

In Their Own Words:
An Analysis of Personal Narratives from Fathers'
Perspectives on the Death of a Child

By

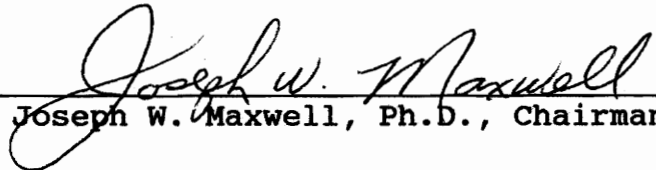
Susan R. Cooley

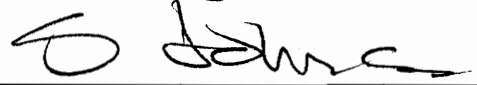
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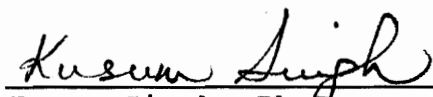
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IN THEIR OWN WORDS:
AN ANALYSIS OF PERSONAL NARRATIVES FROM FATHERS'
PERSPECTIVES ON THE DEATH OF A CHILD
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(ABSTRACT)

This study included five fathers' narratives of the death of their child. It was guided by a social constructionist perspective of the event. Social constructionism assumes that each person is involved in the creation of their reality through their languaged interactions with others. This perspective encourages individuals to function as the authors of their own story instead of accepting others stories about them. The creation of narratives in fathers' voices was particularly important because of the marginalization of fathers in research, in general, and in bereavement research, in particular.

Four research questions guiding this study were:

1. How do men describe (construct) their experience of grief after their child's death?
2. How do fathers see themselves adjusting to their child's death?
3. How has this experience changed them as fathers and men?
4. What would the fathers like to teach others about their experience?

The long interview (McCracken, 1988) was the qualitative methodology used in this study. The interview sequence consisted of two interviews approximately three weeks apart. Participants were recruited from social networks of coworkers. The criterion for inclusion in the study was the father should have experienced the death of a child no less than six months prior to the first interview.

Previous research depicted fathers as less bereaved than mothers. In viewing the fathers as valid constructors of the reality of their personal grief, the intensity and length of their grief became more visible. The interviews afforded the fathers validation of their grief and a structured manner in which to examine that grief.

Conclusions of this study are that fathers view their grief as life long. Fathers experience a double bind when acting in the role of protecting not only in their marital relationship, but also in relation to others. In protecting others from the anxiety produced by the expression of strong emotions, their grief is often invalidated by those they protected.

DEDICATION

In memory of my father,
Nelson Reede Cooley, Sr., Ph.D.
November 30, 1920 - February 13, 1988

ACKNOWLEDGMENTS

The decision to pursue this degree came much later in life than many of my classmates. So I interrupted long, established routines with many people in my life as I left the town I had always wanted to live in, promising to return, and went to the mountains to further my education. During my absence, my friends and family kept the home fires burning and the lights on. They sheltered and fed me when my schedule allowed me to make brief trips home. They called, wrote, and offered support during the dark moments. While they were not researchers, they listened patiently as I shared my struggles, always letting me know they were on my side. I thank you, Sharon, Jill, Henry, Susan, Kathy, Fran, Denise, Rach, Dianna, and Johnny, for your faith and patience.

Since stories should be told from the beginning, let me return to mine. I must thank my parents, Nancy and Nelson. They raised me with the firm knowledge that in life only two doors were closed to me, that of being a Catholic priest and fathering a child. I grew up knowing there were no other limitations on me. Thank you for giving me such an expansive frame for my personal narrative.

This study would not have been possible without the support of the referral sources, Janice, Rose, Jim, Ed, Royce, Ann, and Carol, who entrusted relatives, friends, and

clients to me for this study. I am grateful for your faith in this study and in me as a researcher.

To the fathers of the study, known by the names they selected, Arthur, Alexander, Seth, Sebastian, and Zip, and the two fathers who served as guides in the beginning pilot study, Tim and Charles, thank you for your selfless sharing during our time together. You challenged me as a researcher to give voice to your words and share the tangible gifts of your children. You have changed me as a person and as a therapist. Once more, the life of your child has enriched someone's life.

To my committee, Joe Maxwell, Bud Protinsky, Jim Keller, Scott Johnson, and Kusum Singh, who like my friends and family, always kept the light on; though I did my work miles away from comfortable access to your offices. I appreciate your tolerance of my use of modern day technology to communicate. You guided my research, heard my fears, and encouraged me to produce this work.

Jean, a classmate and dear friend, shared much in this journey. We often toiled together in our assistantships and classes. We spent many hours on the phone commiserating about research, internship, and life as graduate students. I often replayed your encouraging words as I sat at my computer writing after work, on weekends, and late into the night. Thank you.

To my boss, Don, at the Pastoral Counseling Center, who would greet me every morning with the title I would earn in completing this project, "Doctor ." Thank you for your support during the loneliest hours of this journey.

