the couple was asked to engage in a 20-minute joint conversation about the ways in which they grieved together for their child. The researchers were not present for this conversation, but it was video-recorded. The researchers then rejoined the parental couple for individual self-confrontation interviews, which lasted approximately 90 minutes. In these interviews, each parent was accompanied to a separate room by a researcher to view the video of the joint conversation. The video was played back to each parent, halting approximately every minute to ask the participant to comment on what she or he was feeling and thinking during the last viewed portion of the tape.

Following the first set of interviews, the researchers conducted an initial analysis of the individual and joint grieving actions for each parental couple. The data analysis procedure followed the steps developed by Young et al. (2005) and Valach et al. (2002) in a successive series of publications. The first author, in consultation with the co-researchers and the other authors, conducted the analysis for each

set of initial interviews. The analysis included an initial immersion in the data and top-down analysis, in which the researchers reviewed the data and sought to develop an understanding of the overall intentional framework for each couple. A second step in the analytic process was the bottom-up analysis, in which the researchers analyzed each minute of the joint conversation for its grieving actions. Supporting information for the coding was identified in the relevant sections of the self-confrontation interviews and warm-up conversations.

Following the analysis, the researchers then drafted individual grieving narratives for each parent and for the couple. These narratives were presented to the couples during member check interviews, and feedback was sought. The member check interviews concluded with an explanation of the procedures for the monitoring period, a time period of approximately 4–6 weeks in which bereaved parents returned to their normal lives and were asked to pay attention to the ways in which they grieved together. Each parent received a semistructured journal, and researchers made biweekly individual phone calls to check on participation. Following the monitoring period, the researchers and parents scheduled a final set of interviews that basically followed the outline of the first set of interviews, including warm-up, joint conversation, self-confrontation interviews, and conclusion.

FINDINGS

Action-project method studies yield rich data sets and include individual and joint interviews, participant journals, and telephone monitoring logs. The extensive data set from this multiple instrumental case study presents a detailed elaboration on the findings, which included both a within-case analysis over time and a between-case analysis. The findings presented here represent a summary of key assertions that emerged in the between-case and within-case analysis. Following Stake's suggestion for case studies (2005), the authors present the key assertions, which summarize the most significant findings of this study.

Assertion #1. The Loss of a Child Had a Pervasive Impact

All couples experienced the death of their child as a cataclysmic and life-changing event. The gravity and immensity of this event led to persistent grieving for all participants. The holistic nature of grieving can be seen in a variety of examples. One female participant (FP), for instance, commented on the pervasiveness of grieving when she used the metaphor that "Grieving becomes a filter through which you experience the world." Another male participant (MP) indicated in a phone conversation that he saw his grieving as a way of "being" rather than a discrete event. He stated, "If you want to know who I am, you need to know about my loss; it's not all of who I am, but it is a significant part of who I am." Participants also commented on how their losses had permanently altered their personalities. Another female participant, for example, spoke of how she experienced herself as more withdrawn and introverted now, and also commented on the persistent nature of her grieving:

FP3: How would I be a different person and would I be much happier, much more jolly? I came to the conclusion that I think I would've been a lot more bubbly. I seem to have withdrawn. I've just withdrawn from these conversations and just become a listener because there is nothing to say and in this stage of your life … these friends who were great support for me those early years [of the loss], they don't want to hear me say that I haven't got any grandchildren yet. I may never have grandchildren because [my son] died.

Assertion #2. Relational Grieving Was an Important Dimension of Parental Grief

Although participants also commented on their individual grieving, all couples acknowledged that they grieved together extensively. In this context, relational grieving can be understood as the experienced and intentional emotional and/or physical presence and supportive actions between bereaved parents. Relational grieving was facilitated through a variety of activities, such as visits to gravesites, walks to memorable places, joint scripture reading, and joint prayer. In addition to such planned events, relational grieving frequently emerged spontaneously. The following quote is representative of such a spontaneous event. In this joint conversation, the couple explains how they grieve together in seemingly mundane and surprising situations.

