

Grief and Intimacy

~excerpts

During my interviews with bereaved parents, I've heard most say that the death of a child changes everything. So of course it's not a surprise that many report changes in their sexual relationship after their child dies. These changes might be brief or might last for months, even years. But as with other aspects of the grieving process, it can help couples to know what other bereaved men and women have to say about their experience. Grief has profound effects on a couple. One or both partners may feel fatigued or low in energy. One or both may feel too depressed to care or to have the motivation to do anything, let alone something that requires as much energy as a sexual relationship. Some feel numb in ways that make it impossible to get interested. Some say they feel too fragile, breakable, easily injured, or unconfident.

Rosa: It basically killed sex. That part of our relationship died and it's still not back to where I'd like it to be. Part of it was your grieving. It was really hard to get you excited [laughs] about anything for a long time. And if I pushed or tried to seduce, it made you run away.

Some parents describe a feeling of "this is how we made our child," that makes intercourse feel inappropriate, uncomfortable, painful, even repulsive. Bruce: We went without contact for months. Even the physical act became frightening and nauseating to me. It was such a gruesome experience for both of us. I don't recall exactly when we did resume. My guess is probably six, seven months following his death we started having intercourse. But all the time we weren't, we were very much in love, hugging and touching.

For some, the child's death makes relationships a sacred act, so sacred they hesitate to approach one another.

Glenda: For a long time it was like, That's how we got him. Get away! I couldn't. Remember how I cried? [Ken: Ooh, year.] I think more for me it was very painful emotionally for a while. [Ken: Yeah.] It was like, We created him this way; we can't do this. Some bereaved parents are afraid they might become pregnant; they feel too vulnerable to risk making and possibly losing another child. Or they feel they have nothing to give; they don't have the necessary energy or the capacity to focus on a baby.



Amy: Even though I knew it was hard to get pregnant, I did not want to get pregnant again right away. There was no way. Whatever birth control we were using at that time, you can't make a mistake. I didn't feel like I needed to [take the risk].

For a lot of bereaved parents, intercourse seems wrong or strange because it is pleasurable in their grief, pleasure seems wrong, maybe even sinful.

Some grieving parents feel too distant, angry, upset, or frustrated with their partner to want to be intimate: How can I be close with him when he's so unsupportive? When she's not grieving the way I think she should grieve? When he's partly responsible for the death? When . . . ?

In other couples, one or both take an antidepressant that suppresses sexuality. In a few couples, the gap in relations is linked to problems in communication, trust, or mutual respect that were there all along, but were magnified by the death. For those couples, staying together may require competent professional help.

Hannah: Things come to the surface that you wouldn't think about, unless something happened. Our marital problems have always been there, but they're more on the surface because of what we've been through. I don't know what's gonna happen. It's kind of a shame to throw away 30 years. The problems that we are having have always [Fred: Yeah.] been there. We just never dealt with them before.

Living with a Change

From the beginning, or after a while, at least one partner wants to return to something like normal marital relations. Some partners try to seduce their spouse. But seduction doesn't necessarily work. From another perspective, grieving couples have to deal with all sorts of differences, so it's no surprise that they might have to deal with differences in interest in sexuality. One basis for the disparity might be individual preferences in what each finds comforting. For some, maybe men more than women, intercourse is comforting, and in their grief they ache for that comfort.

In couples for whom conceiving a baby is still possible, one partner, usually the woman more than the man, might want to try to become pregnant. But her desire to make a

