The Couple
Impact on the Relationship

"From the time you are very little, you have a fantasy—you'll find Prince Charming, get married, have perfect children and live together happily ever after. For a while it seemed to be coming true. I got married and my husband and I were very happy together. But when our first child died, the bubble burst. Afterward we realized that life was not so simple and that a marriage has its struggles too."

Whatever a couple's relationship is like before the loss of a child, afterward it is likely to undergo change. Parents may assume that since they have shared such a great tragedy together, helping each other to recover will draw them together. In many cases this does happen. With some parents there is no obvious change, but with others already existing problems are made worse or new ones are created.

Grieving is a lonely process. Sometimes even the closest of couples find that they can provide each other with only limited support when they lose a baby. As much as they might wish to, a man and woman cannot “make it go away” for each other. Their feelings can also never be exactly the same; each one grieves at a different pace and in a different way.

In trying to cope with their own individual pain, parents have less strength for each other. As Schiff wrote in The Bereaved Parent, “In the back of each of their minds, they believed they could lean on each other as they mourned. But you cannot lean on something bent double from its own burden.” This realization
comes slowly to couples and, at a time when they expect the greatest closeness, it may lead to resentment and disappointment.

The woman who is still depressed over the death of her infant, for example, cannot understand how her husband could think about going out for a good time or about making love. Is he so unfeeling? The man, on the other hand, may be frustrated by the failure of his efforts to distract his wife. Will she always be like this? One father discussed the difficulties he and his wife experienced after their premature baby died:

I think to some degree it put a wall between us because she reacted very differently to the baby’s death than I did. It’s become an area that to some extent is off limits for us to talk about. She couldn’t accept that I didn’t act as upset as she was. And I felt so helpless. You go to bed at night and your wife is lying next to you crying and it is very difficult. What can you say? It’s not like you had a fight and can roll over and kiss and make up. Some nights I didn’t even want to come home because I knew I’d find her crying. It was easier to try to avoid the subject. I think it helped when we finally understood that it’s okay to feel grief differently.

The failure to communicate is the most serious obstacle to resolving the tensions that frequently arise from the loss of an infant. Researchers who have interviewed parents after their infant died observed that for some couples the interview was the first time they had talked to each other about their loss. That inability to talk about feelings can be very frustrating, as one man whose wife had suffered a miscarriage remembered:

I was feeling really lousy, but I thought if I showed how upset I was, it would just make things worse for her. So I tried to be cheerful to make her feel better. I got tired of trying so hard, since nothing I did seemed to make her any happier. Finally I exploded and told her how I felt. I was amazed to find out that she had been mad at me for making jokes and acting like it hadn’t bothered me at all! What a relief—I didn’t have to act anymore.

Fortunately, most couples discover ways to begin to communicate, and the tragedy may ultimately draw them together and strengthen their relationship. One woman explained how a still-

birth affected her marriage and how she and her husband were able to help each other:

After the tragedy hit us, we couldn’t have made it without each other. I had someone to lash out at. I could shout at him, and he understood. I could say, “Why did this have to happen to us?” I encouraged Ed to show his feelings and we were able to cry a lot together. We have become much closer because of it.

Sometimes one partner does not want to talk about the tragedy as much as the other one does. In this situation, some grieving parents find it helpful to set aside a specific and limited time each day to talk over their feelings. This encourages them to communicate about the tragedy without the fear that grief will become an all-consuming preoccupation.

When a man and a woman talk to each other at these times, they share something special and unique. In addition to expressing their personal feelings, they can talk about their dreams of what the baby would have become or about the events surrounding his or her death. Since their child either never lived outside the mother’s womb or survived only a short time, the parents do not have many concrete memories, but talking about what their child would have been like (“Oh, she would have been tall like her father and become a lawyer”) creates a legacy for their baby, a way of sharing the loss.

Sometimes talking is not necessary, as one man found in comforting his partner:

When I sensed she was depressed, I would hold on to her and let her know that I was there. She would cry and I would hold her tighter—that was all I could do. Although I felt inadequate, I sensed that she wanted me to be there.

A young couple may never have been through a major crisis before. They may not as yet have developed the communication patterns necessary for helping each other in a time of trouble. If their relationship is strong, the basis for acquiring these skills is already there and they can weather the tensions and the loneliness.

Sometimes the man cannot be present during the tragedy. He
may be in the military or away on business. The woman in this situation finds herself alone, upset, and angry that her partner cannot be with her. The man who is far away is frustrated by his helplessness and feels isolated because no one around him seems to understand his feelings and predicament.

When a relationship is already weak, the couple is likely to have greater difficulties in resisting the stresses created by the loss. They may not be as willing to make the effort, or they may already have established barriers to communication that are hard to remove.

In some cases, the stress of bereavement may intensify existing weaknesses in a marriage to the point that a couple considers divorce. One woman gave such an example:

My miscarriage was the last straw that broke up my marriage. If the baby had lived, I'm sure I would still be married. But my husband just didn't care about what was happening, and he couldn't understand how I felt. It made me see him as he really is, and later I decided to leave him.

Sometimes the fear of divorce is so great that it becomes a possibility despite the desires or intentions of either partner:

I was sure that John must hate me for not being able to have a child like other women. No matter what he said, I was convinced that he would want a divorce. I pounced on every ambiguous comment, every time he turned his head the wrong way or came home five minutes late—everything was proof that our marriage was over. And I guess I started acting cold toward him, withdrawing into myself as protection. We finally had it out one night. When I told him what I felt, he was shocked. He said he was distant because he was feeling bad about the baby and didn't know how to talk to me about it. Once we started to talk, I realized my worry about divorce had been only in my own mind.