FP1: I think our grieving is more, well, not like this of course, when you're in a structured room and people looking at videotapes and things. Obviously, but we do talk quite a bit and I think we have remembrances throughout our day. Like the other night, I reminded you about the time when there was a spider going across the floor and you threw a cup on it and killed it, or so you thought. And [our daughter] was terrified of spiders. And when you lifted it up, [the spider] was alive and [our daughter] flew up to the top of the couch screaming, right? And I don't know what brought that up—you threw a book on top of something crawling across the floor or something.
MP1: A bee.
FP1: A bee. Yeah. And that brought it up. And I think, it's just she's so much a part of our everyday lives, that it's not like you set aside necessarily special [time]—you do that, too—but it's more like everyday we'll find something to talk about her.

The second example of a relational grieving activity involves a slight variation. In the previous example, both partners were simultaneously engaging in the ritual. Each couple in the study was able to recall several examples of such regular and jointly enacted activities in their lives. However, at times couples engaged in relational grieving with varied degrees of involvement. The example below, from a self-confrontation interview, highlights the supportive activity of the husband in the grieving activities of his wife.

MP2: When we have dinner parties at our place, who cooks? The thing is I find [my wife's] involvement in [the support group] and her ongoing preoccupation

with grief—whether she's doing a workshop on writing or inviting people to our home—whatever it is—a part of our corporate life. And I share in that. I don't necessarily go through a grieving process or some kind of emotional evacuation of anything. I'm supportive of it and I feel it's worthwhile and I feel it's good for me too, you know. It's not something that I'm doing—I take [our granddaughter] away so that she can have some people come by to do some grief writing or something. But to me I see that as a kind of joint project, not balanced in any stretch, but certainly I am part of it.

In addition to the actions described above, various participants also noted that they grieved jointly through sharing their individual grieving journeys with their partners. This form of relational grieving was frequently facilitated through taking time to listen and deeply understand their partner, accepting the partner's individual grieving style in a nonjudgemental manner, and opening themselves up to learning from their partner's grief. One couple even noted that they "delighted in" their differences and learned from each other through dialogue.

All bereaved parents in this study spoke of and experienced an ongoing connection to their deceased children. These experiences were often described through the filter of a spiritual worldview. Parents in this study understood the lives of their children to be continuing, either in an otherworldly location (i.e., heaven) or in their current worlds. Most often there was an experience of both. These experiences of connection were at times invigorated through mystical or sense-of-presence experiences, which were interpreted within their spiritual worldviews. The two quotes below highlight both dimensions of this experience, with the father in the first quote speaking in the joint conversation about his son's ongoing life in heaven and the mother in the second quote addressing her ongoing and changing relationship with her deceased son in a self-confrontation interview.

MP3: And we also see [our son] as his life going on. We don't see him as a life that is past. It is past in this earth, it is past in terms of interaction with our family. But we have these beautiful visions of or thoughts, I suppose, not visions so much as thoughts, of [our son] doing all sorts of important things in God's kingdom, meeting people.

FP4: It is continuing. And you know, I mean, he's my firstborn. He taught me everything about being a parent. Everything that I know, everything was a new experience. Even his death was a new experience for me. And it still happens, you know. My relationship with him changes. It's quite remarkable.

In addition to the individual experiences of connection, bereaved parents also spoke about the relational nature of their continuing bonds. None of the bereaved parents in the study understood the continuing bond to be wholly intrapsychic or interpersonal; rather, both dimensions of the continuing bond were present and vital in their grieving. The quote below from a joint conversation is a good example of such an experience, as the couple recalled their annual trip to a place where they feel particularly connected to each other, their deceased daughter, and God.

MP1: One of the things I was thinking is when we go to [a town] every year. Yeah, so [the town] it's kinda been our yearly thing … And we always go for walks there. And we have one particular bench where we've always sat down on our walk.

FP1: That's really good, I'm glad you remembered that.

MP1: Yeah, we sit there and we pray, we pray for our son, but we also talk to [our deceased daughter] there, and talk to God about our daughter and talk to God just about … what our daughter is doing now, trying to have some kind of an imagination of maybe what's happening in her life now.

FP1: Yeah, it feels like a pilgrimage, eh? Don't you think? [Yeah] Yeah.

