WEATHERING THE STORM OF PERINATAL BEREAVEMENT VIA HARDINESS

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Hardiness is a personal resource that can potentially diminish negative effects of life stress. To increase understanding of the role that it can have on the health protection and promotion of bereaved parents following a perinatal loss, this article uses J. Wilson's (1969) method to present a concept analysis of hardiness. This analysis provides not only a fresh perspective for understanding the experience of perinatal loss but has also induced the development of a hardiness instrument. Knowledge development in this area is paramount for professionals interested in enabling bereaved parents to draw on and develop their hardiness, not only to transcend the experience but ultimately to gain a sense of personal growth following their loss.

One of the most difficult losses that a person may experience in life is the loss of a child (Rando, 1986; Sanders, 1980), even when that child is a fetus/infant who dies during the perinatal period (Dyregrov & Matthiesen, 1991; Gottlieb, Lang, & Cohen, 1994; Lang & Gottlieb, 1993; Lasker & Toedter, 1991). This kind of loss may compromise the physical and mental well-being of parents (Lang & Gottlieb, 1993; Lang, Gottlieb, & Amsel, 1996; Rando, 1986) and adversely affect the quality of family relationships (Gilbert, 1989; Gottlieb, Lang, & Amsel, 1996; Lang & Gottlieb, 1993; Videka-Sherman, 1982).

Recent studies have shown that personal resources may play a greater role than originally expected with regard to the way people deal with unexpected and important stressful situations (Campbell, Swank, &
Vincent, 1991; Orr & Westman, 1990). The loss of a fetus/infant is an example of such a devastating experience. Parental grief is particularly severe, long-lasting, and complicated with symptoms that fluctuate over time (Rando, 1986; Zeanah, Danis, Hishberg, & Dietz, 1995). In addition to being undesirable, it is beyond the parents’ control and impels them to create new meanings about life and relationships; it may alter how they feel about themselves, each other, and other family and close relationships. One of the most difficult aspects of parental bereavement is that the death strikes both partners in the marital dyad simultaneously and confronts them with an overwhelming sense of loss. There is suggestive evidence that the differences in the way men and women grieve and appraise the situation can result in misunderstandings that will affect the couple’s marital relationship and thus decrease each other’s ability to be a primary source of support for the other (Gilbert, 1989; Lang & Gottlieb, 1993; Lang et al., 1996). Some parents report that they were able to make sense of their own existence following such a tragedy. Their loss had brought them closer and strengthened their marital relationship (Gilbert, 1989; Gottlieb et al., 1994). To date, we have not been able to understand which features contribute to attenuating or intensifying the deleterious consequences following the death of a fetus/infant.

Hardiness is an effective personal resistance-resource that can diminish potentially negative effects of life stress (Kobasa, 1979). Studies show that individuals who are able to draw on this personal resource have a greater capacity to appraise stressful events in a way such that they are able to face and work through any particular situation (Duquette, Kerouac, Sandhu, Ducharme, & Saulnier, 1995; McCubbin, McCubbin, & Thompson, 1987; Pollock, 1986). Rather than reacting to stress only when confrontation is inescapable, individuals who have learned to draw this resource forth seek out change and instead of suffering the negative effects of stress are able to thrive in the face of adversity (Kobasa, 1982). The impact of hardiness has never been studied within the context of perinatal loss; we postulate that bereaved parents who are able to draw on this personal resource are able to remain proactive during this difficult process and gain a sense of personal control over the hardships and consequences following the death of their baby, thus optimizing their health.

Personality characteristics and psychological factors have been minimally explored (Zeanah, 1989) compared with social support, marital relationship, and type of loss that have been examined in some depth in
relation to perinatal bereavement (Lang & Gottlieb, 1993; Mekosh-Rosenbaum & Lasker, 1995). Recently, however, a group of investigators examined the possible effects of an individual's personality on grief following fetal/infant death (Zeanah et al., 1995) and found that those with greater ego strength suffered less intense grief reactions. Furthermore, ego strength was the most important predictor of grief intensity for both men and women. Increasing our understanding of the role that a personal resource, such as hardiness, can have in the health protection and promotion of bereaved parents can guide interventions aimed at helping vulnerable parents to minimize the deleterious effects of their loss, weather the storm, and attain an optimal level of health. Toward this goal, a conceptual definition of hardiness was developed using Wilson's (1969) method to analyze this concept within the context of perinatal bereavement.