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In Their Own Words:

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CHAPTER ONE

INTRODUCTION

My interest in the topic of fathers and their grief has been sparked by my personal experience with grieving males. In reflecting on my impression of their grief after the death of a loved one, I have been left bewildered regarding how they handled their grief. The recent completion of a dissertation by another graduate student in this department on bereaved mothers (Farnsworth, 1994) helped to open my eyes to the lack of inclusion of the context of participants' lives in bereavement research. My opportunities as a therapist to hear the stories of men as they struggle to be seen as caring individuals in their roles of fathers, sons, and husbands have informed me that often men desire to be recognized for the efforts of putting action with their emotions.

Bowen (1978) describes death as the life event capable of stirring the most "emotionally directed thinking in the individual" (p. 321-322) and the most "emotional reactivity in those about him" (p.321-322). When compared to the death of a spouse or a parent, the death of a child "produced the highest intensities of bereavement as well as

the widest range of reactions" (Sanders, 1980, p. 315). Emotional thinking and reacting occur within the larger narratives of culture, gender, community, family, and history in fathers' lives. "Simply put, a man generally responds to the death of a loved one based on the ways he is *taught* to behave, *expected* to behave, *predisposed* to behave and *physically capable* of behaving" (Staudacher, 1991, p. 12).

In studies on parental bereavement, it is the **fathers'** voices which have been dimly heard. Fathers have occupied a marginal position in bereavement research and in research about parenthood in general. Much progress has been made in the feminist research on motherhood, but to date there is not the male equivalent on fatherhood (Daly, 1994). Additional researchers have called for studies of fathers' grief because of differences in emotional expression (Johnson, 1987), double binds between demands of culture and demands of spouse (Cook, 1988) and the need to understand fathers' perspectives of their grief (Farnsworth, 1994).

What research exists in this area, while employing various methodologies, has relied primarily on written instruments, such as the Grief Experience Inventory (Bohannon, 1990; Bohannon, 1991; Sanders, 1980; Smith & Borgers, 1988), Ways of Coping Checklist (Feeley & Gottlieb, 1988), Marital Communication Inventory (Feeley & Gottlieb,

1988), Beck Depression Inventory (Dyregrov & Matthiesen, 1987a), Impact of Event Scale (Dyregrov & Matthiesen, 1987a), Utrecht Coping List (Littlewood, Cramer, Hoekstra, & Humphrey, 1991) and Bodily Symptom Scale (Dyregrov & Matthiesen, 1987a). This use of written questionnaires limits the narration of a father's grief. Because written questionnaires preselect topics for discussion, participants cannot fully give voice to all the elements of their stories. The participants' responses are confined to those areas deemed worthy of investigation by the researcher.

Marks (1994) described this methodology as one in which "one hears respondents' voices but dimly - one has to imagine them to hear them at all" (p.161). By excluding certain questions about sibling reactions and "factual questions requiring only one of the parents to answer" (Dyregrov & Matthiesen, 1987a, p. 4) from fathers' questionnaires, one study completely silenced fathers' voices on those topics.

Techniques of participant observation (Klass, 1986) and clinical case studies (Bernstein, Duncan, Gavin, Lindahl, & Ozonoff, 1989) have also been utilized. Studies employing interviews, however, (Cook, 1988; Davies, 1987; Gilbert & Smart, 1992; Lemmer, 1991; Schwab, 1992) utilized highly structured interview schedules designed to closely resemble

equivalent written questionnaires, limited their inquiry to a narrow aspect of the grieving process, or focused on the couples' dynamics during the grief process without illuminating fathers' stories as told by fathers.

Purpose of Study

The purpose of this qualitative study is to place fathers at the center of a study about their unique experience of grief after the death of their child. The previous marginalization of fathers in bereavement research results from fathers being studied primarily with and compared to mothers and the utilization of forced choice written instruments for the collection of data. This study will place fathers squarely in the role of **expert** on their lives (Anderson & Goolishian, 1992) and **collaborators** in the construction of knowledge about their experience (Leslie & Sollie, 1994).

The use of long interviews affords each participant a chance to confirm their experience through their own story, replacing the invalidation of their experience implied by previous research (Parry, 1991). During the long interview, a conversation is facilitated concerning "cultural categories and shared meaning rather than individual affective states" (McCracken, 1988, p. 7).

Social Construction of Father's Role

The role of father and male is one that is socially constructed through interactions with others (Leslie & Sollie, 1994). It takes place in the context of a culture, a social class, an age group, an ethnic group, a sexual orientation, and life in a particular geographic region (Kimmel & Messner, 1989). This construction serves as an important variable in how grieving is defined and then performed.

Wright, Ursano, Bartone, & Ingraham (1990) collapsed this context into an easily applied "community of meaning" defined as a series of concentric circles radiating outward from the dead child. The next of kin occupy the first circle. The next circle contains close friends of the deceased and the survivors, playmates of the children, teachers, and members of the community who may have served as escorts for the deceased child and/or the family at the time of death. The third circle is comprised of those members of the community who provided service in relation to the child and the surviving family members. Members of this circle might include medical personnel, funeral directors, and clergy. The fourth circle is comprised of people who provided support to the child and family. This circle might include the extended family network, more distant friends, mental health workers, people from the work place, and

community members. It is within the context of community, family, culture, and history of previous losses that stories of fathers' grief are created and take on both similarities to and differences from the stories of bereaved mothers.