Assertion #3. Disconnection and Stress Impeded Relational Grieving

Although the couples stressed the frequency and importance of relational grieving, at times they also pointed to situations or attitudes that impeded it. For example, relational grieving was encumbered by experiences of disconnection from significant others, particularly one's partner. The quote from a self-confrontation interview below is a poignant example of a female partner who, after initial experiences of feeling close to her partner, her church, and God, had begun to feel isolated in her grief. Particularly salient in this case was the contrast between her grieving and that of her partner. She described this as follows in the self-confrontation interview:

FP5: Just remembering how I went from being close to God to not feeling that way. And you know sometimes hearing [my husband] say he'd pick up hitch-hikers and he'd share [his faith]. I remember being, feeling like … whatever. I do remember those kind of feelings because I didn't feel that way then. I went from feeling close to God to being angry. But not being angry, shaking fist angry, angry hurting angry kind of. You know? And he has handled things way different than I have. [My husband] hasn't changed much in the 37 years of marriage. This was [my husband] and then when [our son] died, he became a little bit different there but he's the same. I'm not the same person that I was. I know I'm not.

Several couples also noted that a variety of life stressors (e.g., financial strain, family conflict) at times impeded their ability to grieve jointly for their children. In the following example, the female partner commented on the fact that the substance abuse of her adopted son, and the personality disorder and unexpected pregnancy of her adopted daughter, impeded her ability to grieve for her biological son.

FP1: You know the whole thing with [our adopted son] and our hopes for him and having our hopes dashed and [our adopted daughter] having this baby which—I should love the birth of a baby—and I'm even bitter about that, but I think my bitterness, well those disappointing circumstances interfere with my simple love for [our son]. [crying]

Assertion #4. Spirituality Was Multidimensional and Pervasive

The participants' relationships with the Divine in the context of their grieving were complex and multidimensional. Although these dimensions are reported separately for the purposes of this article, it is important to remember that none of the participants experienced or understood their spirituality as distinct from their grieving. Relating to God or the transcendent meant relating to their grief, and grieving generally included addressing the Divine. The holism and multi-dimensionality of the spiritual journeys also meant that their faith could not be simplistically categorized as positive or negative; rather, it mirrored the complexity of their grieving journeys and included the following dimensions: comfort, mystical experiences, meaning, and distress.

Comfort. Most participants experienced their faith to be a source of comfort and strength from God. The next quote is emblematic of spiritual meaning as a source of comfort—in this case it was the way in which this couple understood the biblical parable of the prodigal son as a personal reassurance of their son having been forgiven for committing suicide. The father described their understanding as follows in a self-confrontation interview:

> *MP3:* And we have the image … of the prodigal son, of the son returning to the Father. And the Father running out and to meet him. And as Jesus says … that the Father fell on his son's neck and kissed him. And we are reminded every time we read that of the image of God, of Christ accepting [our son] into his heart, into his arms and seeking him out. Forgiven for that wrongful act of taking his life.

A second source of comfort related to the ways in which several parents imagined the lives of their children continuing in the afterlife. Although parents differed in their understanding of the nature of this afterlife, with some focusing on their child's life in heaven and others emphasizing their child's felt and visible presence in this world, all parents experienced these ongoing continuing bonds with their children as a source of comfort. Some parents also commented that their understanding of heaven included a place where their children were safe and protected from any further harm. The importance of being protected in heaven gains further meaning in the context of violent and sudden causes of death. In the next quote, a father comments on the deeply held belief that his daughter's life was continuing in heaven.

> *MP1:* Yeah, it's definitely comfort for me. 'Cause I think part of your father's heart is that you want to protect your little girl. And to know that she's in a place where she can't be hurt, she can't experience pain. To me the loss is there, but that gives me huge comfort to know that she can't be raped, she can't … have an abusive experience.

Mystical experiences. Several parents commented on the ways in which their relational grieving was invigorated by mystical experiences. These experiences

varied in kind (e.g., visions, sense-of-presence experiences) and in content, but were recounted by the various participants as powerful experiences that revitalized their relational grieving and informed their faith. Participants found these experiences to be supportive in their grieving and understood them within the theological frameworks of their faith. They perceived the experiences to have come to them surprisingly and without any of their doing. One female participant recounted an experience during a church service in which she saw a "vision" of her son's face. She remembered it as follows during the self-confrontation interview:

FP3: Well, that happened in church about two Sundays ago. There's an English bishop who was preaching that morning and he was … talking about the radiance of Christ in our lives, and he was talking about Moses and how his face must have shone after seeing the glory of God pass by. And how when he came down the mountain his face was still glowing. As he was saying that, [my son's] face lit up beside the bishop's face.