**Wilson’s Method of Concept Analysis**

Wilson’s technique results in a precise definition of the concept of interest and helps to establish its construct validity (Wuest, 1994). Wilson described a concept analysis as an inductive process that lets the concept’s properties emerge from the literature, following these steps: (a) define the concept; (b) determine the concept’s attributes; (c) develop a model case and other cases; (d) identify the antecedents; (e) identify the consequences; and, finally, (f) identify any empirical referents.

This analysis of hardiness draws from an extensive review of the literature including a myriad of social, psychological, and nursing publications. A process of inductive inquiry led to the identification of themes regarding the concept. Definitions and uses of “hardiness” were noted and a record was made of antecedents, consequences, and related concepts. The findings were then viewed in their entirety so as to identify the attributes of the concept. Data were also examined to identify similarities and differences existing in the meaning among the disciplines.

**Definitions and Use of the Concept of Hardiness**

The word *hardiness* stems from the 12th century Old French “hardir” (to make hard). Merriam-Webster’s Collegiate Dictionary (1994)
provides three definitions for the word *hardy*: “bold, brave”; “audacious, brazen”; and finally, “the condition of being inured to fatigue or hardships, capable of withstanding adverse conditions.” Within agriculture, hardiness originally referred to a plant’s ability to survive and grow in a given climate (Seymour, 1936). The definition of being inured to fatigue and hardships and able to thrive in a given climate is the most pertinent for the context of perinatal bereavement.

Kobasa (1979) was the first to describe hardiness in humans as a specific set of attitudes that mediate the stress response; she termed these challenge, commitment, and control. *Challenge* is a belief that change rather than stability is normal in life, and that it is an interesting incentive for growth rather than a threat to security. *Commitment* refers to a generalized sense of purpose that allows individuals to identify with and find meaningful the events, things, and persons in their environment. *Control* is the perception of oneself as having a definite influence through the exercise of imagination, knowledge, skill, and choice. She viewed these three existential dimensions as especially relevant to the ability to rise to challenges of the environment and turn stressful life events into possibilities or opportunities for personal growth and benefit.

Kobasa (1982) acknowledged that other psychosocial processes, such as coping and social support, may influence an individual’s resistance to stress but suggested that hardiness may have a direct effect on the individual’s ability to cope and/or use social support. She proposed that there could be direct, indirect, and/or buffering effects of hardiness. For example, hardiness may directly modify the level and quality of the strain brought on by a stressful life event such as a perinatal loss. It may help to diminish, she suggests, regressive coping that then could have a positive effect in reducing the impact of the loss. Finally, the hardy individual’s use of resources such as coping and social support may buffer the negative impact of the strain from a stressful life event.

Psychologists and nurses have studied hardiness in various populations (Duquette et al., 1995; Lambert & Lambert, 1987; Lee, 1983; Wiebe, 1991). Most researchers in psychology have investigated college students to study the relationship between a “hardy personality” and physical and emotional health (Ganellen & Blaney, 1984; Wiebe, 1991), though more recently they have examined the relationship between hardiness and a specific stressful life event such as childbirth (Priel, Gonik, & Rabinowitz, 1993) and the death of a spouse (Campbell et al., 1991). Among bereaved spouses, hardiness predicted resolution of grief over and above the
widow’s age, time since the death (1 month–25 years), and general mental health; as the level of hardiness increased, the level of grief in widows decreased.

In nursing, hardiness has been studied primarily in three different domains: management (Duquette et al., 1995; Wolf, 1990), adaptation to chronic illness (Pollock, 1986, 1989), and family adaptation to stressors (McCubbin, McCubbin, & Thompson, 1987). Wolf (1990), who suggested ways that nurse executives could develop hardiness in themselves and their staff, often referred to the Chinese symbol for crisis, which contains the symbols for both danger and opportunity. She believed that the hardy individual tends to focus on opportunity (challenge) as a stimulus for growth rather than on danger as a threat to security. Consistent with this, researchers of nurse burnout in relation to hardiness invariably report that hardy nurses are more resistant to burnout (Duquette et al., 1995; McCranie, Lambert, & Lambert, 1987; Rich & Rich, 1987).