In assessing similarities and differences in parental grief reactions, Dyregrov & Matthiesen (1987a) reported on the reactions of anxiety, anger, self-reproach, sadness, restlessness, working more, intrusive thoughts, and sleep disturbances. They found no significant differences between the partners on the reactions of anger, restlessness and work-involvement. Statistically significant differences between the partners were reported in the categories of: anxiety, self-reproach, sadness, intrusive thoughts about the child, and sleep disturbances. For these five reactions, the fathers reported lower incidence rates than the mothers. In the area of perceived support by others, mothers reported perceiving their family and friends as somewhat less supportive than fathers reported, but this was not a statistically significant difference. Fathers, however, did report a statistically significant higher amount of dissatisfaction concerning the support they received from the hospital.

The process of male grieving also occurs within the socially constructed paradigm instructing men on how to live. This idea of "masculinity has personal meaning only

because certain acts, choices, and policies create it" (Stoltenberg, 1989, p.4). These ideas are

cultural metamessages about what is important, what is of value, which differences between people and other entities are to be emphasized and which are to be overlooked, which dimensions are to be used in judging how similar or dissimilar people and other entities are in the first place. (Bem, 1993, p. 140)

Included in this social construction of masculinity are the rules for emotionality. These rules are based on a culturally provided paradigm incorporating both fathers' "acceptance of and attitudes toward the paradigm" (Averill, 1985, P. 93).

With few exceptions (e.g. sudden fright, surprise), emotions endure for extended periods of time. Once one aspect of the response is interpreted (experienced as conforming to a cultural ideal or to some variation of that ideal), there will be a tendency to bring the remainder of behavior into line. (Averill, 1985, pp. 93-95)

This may include attempting to meet the social scripts of remaining the strong protector and provider for his mate and children (Brod, 1987, Kupers, 1993), doing something

(Lister, 1991), managing their spouse's emotionality as a way of managing their own feelings (Notarius & Johnson, 1982), or crying less frequently and less intensely (Lombardo, Cretser, Lombardo, & Mathis, 1983).

Literary Examples of Fathers' Grief

Despite previous research having framed fathers as recovering from the loss of a child more quickly than mothers (Littlefield & Rushton, 1986), examples in literature indicate that fathers' grief is very intense and remains so for a long period. The following are two examples of narratives of a father's grief, one from the fifteenth century and one from the current time period.

Example from Fifteenth Century

The 15th century humanist, Giannozzo Manetti (Banker, 1976), wrote in his consolateria of his grief after the death of his seven-year-old son. After the death of this child, one of three sons, Manetti returned to his country villa to console himself by reading literature. His brother-in-law, Agnolo Acciccioli, invited him to spend time at a monastery in Certosa in an attempt to shake him from his despair. On Good Friday, 1438, Manetti, Acciccioli, and two arbiters retired to a cypress grove to discuss Manetti's reaction to his son's death.

As the conversation continued the men formulated a question to debate: "Is the grief that fathers undergo at

the death of their sons derived from opinion, therefore unauthentic and unnecessary, or rather from nature and therefore a necessary expression of the soul?" (Banker, 1976, p. 353).

Agnolo began the debate, putting forth the idea that grief is learned and therefore can be mentally controlled, by citing examples of the historian Xenophone, who sacrificed his son with little remorse and Horace Pulvio, a Roman who completed a cult religious ceremony despite receiving news of his son's death.

Manetti lamented that his son's death has deprived him of a series of benefits such as the joy of nurturing and educating his son. He felt the death had deprived him of pleasures of the past, as well as, pleasures of the future. These pleasures included the deprivation of his immortality through his son. He felt this deprivation despite having two living sons. He asserted "that fathers love their children immediately at birth and more than themselves" (Banker, 1976, p.357).

The two arbiters could not judge which man was the most persuasive, each having so eloquently stated their arguments. The arbiters enlisted the aid of the Prior of the Cortosa, Niccolo da Cortona. Niccolo upholds Manetti's position of his grief being a legitimate response to the son's death. This grief is not one that can be repressed as

it is "founded on a love that cannot be exceeded" (Banker, 1976, p. 358).

Contemporary Example

In the story of his daughter's life and death, Alex: The Life of a Child, Frank Deford (1983) spoke about the grief and emptiness he still felt several years after her death.

I am so sick of crying. It goes on and on. And it's strange in a way, because I thought I managed very well at the end. Why, it was supposed to be so difficult, but nobody ever told me quite how easy dying is, when it isn't you dying. No, the trouble is more afterward; it's the missing that's so hard. And this makes me miss Alex all the more, sifting through the drawings, seeing her face in the photographs, seeing her move on the screen, reading the things she wrote or people wrote about her, listening to her on tape. *Pass the soap, Mom!*

Of course, it hurts when anyone you love dies. But, when it is a child who dies - when it is your child - as grief fades naturally, there still remains that vacuum, and it is replaced by anger. More fury is growing within me that Alex never had her fair chance. I didn't have time to

be mad when she was dying; there was no room for that then. But now. . .