Finding meaning. All participants described their grieving as involving a search for meaning in relation to both the death of their children and their ongoing lives. Parents indicated that their faith was instrumental in this process, at times supplying a specific meaning for the death of their child, and at other times offering strength to endure the lack of a specific meaning. Both of the next quotes come from individual self-confrontation interviews. The first quote is emblematic of those who found a specific ontological meaning for their child's death, and the second quote describes the peace that was experienced even in the absence of specific meaning:

FP5: Like the pastor said, He made us, He understands, and He didn't plan that [our son] was gonna die. But, it was *in* His plan, right? That on March the 2nd, it was [our son's] time to go home. It wasn't that He planned that … this is gonna be the one that's gonna kill [our son]. I don't believe that was any way. He allowed it … because that was the day that [our son] was going home. *MP3:* There is a peace that we don't have to get an answer to these questions. It's not hammering at God's door, demanding an answer, and getting increasingly angry that we don't get one. But the peace that even in our questioning, God is there, saying, you're not getting an answer to that question, but trust me. And that's peace … it's emotional in the sense that to question is at the very core of your being. We spend all our lives questioning, don't we? I mean, from, when the children can first speak—why this, why that? You know? Every question leads to another question. So questioning is at the core of our being … And so it's emotional. We say that this huge event, this huge loss, this huge tragedy has happened in our lives and, and, and we're trying to understand it. We're trying to understand why God, our loving heavenly Father, would permit this. So it's emotional but it's saying, even in all this emotion, we've learned that there is peace. There's not an answer, but there's peace.

What is noteworthy about these quotes is that while parents were engaging in a search for the meaning of their child's death, these meanings were informed by divergent faith perspectives, personal histories, and interpretations of events. Thus, it is not surprising to find differences in the meanings they found and constructed. What is common, however, is the fact that they all did engage in a search for meaning and that their meanings were intimately tied to their faith.

Faith as a source of distress. Although spirituality was generally experienced to be a source of comfort for all parents, some also spoke of their faith as a source of distress. Participants revealed their feelings of sadness, anger, disappointment, frustration, and confusion with God and with their faith communities. It is worth noting that the same parents who found comfort and meaning in their faith also expressed distress. This points to the complexity of the relationship between parents' grieving and faith, and to the capacity of parents to experience a variety of emotions simultaneously and sequentially. The following quote is from the journal of a female participant who was chronicling her grief during a grief writing retreat. In the following entry FP1 describes her anger and bitterness, which are now added to her grief.

> By Wednesday night I was missing [my husband]. I phone home to discover [my granddaughter] there. Yet another crisis. Really, it's like another death: she has revealed who her molester is. [My daughter] is freaking out. Grandpa is babysitting. I couldn't sleep that night, so left my beautiful restorative retreat and workshop two days early. When will this suffering be over? My faith here? Shit! I'm angry at God this time. Another destroyed child! "God, don't let me be bitter!" was my prayer after [my son] died. Now it's "God help me in my bitterness."

In summary, the findings of this study revealed relational grieving to be an important aspect of the grieving processes of the bereaved parents. They experienced the loss of their children to be a tragic event that permanently altered their life trajectories. In addition to their individual grieving, parents frequently engaged in planned and spontaneous relational grieving activities. Relational grieving was at times impeded by stressful life events and experiences of disconnection. The participants in this study found their spirituality to be intimately connected to their grieving. Spirituality frequently provided comfort and meaning in the midst of their suffering, while at other times it was experienced as a source of distress.

DISCUSSION

Parental bereavement research to date has largely understood and examined grieving as an intrapsychic and individualistic phenomenon (Stroebe et al., 2008; cf. Walter, 1996). When scholars have investigated relational aspects of parental bereavement, they typically focus on the parent-child attachment (Uren & Wastell, 2002), the role of spiritual and/or social support for bereaved parents (Barerra

et al., 2007), or the deleterious effects of child loss on the parental relationship (Oliver, 1999). Equally, parental bereavement studies have often neglected to explore the role of spirituality/religiosity in the grieving process (Wortman & Park, 2008, 2009). This investigation sought to address these shortcomings through a qualitative study into the relational grieving processes of bereaved religious/spiritual parents.