If a relationship is already in trouble and the pregnancy was planned to save it or as an incentive for marriage, the death of that child creates the potential for especially troubling problems. If one person did not really want a child but agreed in order to please the other, there is bound to be some animosity or bitter-

ness. And certainly if a couple agreed reluctantly to get married because of a pregnancy and then there is no child, the resentment and feelings of being trapped can be severe.

A couple may also disagree on important decisions regarding the pregnancy or the baby's treatment. If one of them, for example, feels strongly that a finding of abnormalities should lead to abortion and the other opposes abortion, there can be serious strain on the relationship. When they disagree about whether to operate on or resuscitate an infant, the potential for anger and blaming is tremendous. Other members of the family may add pressure to the dispute, creating a major power struggle. Recovery from this sort of situation requires a great deal of effort from both parents. It is at such times of decision-making that the medical professionals can be aware of the possibility of trouble and help the family to sort through all of the information and their feelings about what should be done.

Even when there are no obvious disagreements, there is the potential for a man and woman to blame each other for their loss. In these cases the anger can be overwhelming. He thinks that perhaps she was not careful enough during her pregnancy and shouldn't have worked; she blames him for urging her to make love or for arguing and upsetting her. One of them may bring up previous affairs or an earlier abortion. None of these are likely to be related to the baby's death. Sometimes the tragedy becomes an excuse for bringing up issues that had already been sources—perhaps hidden—of tension in a relationship.

Anger, guilt, and blaming are unavoidable responses to the tragic loss. The parents seek in every possible way to make sense of what has happened, to find some reason to hold on to. A reason gives meaning to the event and focus to their feelings. But so often there is no logical explanation, and then the person who is closest bears the brunt of this search for unknowable clues. When the death of a child is due to an abnormality that can be linked to one parent by genetic studies, the couple must work even harder to keep guilt and blame from being disruptive.

When individuals are feeling angry at each other or depressed, when they are having trouble communicating, it is hardly surprising that their desire and ability to relate sexually may tempo-
rarily stop. It is hard to give love and affection when one feels drained physically and emotionally and wants to be nurtured.

Sexual problems may go beyond the couple's feelings about their loss and about each other. The act of making love has its own meaning to each individual. Because lovemaking is pleasurable, grieving parents may reject it as inappropriate. "I don't feel like it" becomes "How could we?" or, worse, "How could you want to?" This can interfere with a couple's ability to resume their normal sexual relationship.

Sexual relations also create a painful reminder of a joyful—or careless—time months earlier, when the baby's short life began. The act created the child; the child's death removes from many any desire to repeat the act.

The connection between sexuality and tragedy can also create fear of another pregnancy. For one woman, this association made it impossible to consider sexual relations: "I wouldn't let Tom get near me for months after the miscarriage. I guess I was just afraid that I might have to go through that horrible experience again." A man expressed a similar sentiment: "I just couldn't put her through that again."

Some couples have an opposite response. Instead of losing interest in sex they rush to try to replace the lost baby. And for some, sexual intimacy helps to provide the comfort they seek.

Because husband and wife may respond differently to their loss, it is likely that one will want sexual relations more than the other. David Hendin and Joan Marks, in The Genetic Connection, point out how sad it is when a man and woman find it difficult to relate intimately after bereavement:

A vicious and obstructive cycle may ensue: two sensitive, hurting individuals who now more than ever need the closeness of a strong relationship and an expression of physical love, find instead that their separate pain draws them apart to the point where they can no longer express that love.

Fortunately, these problems are usually short-lived, although at the time it may be hard to imagine that they will diminish. Many couples find that they can be close and loving, giving strength to each other, without the strains that intercourse repre-
A man may experience a strong feeling of relief that the woman he loves is recovering physically. Seeing her lying in a hospital, bloodied, sedated, and in distress can be very frightening for him. He may have feared for her life and is thankful to have her safely back home.

A man and woman's greater appreciation for each other and their efforts to be comforting may prompt them to spend more time together than they had before, to make a special effort to go out and start new activities together. Just being around each other more, giving extra little gifts, going on a trip, and generally pampering each other are all ways that the expression of caring creates a stronger bond between the two people.

Many couples discover through their struggle a new appreciation of how valuable they are to each other. They try to put aside their differences and cherish each other more. They may spend more time together enjoying the children they already have or planning for others to come. These couples understand very well Schiff's urging in The Bereaved Parent: "Value that marriage. You lost enough."

For many women whose pregnancies end in failure, there is no husband or partner to share in the decisions and to give the needed support through the delivery and the months of grief that follow. The woman in this situation may be a young teenager barely emerging from childhood, or she may be thirty-five years old and well established in a career. She may have carefully planned the pregnancy or have conceived accidentally. She may already have other children or this may be her first. She may be recently divorced or widowed. Whatever the situation and whatever the reasons for her becoming pregnant, she has unique problems in dealing with a tragic outcome and is likely to need special support and understanding.

Not very long ago, American society did not accept the woman who bore a child out of wedlock. If an unmarried woman became pregnant, she was expected to get married and have the child. The alternative was to leave town, pretending to visit a relative, and go to a maternity home; then she was urged to give up the baby for adoption and return home as if nothing had happened. In either case she was forced to leave her school or job. The only other option was to resort to the dangers of an illegal abortionist. In most cases, the woman who did not hide her pregnancy was ridiculed and ostracized, and the child was called "illegitimate," a "bastard."

Now a woman has more choices: she can usually obtain a