Then, too the trouble with people who give so much as Alex did, is that when they leave you there is so much more that they take away with themselves. And what makes it hardest of all with Alex is that she was so extraordinary, so special, that she had become a sort of ideal for me.

Believe me, this is not just some sad and biased father talking. The teacher who was my advisor in high school, A. J. Downs, wrote me after she died: "Before we got too smart for our own good, we called people like Alex saints." Imagine yourself trying to live up to an eight-year-old child.

It's very disorienting. (pp. 14-15)

These two fathers spoke eloquently of the depth of their loss, the longevity of the grief in their lives, and their prediction of its continued presence over time. Each father speaks about the difficulties they experienced in continuing their lives in the absence of their child. Each father addresses their emotional reaction to the lack of proper sequencing of their child's life, namely, that their child has predeceased them. Manetti speaks of his sorrow, and Deford speaks to his anger. These narratives do not seem to

agree with bereavement literature that imply a period of grief of lesser intensity and shorter duration for fathers.

Female Biased View of Bereavement

The process of parental bereavement has been investigated through studies concentrating primarily on mothers. The process that emerges is one based on female values. This process requires demonstrable evidence of emotion and social connection with others around the topic to be deemed **good grief work** (Cook, 1988). This fails to portray fathers' emotional lives on their own terms. When viewed through this lens, fathers do not measure up to the female standard (Cook, 1988). When viewed through a lens not incorporating the social construction of the emotional lives of men, much of the grief work carried on by fathers becomes invisible, leaving these men open to being labeled as being less affected than mothers (Littlefield & Rushton, 1986).

"Men, it is said, do not express their feelings--or if men do, they do so only with great difficulty" (Stoltenberg, 1989, p. 91). This statement is often accepted as a truth or at least a socially constructed understanding of men's capability of expressing their emotions. But if the definition of the expression of an emotion is expanded to include the action of an emotion and not just talking about

the emotion, the story of men's emotional expression begins to unfold.

Men have expressed their feelings about women, death and absent fathers and turned those feelings into religions. Men have expressed their feelings about women, wealth, possession, and territory and turned those feelings into laws and nation-states. Men have expressed their feelings about women, murder, and the masculinity of other men and from those feelings forged battalions and detonatable devices. Men have expressed their feelings about women, [sex], and female rage against subjection and formed those feelings into psychiatry.

(Stoltenberg, 1989, pp. 91-92)

When the emphasis of the investigation of grief is placed on examining how grief reactions interrupt day to day activities, this action growing out of emotion is often missed.

Personal Stories of Grieving Males

The confusion generated by applying a female value-biased conception of grief to males has occurred in my life. I have watched in amazement as my college boyfriend performed his role of pall bearer in a close friend's funeral. With tears in my eyes, I accompanied him to view the body at the funeral home. My heart ached with what I

imagined was his pain. Yet, I could not discern outward signs of his grief. He did not engage in conversations with me about the memories of his friend. He seemed as if he wanted to hurry back to his studies. I wondered if it was his way of ignoring the pain or did this friend really matter so little to him?

My stories of this man's grief did not include a narrative that could offer other explanations. In my view, he lacked either the knowledge about his feelings or the ability to care about a friend. In one story he became an uncaring man, while, the other story only offered the opportunity for me to shoulder the responsibility of educating him about his feelings. Not considered in either story were any cultural edicts concerning public displays of emotions by males (particularly males in military training) and the discussion of emotional issues with others (particularly women).

While I was still married, my father-in-law was killed on Father's Day when a tree fell on him during a storm. When we received the call about his death, my husband retired to the porch crouching in the dark and crying alone. I did witness shared tears the next day when we arrived at my in-laws' home. My explanation was that the impact of his father's death overrode any social rule about not crying.

He remained dry-eyed during the funeral, to my amazement. It seemed as if we lost the ability to notice what others around us were doing as we attempted to manage our own intense feelings. One female friend of the family said she was being strong (meaning not crying) until she saw me cry during the funeral service. I didn't remember her crying.

The only other knowledge I had of my husband's crying about his father's death was through one of his male friends. I had begun to be concerned by whether the death was being processed since he was not discussing it with me. His friend reassured me that at least once he and my husband had shared a long, tearful conversation about the death.

The extent to which he would handle his grief differently came during a dinnertime conversation one evening. I had stated that I missed his dad. I was reminiscing about the times when we would visit his parents and the special greeting I always received from his father. I tried to encourage him to join in by asking what he missed about his father. His response was one of anger. He made it very clear that he did not want to have a conversation about the matter. To my invitation to grieve together, he announced he intended to grieve alone. He stated his preference was that I do the same.

I had not expected him to handle his grief so differently. I wanted to talk, wrap the memories around me like a warm blanket, and share my love about this second father with whom I had been blessed. I cried and shared memories with friends and relatives. He seemed to withdraw from the very people whom I sought out to give me strength. I feared that he was not grieving correctly.