Relational grieving in this study emerged as an essential component of the grieving journeys of bereaved parents. This is not to say that individual grieving did not take place for the parents in this study, nor are we trying to impose a dualistic structure of individualistic versus interpersonal grieving on a holistic and complex process. Nonetheless, in light of the vast majority of the bereavement literature, which has conceptualized, measured, and understood grieving as a primarily individualistic act (Walter, 1996), we propose that the description of parental grieving as a relational process adds an important dimension to the human response to loss. In our study, relational grieving was pervasive throughout the grieving processes of all participants. It was enacted through planned activities, such as annual visits to gravesites or memorials. More commonly, however, relational grieving happened spontaneously and without much forethought and planning. It emerged sometimes to the surprise of the bereaved parents and occasionally caught them off guard. Relational grieving was facilitated through engaging in joint activities, through sharing their grieving stories and experiences with one another, and through adopting an accepting and appreciative attitude toward the timing and style of the partner's grieving. Relational grieving was impeded by attitudes and events in the lives of the bereaved parents in this study. These included experiences of disconnection and isolation from significant others, such as one's partner, family members, or faith community.

For the parents in this study, relational grieving was intimately related to their spirituality. Consistent with the research on religious or spiritual coping in general (Pargament, 1997), spirituality was multidimensional and connected to the spousal relationships and wider faith communities. The spiritual lives of the bereaved parents in this study involved receiving comfort in their sorrow. This was primarily experienced through feeling connected to the ongoing lives of their deceased children, something that Klass (1999) has described as continuing bonds. Bereaved parents imagined the lives of their children in heaven, had conversations with them, and at times reported mystical experiences, such as visions or sense-of-presence experiences. The spiritual lives of the bereaved parents gave shape to the experience of the continuing bonds and also offered varied avenues for the search for meaning in relation to the suffering of the children and the lives of the parents post-loss. While the bereaved parents in this study spoke about finding comfort and meaning in their faith, many also noted that their faith in God gave them an avenue to express their distress over the loss of their child. Some parents spoke of and experienced anger, bitterness, disappointment, and feelings of abandonment in relation to God and their faith communities.

Implications

Numerous theoretical, empirical, and clinical implications are evident from this study. First, this study has revealed parental grieving to be a relational as well as an individual process. Although some researchers (e.g., Hooghe et al., 2011; Wijngaards-de Meij et al., 2008) have begun to explore dyadic expressions of parental grieving, the vast majority of researchers have remained implicitly or explicitly individualistic in their focus. Relational grieving challenges the individualistic theoretical and empirical focus of bereavement scholarship, including coping (e.g., Folkman & Moskowitz, 2004), attachment (e.g., Stroebe, Schut, & Stroebe, 2005), and meaning-reconstruction theories (Gillies & Neimeyer, 2006). The question for such models is how they will incorporate the increasing empirical evidence for interpersonal processes into their ongoing theoretical and empirical endeavours.

Second, the findings of this study have implications for the ongoing dialogue and debate on continuing bonds (Field, 2008; Klass, 1999). Despite the varying lengths of bereavement, all parents in this study maintained continuing bonds with their deceased children, which were informed by their faith and included both internalized (e.g., memories) and externalized (e.g., visions, sense-of-presence experiences) expressions. In contrast to previous conceptualizations of continuing bonds as inner representations (Klass, 1999), bereaved parents in this study enacted their ongoing relationships with their deceased children in the context of their relationships with each other and their communities. Therefore, it may be reasonable to describe the continuing bonds of participants as being oriented toward an enduring relational representation of their deceased child, within their relationship.

Finally, the results of this study also have implications for clinical interventions with bereaved parents. Clinicians who are providing individual grief counselling to bereaved parents may do well to inquire about and potentially incorporate both partners into the counselling process. Numerous participants noted that nonjudgemental listening to the grieving processes of the partner facilitated greater understanding and enhanced relational intimacy. Participants in our study also found their faith-informed continuing bonds with their children to be of great importance to their grieving and spiritual journeys. Many suggested that it was very difficult to separate grief and faith, and therefore careful clinical attention should likely be paid to both dimensions of experience. The integration of spirituality and grieving also has ethical implications for clinical competency in relation to spirituality and the necessity of incorporating spirituality into the training of grief counsellors (Richards & Bergin, 2000).

Limitations of the Study

Although the focus and method of this study were deliberately chosen to address previously identified omissions in the literature, this research project, like all, suffers from limitations. These include (a) the limited number of participants in

the study, (b) the limitation of tracking a life-long process for only three to four months, and (c) the narrow religious and cultural affiliations of the participants. Naturally, these limitations do not negate the validity of the findings, but rather contextualize them and thus should be considered as a cautionary note to those seeking to apply the findings outside of such contexts.