Pollock (1986) applied the concept of hardiness to individuals adapting to chronic illness. Defining hardiness as a motivating factor in resolving stressful situations and managing health problems, she proposed that persons who show adaptive behaviors in chronic illness have a personality structure characterized by hardiness, which differentiates them from persons with maladaptive behaviors in chronic illness. Pollock (1989) suggested that hardiness has a direct effect on adaptation as well as an indirect effect through health promotion activities.

McCubbin et al. (1987) adapted the concept to the family unit and developed the Family Hardiness Index (FHI) to measure it. An important weakness is that the authors did not differentiate between individual and family hardiness. Indeed, the FHI is designed to be administered to select individual family members and therefore does not measure the hardiness of the family as a unit (Donnelly, 1994; Failla & Jones, 1991). Moreover, the ultimate goal of their model is resilience, which is equivalent to stabilization. Hardiness, a related concept, transcends the notion of resilience in that it promotes the individual’s ability to attain a higher level of health and well-being following a stressful event such as a perinatal loss rather than just bouncing back to his/her status quo (Kadner, 1989; McCubbin & McCubbin, 1993; Patterson, 1995).

Clearly, the concept of hardiness has been studied in a multitude of contexts and defined and used in various ways. Other than resilience, other related concepts exist such as coping, courage, adaptation, optimism etc., with important distinctions between them. Coping is worthy
of particular mention and distinction because it is often confused with the notion of hardiness when considering an individual’s ability to weather a stressful event such as a perinatal loss. *Coping* refers to “cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction” (Folkman, 1984, p. 843). In contrast, hardiness is a precursor to coping and as such, it is a person’s belief in his/her ability to cope with the demands created by a stressful transaction as well as the propensity and willingness to do so.

To be useful in helping to guide interventions for parents who suffer a perinatal loss, hardiness must have essential elements that remain constant across all contexts. Therefore, drawing on the available theoretical and empirical literature, as well as the authors’ extensive clinical experience with families who have endured the death of their fetus/infant, this article proposes a conceptual definition of hardiness that can be used specifically in the context of parental bereavement following a perinatal loss and more generally in other contexts of family crises.

**Conceptual Definition of Hardiness Within the Context of Perinatal Bereavement**

On the basis of the abundant literature, yet inspired primarily by Kobasa’s work (1979), *hardiness* may be defined as a personal resource characterized by a sense of personal control over the outcome of life events and hardships such as the death of a fetus/infant, an active orientation toward meeting the challenges brought on by the loss, and a belief in the ability to make sense of one’s own existence following such a tragedy.

**Defining Attributes**

Defining attributes are those that are essential to the presence of the concept and allow the broadest insight (Walker & Avant, 1995). The attributes of hardiness within the context of perinatal loss include the following:

1. *Sense of personal control*: a belief in one’s ability to influence the impact of a difficult situation, such as the loss of a fetus/infant, through the exercise of knowledge, skill, and choice of attitude (Frankl, 1967). These
elements of knowledge, skill, and choice of attitude influence the individual through the process of decision making, which may or may not be observable. The individual with a sense of personal control believes that changes brought on by life events are inevitable and provide incentives for growth.

2. **Active orientation**: a propensity to seek and use support as well as a willingness to consider various strategies to help cope with difficult situations such as the death of a fetus/infant. It is a belief in the value of meeting the challenges of life head on and the inclination to do so.

3. **Making sense**: an individual’s propensity to find meaning in existence following an arduous event such as the death of a fetus/infant. It is the inclination to reframe and situate the effects of a difficult situation by cognitively and/or emotionally changing the way that an individual views the situation and subsequently finds purpose and new meaning in existence.