My narrative was that private grief, the lack of reportable conversations about his father, and the lack of crying equated to a lack of grief. According to Gilbert & Smart (1992) this was incongruent grief: a disagreement on the most appropriate choice of grieving and coping behavior and the meaning of that behavior.

Recently my mother revealed to me that my own family held deep in its history the loss of a child. My great grandfather had lost a child, two years old, before our family emigrated from Scotland in 1920. From family records, she had discovered the child died Christmas Eve of bronchial pneumonia. This was a story shared secretly with her by her mother. The men who had lived this story never, in her recollection, gave voice to it. She later confirmed this piece of family history by locating the birth certificate and receipt for the grave site found during genealogy research. Previously, she had never understood her father's (the child's older brother) and her grandfather's

seeming depression each Christmas. It is only now that their noticeable sadness at Christmas becomes clear.

Each man in these stories followed patterns common among men as they grieved a loss. They employed techniques that allowed them to engage in an act that for them was very private and solitary. When evaluated from a female-biased value, they were seen as deficit in their demonstration of grief. The result was that its existence became questionable.

These men created their own stories of grief in concert with the people in their lives, the culture around them, and the history of other losses. McNamee (1992) pointed out that this type of story can only be constructed through a cooperative community effort which first defines the situation as a crisis and an event that is languaged amongst others to take the status of crisis. As a languaged process a crisis can thus "emerge as an opportunity for identity reconstruction" (p. 197) and "a wonderful moment to free oneself from ideas of 'correctness,' 'objectivity,' [and] 'acceptance'" (p. 197).

Research Question

The following research questions will guide this study:

1. How do men describe (construct) their experience of grief after their child's death?
2. How do fathers see themselves adjusting to their child's death?
3. How has this experience changed them as fathers and men?
4. What would the fathers like to teach others about their experience?

Chapter Two

Review of the Literature

Theoretical Framework

The attention to the idea of narrative or storytelling within the field of marriage and family therapy has increased recently (White & Epston, 1990; Epston, White and Murray, 1992). This idea of languaging about an experience is influenced by premises of social constructionist theory (Edwards, 1994; Hoffman, 1990).

"Social constructionism is principally concerned with elucidating the processes by which people come to describe, explain, or otherwise account for the world in which they live" (Gergen, 1992). A basic tenet of this theory is that beliefs about the world are social inventions originating in conversations with others. These beliefs are part of the constantly evolving narrative of people's lives (Hoffman, 1990).

These stories or narratives are constitutive (White & Epston, 1990). They shape our lives and relationships.

White, Epston, & Murray (1992) argued:

- 1 It is the stories in which we situate our experience that determine the meaning that we give to experience.

- 2 It is these stories that determine the selection of those aspects of experience to be expressed.

3 It is these stories that determine the shape of the expression that we give to those aspects of experience.

4 It is these stories that determine real effects and directions in our lives and in our relationships. (p. 98)

Sarbin (1986) defined a story (interchangeably called a narrative in this paper) as

a symbolized account of actions of human beings that has a temporal dimension. The story has a beginning, a middle and an ending. The story is held together by recognizable patterns of events called plots. Central to the plot are human predicaments and attempted resolutions. (p. 3)

Kerby (1991) viewed these self-narratives as influenced by others' narrative of us, "our language and the genres of storytelling inherited from our traditions" (p. 6). Our self-narrative consciously includes the narrative in which we already live. These narratives "set up expectation and constraints on our personal self-descriptions and they significantly contribute to the material from which our narratives are derived" (Kerby, 1991, p. 6).

Telling or narrating is very different from reporting.

Reporting something to someone tells them 'of' a

state of affairs, of something completed. A report is thus a third-person statement, made from outside the situation to which it refers, and it is thus amenable to corroboration by evidence. A **telling**, on the other hand, is a first-person, present-tense statement, unsupported by any evidence (Shotter, 1985, p. 169).

Previous parental bereavement research has been primarily based on **reports** of grief. It is the goal of this project to elicit, instead, the **telling**, of fathers' grief. These narratives can reveal how fathers give meaning to their grief after the death of their child.

Men's Experience

An element of any fathers' self-narrative is gender. The pattern of gender is woven in the segments of "work, family, culture, education, religion, and law ... deeply and continuously shap[ing] the lives of individuals, starting at birth (or even before, when the sex of the fetus is known)" (Lorber, 1994, p. 12). These patterns are incorporated and performed in daily life.

This **doing gender** is a construction of difference between males and females that, in turn, reinforces the "essentialness of gender" (West & Zimmerman, 1991, p. 24). Gender is not simply an intrinsic aspect of what one is, but "is something that *one does* and does recurrently, in

interaction with others" (West & Zimmerman, 1991, p. 27).