Future Research

This study points to numerous future avenues for fruitful investigation. This investigation has begun to document the relational grieving processes of bereaved parents. This work parallels similar investigations (e.g., Hooghe et al., 2011), and certainly there is much left to investigate. For example, it would be essential to track the relational grieving processes of bereaved parents for a longer period of time in order to begin to identify patterns of engagement and disengagement. It may also be of interest to researchers and clinicians to explore the extent to which the presence of relational grieving was related to and perhaps even pre-dictive of individual well-being in the context of grief. Second, further research into the nature of spirituality for bereaved parents is needed. Spiritual teachers (e.g., Rohr, 1999) have identified the presence of suffering as a necessary path for spiritual development, and it would be interesting to explore the ways in which the spiritual lives of bereaved parents differed from those of their non-bereaved peers. Finally, further research is needed into continuing bonds as indicated. Of particular interest would be the extent to which sense-of-presence experiences for bereaved parents were predictive of healthy grieving processes and general mental health (cf. Steffen & Coyle, 2010).

CONCLUSION

This investigation sought to explore the spiritual and relational lives of bereaved parents. In contrast to much of the previous research (cf. Stroebe et al., 2008), this study examined parental grieving through a dyadic qualitative method that included multiple sources of data over the course of several months. The findings revealed that, for the participants in this study, relational grieving was central to their grieving processes. Relational grieving was facilitated through spontaneous and planned joint activities and impeded by experiences of disconnection and excessive life stressors. Relational grieving was intimately related to the spiritual lives of bereaved parents, which offered comfort and meaning but also was a source of distress. The findings of this study suggest that scholars and clinicians alike may do well to attend to the spiritual and relational lives of bereaved parents. Certainly, many of the facets of relational grieving remain unexamined and offer potential for meaningful and substantive exploration.

References

Ahmad, O. B., Lopez, A. D., & Inoue, M. (2000). The decline in child mortality: A reappraisal. *Bulletin of the World Health Organization, 78,* 1175–1191.

Attig, T. (1996). *How we grieve: Relearning the world*. New York, NY: Oxford University Press.

Barrera, M., D'Agostino, N. M., Schneiderman, G., Tallett, S., Spencer, L., & Jovcevska, V. (2007). Patterns of parental bereavement following the loss of a child and related factors. *Omega, 55*(2), 145–167. doi:10.2190/OM.55.2.d

Bennett, S. M., Litz, B. T., Sarnoff Lee, B., & Maguen, S. (2005). The scope and impact of perinatal loss: Current status and future directions. *Professional Psychology: Research and Practice, 36*(2), 180–187. doi:10.1037/0735-7028.36.2.180

Bowlby, J. (1998). *Attachment and loss: Sadness and depression* (Vol. 3). London, UK: Pimlico.

Center for the Advancement of Health. (2004). Report on bereavement and grief research. *Death Studies, 28*, 491–575. doi:10.1080/07481180590906138

Christ, G. H., Bonanno, G., Malkinson, R., & Rubin, S. (2003). Bereavement experiences after the death of a child. In M. J. Field & R. E. Behrman (Eds.), *When children die: Improving palliative and end-of-life care for children and their families* (pp. 553–579). Washington, DC: National Academy Press.

Cohen-Mansfield, J., Shmotkin, D., Malkinson, R., Bartur, L., & Hazan, H. (2013). Parental bereavement increases mortality in older persons. *Psychological Trauma: Theory, Research, Practice, and Policy, 5*, 84–92. doi:10.1037/a0029011

D'Agostino, N. M., Berlin-Romalis, D., Jovcevska, V., & Barrera, M. (2008). Bereaved parents' perspectives on their needs. *Palliative and Supportive Care, 6,* 33–41. doi:10.1017/S1478951508000060

Davies, R. (2004). New understandings of parental grief: Literature review. *Journal of Advanced Nursing, 46*, 506–513. doi:10.1111/j.1365-2648.2004.03024

Dyregrov, A., & Gjestad, R. (2011). Sexuality following the loss of a child. *Death Studies, 35,* 289–315. doi:10.1080/07481187.2010.527753

Field, N. P. (2008). Whether to relinquish or maintain a bond with the deceased. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice* (pp. 113–132). Washington, DC: American Psychological Association. doi:10.1037/14498-006