Hardiness, depending on the situation and the timing, may be more or less discernible. It is assumed that each individual demonstrates some degree of hardiness, which may be more or less evident, depending on the situation and the timing. What differentiates individuals may be the manner and frequency with which they have learned to choose to draw this resource forth that influences all aspects of their experience and ultimately their health. Everyone has some degree of hardiness within, which can be developed over the life span and learned to be used at different times and in different situations. Following the death of a fetus/infant, the grief of parents may be strong and overwhelming. Thus, hardiness in bereaved parents is subtle and may not be evident at first, becoming more discernible over the weeks, months, and years following the loss. We propound that those individuals who over their life span have learned to draw on this resource will appraise and experience the loss of a fetus/infant somewhat differently. Perhaps they will have a greater capacity to appraise stressful events in a way such that they are able to face and work through such events.

**Model Case**

This example, derived from clinical practice, is an illustration of all of the concept’s defining attributes (Walker & Avant, 1995).
Gina and Richard are parents who, 2 years earlier, lost their 6-month-old son Allen to Sudden Infant Death Syndrome (SIDS). For the first few weeks Gina cried inconsolably, hardly interacting with anyone including her surviving son Scott. Richard, feeling the social pressures on a man to be strong, pushed his own grief aside and eventually coaxed his wife out of bed and back into family life. With the support and nurturance that Gina was willing to accept, primarily from her husband, she slowly began to consider life without Allen. She decided that although Allen was dead he remained a part of her family. While looking at family photos one year after their loss, Gina and Richard explained to Scott, in a way that a 4-year-old would understand, why his brother was gone. On the anniversary of the death, they took Scott to visit the cemetery and encouraged him to ask questions about his brother. Gina was willing to seek out information and support to help herself and her family cope with the loss. Seeking out the resources available to bereaved parents, she joined a support group for SIDS families. Gina says that she realizes how life can change at any time and therefore makes every effort to enjoy each day to the fullest. She says she has reassessed her priorities in life and as a result has strengthened her relationship with those who are most important to her.

This short sequence exemplifies a hardy individual in Gina. Having weathered the storm over the past two years, she believes that change in life is inevitable and often unpredictable and chooses to nurture and appreciate what she has. Although the loss of her son was beyond her control, Gina has chosen her attitude over time by becoming active in helping herself, her family, and others through this difficult time while still allowing herself to feel her own pain. She demonstrates a propensity to seek and accept help from others. Her active orientation is also reflected in her willingness to consider different coping strategies to help herself and her family, such as joining a support group and including her 4-year-old in the grieving experience. Presently, she makes sense of her existence by her inclination to reframe and situate the effects of her loss on herself and her life. Gina says that she has learned over time to reassess her priorities in life and as a result has strengthened her relationships with the people who are most important to her. She seems to have attained a higher and more meaningful level of connectedness with her family by investing each day to the fullest.

Related Case

This example, derived from verbatim accounts taken 2–4 years after the loss (Gottlieb et al., 1994), is related to the concept of hardiness but does not contain all of its defining attributes.
Jonathan and Melanie are a couple in their mid-thirties who became pregnant with their third child almost 2 years ago. As always, they had been eager to hear their baby’s heartbeat at the regular prenatal visit with the obstetrician. Unfortunately, at 33-weeks gestation, the doctor informed them that there was no heartbeat. Jonathan and Melanie were shocked and overwhelmed by the news. After a few minutes, Jonathan had asked the doctor about what they were to expect and was given the options available. Together with his wife they had decided not to be admitted to the hospital immediately. Instead they chose to go home first, spend some time with their two young children, and then organized to go to the hospital to have Melanie’s labor induced the following morning. After a few days, and since that time, both Jonathan and Melanie returned to work, behaving as if nothing untoward had happened. Both Jonathan and Melanie have very successful professional careers. Within six months of their loss, Jonathan applied for and was awarded a promotion with increased managerial responsibilities requiring an increase in his time commitment at work. Neither Jonathan nor Melanie ever brings up the subject of their loss or any discussion regarding a future pregnancy.

This case portrays the related concept of resilience for Jonathan who is dealt a tragic blow, the death of his baby at 33-weeks gestation. He takes a few days off from work to recuperate. Jonathan demonstrates personal control by deciding, with his wife, on the arrangements prior to her admission to hospital for the induction of labor. However, there is nothing to suggest that over the next 2 years, he found any purpose or meaning in the event. Jonathan is resilient and therefore has been able to adapt and to resume the same level of functioning that he enjoyed prior to his loss. Resilience reflects elasticity, an ability to adapt and return to the state one was in prior to a particular stressor. Hardiness, however, goes a step further: Hardy individuals not only can bounce back from stressors but can, as a result of the experience, grow to new heights of well-being.