Emotional expression is one area in which the impact of gender has been studied. Research has included studies on nonbereaved participants (Blaswick & Avertt, 1977; Lambardo, et.al., 1983; Noller, 1980; Notarius & Johnson, 1982; Sharkin, 1993) and bereaved parents after the death of a child (Dyregrov & Matthiesen, 1987a, 1987b; Feeley & Gottlieb, 1988; Sanders, 1980; Schwab, 1990). Researchers, outside of bereavement studies, studying emotional expression, reported men and women experiencing the same emotion in response to a stimulus, but differing in the manner in which they demonstrated that emotion to others. Influences on emotional expressiveness include socially constructed patterns such as family of origin patterns of expression, gender role related patterns of expression, and cultural patterns of expression. The resulting patterns vary between and within the two gender groups.

Another area in which similarities and differences were reported was the interpersonal situations and stimuli conducive to crying and the post crying affect in men and women (Lambardo, et.al., 1983). The differences occurred in performance of crying behavior in terms of frequency, intensity, and within the type of interpersonal situation. Men and women shared similar priorities in their view of the appropriateness of interpersonal situations for crying. Men

reported being less likely to cry than females in the presence of others regardless of their level of intimacy. Both sexes indicated the greatest likelihood of crying when alone.

One theme in the construction of the male experience is that of the father fulfilling the role of strong protector and provider for mate and children. This may contribute to the perceived need by men for control of strong emotions (Brod, 1987; Kupers, 1993). Other identified themes in the male role were not crying, not revealing vulnerabilities, ignoring feelings (Allen & Robinson, 1993; Brod, 1987; Kupers, 1993) and a solution-focused response to a major life stressor (Lister, 1991).

Bereavement Models

The studies on grief have used numerous models for successful grieving (Kavanaugh, 1972; Kubler-Ross, 1969; Schneider, 1984; Worden, 1991). These models resemble the five-stage model of anger, denial, bargaining, depression, and acceptance identified by Kubler-Ross (1969). They outline behaviors that occurred, feelings that are reported, and tasks to be accomplished.

Kavanaugh (1972) identified seven stages he believed to be part of the grieving process: shock and denial, disorganization, volatile emotions, guilt, loss and loneliness, relief, and reestablishment. Schneider (1984)

described the grief process as occurring in eight stages: initial awareness of loss, holding on, letting go, awareness of loss, gaining perspective, resolving loss, loss as context for growth, and new attachment. Worden (1991) identified four tasks that are completed in successful grieving: accepting the reality of loss, experiencing the pain of grief, adjusting to an environment in which the deceased is missing, and withdrawing emotional energy to reinvest it in another relationship.

All of these models measure **successful** grieving by the verbal expression of emotion. The talking about strong emotions with others is based on a female pattern of grieving (Cook, 1988). Basing the analysis of fathers' grief on these models has resulted in conclusions such as "...mothers grieved more than fathers... maternal grandmothers grieved more than either maternal grandfathers or paternal grandmothers, who in turn grieved more than paternal grandfathers" (Littlefield & Rushton, 1986, p. 797).

Research on Parental Bereavement

Research on parental bereavement has investigated coping styles (Feeley & Gottlieb, 1988; Littlewood, Cramer, Hoekstra, & Humphrey, 1991; Schwab, 1990), couples' adjustment (Gilbert & Smart, 1992), the occurrence of divorce after the death of a child (Klass, 1986),

perceptions of caring (Lemmer, 1991), parental depression (Martinson, Davies, McClowry, 1991), effects on the marital relationship (Schwab, 1992), parental grief response (Smith & Borgers, 1988), resolution of grief (Theut, Zaslow, Rabinovich, Bartko, & Marihisa, 1990), and the sociobiology of bereavement (Littlefield & Rushton, 1986). Three studies (Cook, 1988; Farnsworth, 1994; Gilbert & Smart, 1992) overtly included the social context in which bereavement occurred. Cook's (1988) research on fathers' grief incorporated a men's studies perspective taking into account the men's construction of their grief. Farnsworth (1994) used feminist and contextual analysis of bereaved mothers' stories of their grief. Gilbert & Smart (1992) investigated the culture of the couple in the adjustment to an infant or fetal loss.

Smith's and Borgers' (1988) reported how the sex of the parent affects the expression of grief. Various researchers have reported both similarities and differences between fathers' and mothers' grief after the death of their child. Schwab (1992) reported that conflicts in the marital relationship could erupt because of misunderstandings created by the different way the two genders experience the loss. Littlewood et.al. (1991) reported each parent returning to their gender norm methods of coping over time, with fathers returning to them in a shorter period of time

than mothers. When compared to nonbereaved males, it was found bereaved fathers increased their use of more active styles of coping, namely, intervening in a problem directly, examining several alternative ways of solving a problem, and attempting to solve the problem in a purposeful manner. This disruption of the more familiar patterns of coping within the couple could explain reported difficulties between spouses not sharing the same coping style.

Gilbert and Smart (1992) defined these difficulties as incongruent grief arising from disagreement on any of the following issues: most appropriate choice of grief and coping behavior, meaning of behavior, mourning behavior, pattern of grief resolution, setting family goals, competition in grieving, resonating grief, or blame. Cook (1988) argued that the differences between the grieving styles of fathers and mothers are exaggerated by the failure to understand the conflict between the demands of cultural rules regarding their behavior as men and the demands by their spouses for the expression of their grief.