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 55*, 745–774. doi:10.1146/annurev.psych.55.090902.141456

Gall, T. L., & Cornblat, M. W. (2002). Breast cancer survivors give voice: A qualitative analysis of spiritual factors in long-term adjustment. *Psycho-Oncology, 11*, 524–535. doi:10.1002/pon.613

Gillies, J., & Neimeyer, R. A. (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology, 19,* 31–65. doi:10.1080/10720530500311182

Greenberg, J., Koole, S. L., & Pyszczynski, T. (Eds.). (2004). *Handbook of experimental existential psychology*. New York, NY: Guilford Press.

Harper, M., O'Connor, R., Dickson, A., & O'Carroll, R. (2011). Mothers continuing bonds and ambivalence to personal mortality after the death of their child: An interpretative phenomenological analysis. *Psychology, Health & Medicine, 16*, 203–214. doi:10.1080/13548506.2010.532558

Hibberd, R., Vandenberg, B., & Wamser, R. (2011). Assumptive worldviews and religious coping with bereavement and type 2 diabetes. *International Journal for the Psychology of Religion, 21*, 198–211. doi:10.1080/10508619.2011.581576

Hooghe, A., Neimeyer, R. A., & Rober, P. (2011). The complexity of couple communication in bereavement: An illustrative case study. *Death Studies, 35,* 905–924. doi:10.1080/07481187.2011.553335

Janzen, L., Cadell, S., & Westues, A. (2003–2004). From death notification through the fu-neral: Bereaved parents' experiences and their advice to professionals. *Omega, 48,* 149–164. doi:10.2190/6xuw-4pyd-h88q-rq08

Klaassen, D. W., McDonald, M. J., & James, S. (2006). Advances in the study of religious and spiritual coping. In P. T. P. Wong & L. C. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 105–132). New York, NY: Springer. doi:10.1007/0-387-26238-5_6

Klass, D. (1999). *The spiritual lives of bereaved parents.* Philadelphia, PA: Brunner/Mazel. doi:10.4324/9781315803517

Klass, D., & Goss, R. (1999). Spiritual bonds to the dead in cross-cultural and histor-ical perspective: Comparative religion and modern grief. *Death Studies, 23,* 547–567. doi:10.1080/074811899200885

Kreicbergs, U., Valdimarsdottir, U., Onelöv, E., Henter, J.-H., & Steinbeck, G. (2004). Anxiety and depression in parents 4–9 years after the loss of a child owing to malignancy: A population-based follow-up. *Psychological Medicine, 34,* 1431–1441. doi:10.1017/S0033291704002740

Li, J., Hansen Precht, D., Mortensen, P. B., & Olsen, J. (2003). Mortality in parents after death of a child in Denmark: A nationwide follow-up study. *Lancet, 361,* 363–367. doi:10.1016/s0140-6736(03)12387-2

Massey, D. L. (2000). Theological and biblical interpretations of current movements and emerging paradigms within bereavement studies. *Pastoral Psychology, 48,* 469–486. doi:10.1023/a:1021388404385

Murphy, S. A. (2008). The loss of a child: Sudden death and extended illness perspectives. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice* (pp. 375–395). Washington, DC: American Psychological Association. doi:10.1037/14498-018

Murphy, S. A., Johnson, L. C., & Lohan, J. (2003). Finding meaning in a child's violent death: A five-year prospective analysis of parents' personal narratives and empirical data. *Death Studies, 27,* 381–404. doi:10.1080/07481180390208621

Murphy, S. A., Tapper, V. J., Johnson, L. C., & Lohan, J. (2003). Suicide ideation among parents bereaved by the violent deaths of their children. *Issues in Mental Health Nursing, 24,* 5–25. doi:10.1080/01612840390160603

Oliver, L. E. (1999). Effects of child's death on the marital relationship: A review. *Omega, 39,* 197–227. doi:10.2190/1l3j-42vc-be4h-lfvu

Paloutzian, R. F., & Park, C. (Eds.). (2013). *Handbook of the psychology of religion and spirituality* (2nd ed.). New York, NY: Guilford Press.

Pargament, K. I. (1997). *The psychology of religion and coping.* New York, NY: Guilford.