Contrary Case

Derived from clinical practice, this is a clear example of what the concept of hardiness is not (Walker & Avant, 1995).

Terry is a 39-year-old woman, who 18 months earlier delivered triplets prematurely, only one of whom survived, her daughter Madeline. Terry found it very difficult to visit Madeline in the NICU. She spent hours either crying or just staring into space, hardly ever leaving her home or interacting with others. With much encouragement from friends, family, and caregivers, Terry finally visited her baby once a day but was able to participate in her care only when the healthcare team initiated discharge planning. Madeline is now 18 months old and
living at home. Terry still fears that her daughter will not survive and that there is nothing she can do to change the inevitable. Terry has been referred to a psychiatrist, diagnosed as being clinically depressed, and placed on antidepressants; she also attends weekly therapy sessions.

In this contrary case, the three critical attributes of hardiness (sense of control, active orientation, making sense) were not present. Terry does not have a sense of personal control. She believes that there isn’t anything she could do to influence the inevitable dismal future nor is she able to sufficiently activate her resources. Finally, she is not able to make any sense of what happened or find meaning in her life and, thus, is unable to transcend this difficult situation.

**Antecedents and Enablers**

*Antecedents* are those events or incidents that must transpire prior to the manifestation of a concept (Walker & Avant, 1995). They are helpful in refining the critical attributes by shedding light on the context in which the concept exists. The death of a fetus/infant and its ensuing grief are the antecedents to hardiness within the context of parental bereavement following a perinatal loss. The death can trigger the emergence of an individual's hardiness, which, to differing extents, is ever present and developing over the life span.

Other factors, known as *enablers* (Haase, Britt, Coward, Leidy, & Penn, 1992) serve as an impetus for the development of critical attributes. Enablers of hardiness, within this context, include an individual’s genetic make-up, previous life experiences and upbringing and the educational, parental, and social role models throughout their life. Some of these enablers, such as genetic make-up, cannot be modified, whereas education and social role models are more amenable to change.

**Consequences**

Consequences are those events or incidents that ensue as a result of the presence of the concept. The consequences of hardiness within the context of parental bereavement following perinatal loss include self-actualization, ability to transcend, and well-being.

**Self-Actualization**

Self-actualization is the realization of one’s own potential. It often results in a sense of personal growth. Many bereaved parents declare that
although the experience of losing an infant caused them great suffering, it also enabled them to find new and deeper meaning in their life and in their relationships (Gilbert, 1989; Gottlieb et al., 1994). Indeed, some bereaved parents report that as a result of their loss they have reformulated their philosophy of life and living as well as their relationships, which includes the loss of old friends while forging new relationships with others (Gottlieb et al., 1994).

**Ability to Transcend**

The death of a fetus/infant is an event of sufficient magnitude to cause profound and irrevocable changes in all aspects of a person's life and relationships (Lang et al., 1996; Najman et al., 1993). Over time, bereaved parents who have learned to draw on their hardiness recognize their ability to transcend not only the death of their baby but also the countless challenges that they are subsequently compelled to face. They realize that change is inevitable and are convinced that the challenges known and unknown that lie ahead can be dealt with successfully. The intrapersonal and interpersonal strategies used to deal successfully with stressful situations in the past may help to reinforce bereaved parents' ability to transcend a stressful event such as the tragic loss of their baby.

**Well-Being**

A final consequence of hardiness is a sense of well-being. Like the other consequences, this becomes more noticeable over time. Bereaved individuals who have learned to draw this resource forth may attain a sense of well-being and a higher level of health by attributing meaning to their experience, changing what they believe they can while coming to terms with what they perceive to be unchangeable, as well as achieving self-actualization and ultimately a sense of personal growth. In other words, individuals who have learned to draw on a personal resource such as hardiness have the capacity to optimize their level of health and well-being in a myriad of situations.