When fathers' grief was examined from the perspective of the social construction of men's experience, their grief was seen as being intense and of longer duration than previously reported. The female-biased value requiring verbal expression of grief and social connection around the topic of grief rendered much of fathers' silent grief

invisible (Cook, 1988). This invisibility continues to reinforce the dominate cultural narrative about men that they are less emotional and their grief after the death of a child is of shorter duration and lesser intensity. One purpose of this project is to give voice to the richer territory of the nondominant narratives of fathers' grief in order to begin to understand the experience from their perspective.

CHAPTER THREE

METHODOLOGY

Use of the long interview

The methodology of the long interview was selected because of its conduciveness to facilitating the creation of meaning. McCracken (1988) described the long interview as a means to "gain access to the cultural categories and assumptions according to which one's culture construes the world" (p. 17). The effective use of both the researcher's and participants' time was an additional reason for the selection of this method. The long interview facilitated "collection of data needed for penetrating qualitative analysis without participant observation or prolonged contact" (p. 17). Another important aspect of the selection of the use of the long interview was the opportunity it afforded participants to engage in conversations where they were the center of focused attention (Ablon, 1977), to have a conversational partner who was willing to forsake her turn to listen fully to anything they had to share (Stebbins, 1972), and to have a chance to tell a story that would otherwise be unheard (Leznoff, 1956).

Participants

Fathers of deceased children were recruited from sources which included grief counselors, support groups, professional colleagues, acquaintances, and self-referrals,

in the metropolitan area of New Orleans, Louisiana. Two participants were recruited for the pilot study. One participant was referred by a professional colleague and the other was listed as a contact for Compassionate Friends. Of the participants for the study, four were referred by co-workers of the agency in which I am employed and one contacted me after learning about the study through a participant in the pilot study.

McCracken (1988) recommended a sample size no larger than eight in qualitative studies utilizing the long interview. This figure was within the range of sample size used in other qualitative studies. For this project, the number of participants was five. This number was decided upon when no new themes emerged during the interview process.

The fathers experienced the death of a child no sooner than six months prior to the interview. Table 3.1 indicates the cause of death for each child. To maximize the diversity of voices heard in this study, I decided to make no restrictions regarding either the age of the father or the deceased child. Table 3.2 provides information on children's ages at death and birth order.

Since narratives are stories developed over time, this study looked at adjustment of fathers over time. To facilitate the examination of these narratives, no upper

limit of the time since death of the child was imposed on the sample. The time span since death varied from one to twenty-five years. The lower limit of time of death (no earlier than six months prior to the interview) was chosen so that fathers would have passed the period of acute grieving (Feeley & Gottlieb, 1988). These time spans are within the range of previous bereavement research in which this parameter varied from one month (Schwab, 1990) to forty-six years (Rosenblatt & Burns, 1986). Table 3.3 provides information on time since death of the child.

Recruitment

I contacted each potential participant by phone after the referral source confirmed that I could contact them. After establishing their interest in learning more about the study, I sent each a letter (Appendix A) inviting their participation. The letter included a summary of the study, the informed consent form (Appendix B), a copy of the first interview questions (Appendix C), and a confirmation card to be returned indicating their willingness to participate. The fathers were informed that if they did not return their confirmation card, because of the sensitive nature of this study, no follow-up contact would be attempted regarding their participation in this study (Gilbert & Smart, 1992).

TABLE 3.1

Cause of Death

Father's Name	Child's Name	Cause of Death
Arthur	William	Complications during surgery for heart defect
Seth	Ruth	Leukemia
Alexander	Nathaniel	Cardiac Arrest
Sebastian	Michael	Complications after surgery for heart defect
Zip	Wesley	Electrocution

TABLE 3.2

Child's Age at Death and Birth Order

Father's Name	Child's Age at Death	Birth order
Arthur	4 months	1st of 2*
Seth	11	2nd of 2**
Alexander	18	2nd of 2
Sebastian	2	2nd of 3***
Zip	18	2nd of 5

*Second child in family adopted after child's death.

**Child was only child in second marriage of participant.

***Third child born after second child's death.

TABLE 3.3

Time since Death of Child

Name of Father	Time Since Death
Arthur	3 years
Seth	3 years
Alexander	8 years
Sebastian	1 year
Zip	25 years

Only one father contacted after the referral source released his phone number agreed to receive written information about this study. All fathers who received the written information returned their response card and participated in the study.

The inclusion of interview questions and requirement of returning the response card, as well as my first phone conversation with the fathers, served to begin to create an atmosphere of safety regarding both the research and the researcher. In assuring the fathers of no further contact if they chose not to return their card, I was helping them to understand that this research would be conducted in a nonexploitive manner.

A total of seven fathers' participated in this project, two in the pilot and the remaining five in the study.