Prigerson, H. G., Vanderwerker, L. C., & Maciejewski, P. K. (2008). A case for inclusion of pro-longed grief disorder in DSM-V. In M. S. Stroebe, R. O. Hansson, H. Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice* (pp. 165–186). Washington, DC: American Psychological Association. doi:10.1037/14498-008

Richards, P. S., & Bergin, A. E. (Eds.). (2000). *Handbook of psychotherapy and religious diversity.* Washington, DC: American Psychological Association. doi:10.1037/10347-000

Rogers, C. H., Floyd, F. J., Seltzer, M. M., Greenberg, J., & Hong, J. (2008). Long-term effects of the death of a child on parents' adjustment in midlife. *Journal of Family Psychology, 22,* 203–211. doi:10.1037/0893-3200.22.2.203

Rohr, R. (1999). *Everything belongs.* New York, NY: Crossroad.

Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed., pp. 443–466). Thousand Oaks, CA: Sage.

Steffen, E., & Coyle, A. (2010). Can "sense of presence" experiences in bereavement be con-ceptualised as spiritual phenomena? *Mental Health, Religion, & Culture, 13,* 273–291. doi:10.1080/13674670903357844

Stroebe, M. S., Hansson, R. O., Schut, H., & Stroebe, W. (Eds.). (2008). *Handbook of bereave-ment research: Advances in theory and intervention.* Washington, DC: American Psychological Association.

Stroebe, M., Schut, H., & Stroebe, W. (2005). Attachment in coping with bereavement: A theoretical integration. *Review of General Psychology, 9,* 48–66. doi:10.1037/1089-2680.9.1.48

Uren, T. H., & Wastell, C. A. (2002). Attachment and meaning-making in perinatal bereavement. *Death Studies, 26,* 279–308. doi:10.1080/074811802753594682

Valach, L., Young, R. A., & Lynam, M. J. (Eds.). (2002). *Action theory: A primer for applied research in the social sciences.* New York, NY: Praeger.

Vance, J. C., Boyle, F. M., Najman, J. M., & Thearle, M. J. (2002). Couple distress after sudden infant or perinatal death: A 30-month follow up. *Journal of Paediatric Child Health, 38,* 368–372. doi:10.1046/j.1440-1754.2002.00008.x

Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality, 1,* 7–25. doi:10.1080/713685822

Wijngaards-de Meij, L., Stroebe, M., Schut, H., Stroebe, W., van den Bout, J., van der Heijden, P. G. M., & Dijkstra, I. (2008). Parents grieving the loss of their child: Interdependence in coping. *British Journal of Clinical Psychology, 47,* 31–42. doi:10.1348/014466507X216152

Wortman, J. H., & Park, C. L. (2008). Religion and spirituality in adjustment following bereavement: An integrative review. *Death Studies, 32,* 703–736. doi:10.1080/07481180802289507

Wortman, J. H., & Park, C. L. (2009). Religion/spirituality and change in meaning after bereavement: Qualitative evidence for the meaning making model. *Journal of Loss and Trauma, 14,* 17–34. doi:10.1080/15325020802173876

Young, R. A., Valach, L., & Domene, J. F. (2005). The action-project method in counselling psychology. *Journal of Counseling Psychology, 52,* 215–223. doi:10.1037/0022-0167.52.2.215

About the Authors

Derrick Klaassen is an assistant professor of counselling psychology at Trinity Western University. His main scholarly and clinical interests relate to existential and spiritual issues in psychology and psychotherapy, including bereavement research. He maintains an active clinical practice in rehabilitation psychology and is a board member for the Existential Analysis Society of Canada.

Richard Young is a professor of counselling psychology at the University of British Columbia. He is a fellow of both the Canadian Psychological Association and the American Psychological Association and a registered psychologist in British Columbia, Canada. His current research interests include the application of action theory and the qualitative action-project method to a variety of research topics, including the transition to adulthood, families, career development, counseling, health, and suicide.

Susan James is an associate professor of counselling psychology at the University of British Columbia. She is a fellow of the Michael Smith Society for Health Research and a registered psychologist in British Columbia. Her research interests include cultural psychology, immigrant mental health, culture-specific syndromes, philosophical psychology, and spirituality and psychotherapy.

Address correspondence to Derrick Klaassen, Counselling Psychology Program, Trinity Western University, 7600 Glover Road, Langley, BC, Canada, V2Y 1Y1. E-mail: derrick.klaassen@twu.ca