**Empirical Referents**

Empirical referents are phenomena whose existence indicates the occurrence of a concept (Walker & Avant, 1995). To date, the different ways that hardiness has been operationalized and studied have provoked controversies over a range of issues. Among these are concerns about the
predominant use of male subjects to study hardiness (Lightsey, 1996); studies that examined females separately usually found no relationship between hardiness and health or physiological indexes (Wiebe, 1991), although some studies have found that commitment or challenge predicts positive outcomes in women (Priel et al., 1993). Furthermore, there have only been a few studies that have systematically examined how hardiness is expressed in both sexes. Of those studies, some have found support for gender differences with regard to self-reported illness (Benishek & Lopez, 1997; Shepperd & Kashani, 1991; Williams, Wiebe, & Smith, 1992) whereas others have not (Manning Williams, & Wolfe, 1988; Roth, Wiebe, Fillingham, & Shay, 1989). Another issue relates to the contextualization of the use of this concept. Hardiness has primarily been studied in the context of the work environment (Kobasa, 1979), burnout (Duquette et al., 1995), individuals with chronic illness (Pollock, 1993), and family adaptation to stressors (Failla & Jones, 1991), whereas the context of parental bereavement has hardly been explored.

The assortment of instruments used to measure hardiness and the paucity of data on their psychometric properties, as well as the negative manner in which the questions are phrased (Funk & Houston, 1987; Hull, Treuren, & Virnelli, 1987; Nowack, 1986) continue to lead numerous discussions. In her original study, Kobasa (1979) measured hardiness by using several standardized and newly constructed instruments selected to tap the three components of control, commitment, and challenge. However, the items used actually tap negative aspects of personality and psychosocial well-being such as neuroticism and negative affect; in other words, the instrument measures the lack of hardiness. Subsequently, an inventory of 71 items—the Unabridged Hardiness Scale (UHS)—became the most widely used measure of hardiness (Funk, 1992). The UHS is composed of five subscales, each of which is used as a negative indicator of hardiness. The development of the UHS was followed in 1982 by the creation of two short forms: the 20-item Abridged Hardiness Scale (AHS) and the 36-item Revised Hardiness Scale (RHS). Both short forms use UHS items thus continuing to measure the negative indicators of hardiness. More recently, a “third generation” hardiness scale was developed—the 50-item Personal Views Survey PVSII—with somewhat more balance between positive and negatively worded items (Hardiness Institute, 1985). Other existing instruments include Pollock’s Health-Related Hardiness Scale (Pollock & Duffy, 1990), which consist of items that are either inappropriate
Given the limitations of the existing questionnaires that claim to measure this concept, a new instrument was constructed to measure hardiness more generally, as well as to be applicable within the context of perinatal bereavement or other crises (Lang et al., 2000). Drawn from verbatim accounts of numerous interviews with bereaved parents (Gottlieb et al., 1994), the following are some statements that were used as examples of empirical referents of hardiness:

- “I realize that I am a stronger person than I thought.”
- “I believe that good things can come from difficult situations.”
- “I often wake up eager to take up my life where it left off the day before.”
- “I believe that I can regain a sense of inner peace.”
- “I am willing to consider different ways to help me adjust to difficult situations.”
- “I tend to face the challenges brought on by difficult situations head on.”

**Conclusion**

To date, researchers who have studied perinatal bereavement have focused on the deleterious effects on parents, siblings, and their relationships while paying little attention to the positive phenomenon of growth that many describe, over time, following the death of their baby. Hardiness provides a fresh perspective for understanding the individual experience of bereavement following a perinatal loss.

One study of hardiness and burnout in nurses found that those who participated in a learning program to help them become more committed to themselves and their stressful jobs, to gain more control over their lives, and to face unexpected events as a challenge, continued to be resistant to stress (Rich & Rich, 1987). Perhaps the same principles of learning can be applied to bereaved parents following the death of a fetus/infant. Bereaved parents who can learn to draw on their personal hardiness resource may overcome loss and perceive positive outcomes such as personal growth and strengthening of their relationships with
each other and significant others. Moreover, they may take an active orientation to meet the challenges brought on by the loss and make sense of their own existence following this tragic event. The development of knowledge in this area is paramount for health care professionals who are interested in enabling bereaved parents to draw on and develop their hardiness not only to transcend the experience but ultimately to gain a sense of personal growth following the painful loss of their baby.

References