This study, being based on narratives, requires an introduction of the participants through their individual narratives. The fathers ranged in age from 37 to 73. All fathers were married to the deceased child's birth mother. This came as a bit of a surprise in light of research that suggested a high divorce rate for parents after the death of a child (Klass, 1986).

Four of the fathers had at least one other living child at the time of the child's death. One father had adopted a child since the death of his only biological child. Only

one father's wife had experienced several miscarriages in addition to live births, prior to their son's death.

Four of the fathers are currently employed, while one father is retired. Occupations of the fathers included teacher, social service worker, meteorologist, service manager, and retired business owner.

All fathers attended college for some period of time. Two of the fathers hold master's degrees. One father had begun work toward a Ph.D.

All fathers indicated they had a religious identity. They were Jewish, Catholic, Christian, Episcopalian, and Southern Baptist. One father was not active in his faith. One father described himself as not going to church very regularly since the death of his son. Three of the fathers stated they attended church regularly.

Two fathers had sought connections with others in an attempt to work through their grief. One father had been active in Compassionate Friends. One father had attended grief counseling with his wife. Table 3.4 contains summary information on the participants' personal history

Procedure

Pilot Study

I conducted a pilot study with two participants from the previously outlined population. The primary purpose of the pilot study was to refine the interview questions. A

TABLE 3.4

Summary Information on Fathers

- Arthur: Arthur was a 37-year-old teacher whose son, William, was born with a heart defect. His son died in surgery to correct the defect when he was four months old. Arthur was Episcopalian and very active in his church. He has a master's degree. He is currently married to the child's birth mother. He and his wife adopted a son after their biological child's death.
- Seth: Seth was a 50-year-old social service worker at a juvenile home. His daughter, Ruth, died of leukemia at the age of 11. Seth had one prior marriage and has one daughter with his former wife. He describes himself as being Jewish, but does not actively participate in that faith. He attended college, studying art, but did not complete his degree. He was currently married to the birth mother of his deceased daughter.
- Alexander: Alexander was a 57-year-old meteorologist. His 18-year-old son, Nathaniel, died of a cardiac arrest the night before he was to leave for college. Alexander converted to Catholicism during his marriage, but has not regularly attended church since his son's death. He has one living child, the older brother of the deceased child. He has a master's degree and completed courses toward a Ph.D. He is currently married to the birth mother of his deceased son.

(table continues)

Summary Information on Fathers

Sebastian: Sebastian is 37-year-old customer service manager and paramedic. His son, Michael, died at the age of 2 after his second surgery to correct a heart defect. Sebastian's religious identity is Christian and is a regular attendee at church. He has two living children, one born after his son's death. He attended 3 years of college studying chemistry. He is currently married to the birth mother of his deceased son.

Zip: Zip is a 73-year-old retiree. He has owned two companies. His 18-year-old son, Wesley, was electrocuted during a boating mishap. Zip is a Southern Baptist who attends church regularly. He has four living children and four living grandchildren. He left school after his father's death, resuming his education after serving in the Marine Corps for almost 4 years. He is currently married to the birth mother of his deceased son.

secondary benefit from conducting two preliminary interviews was to sensitize myself to the process. During these interviews, I began to notice the need for a break in our session. I learned to ask about photos the fathers might carry with them of their child. Each of the first participants volunteered the sharing of their pictures.

In addition to the preliminary questions in the accompanying appendices, fathers were asked if aspects of their grief had not been addressed. Each father indicated the interviews were very comprehensive and did not suggest any changes.

During this portion of the research, themes began to emerge in our interviews. Themes discovered during this segment were listened for in the next series of five interviews.

Study

With written permission, two video recorded interviews were conducted with the fathers. The interviews were also audio taped to facilitate transcription. Prior to each interview, the participants received a copy of the interview schedule (Appendices C and D) for review. This was provided to help the participants to begin to orient their thoughts on the topic.

I kept a journal during the course of this study as a record of the evolution of any modifications to methodology

during this study and as a record of my reflections upon the data as I reviewed the tapes and transcripts.

The taped interviews were transcribed verbatim for analysis. A second audio and video recorded interview was conducted with each participant. The purpose of the second interview was threefold. First, it explored the history of loss in the fathers' personal narratives and the impact it had on the narrative of their grief (Farnsworth, 1994). Second, it provided an opportunity for the participants to give feedback by correcting, qualifying, or adding information to that offered during the first interview. Third, it allowed each participant to share any new memories or thoughts that was generated by the first interview (Reinharz, 1992). The second interview was transcribed and included as data to be analyzed.

After the second interview, I sent each father a summary of my results for their comments. These comments are included in the data of this project (Farnsworth, 1994). I also asked all fathers if they were willing to be contacted in the future for possible inclusion in future longitudinal studies (Farnsworth, 1994).

To insure confidentiality, all videotapes, transcripts, notes, and codes of the interviews have been kept in a locked file cabinet to insure confidentiality. These are identified only by a pseudonym or number to insure

anonymity. Out of respect for the fathers, I asked each to choose his own pseudonym (Reinharz, 1992). Upon final approval of the dissertation, all tapes will be erased.

Analysis

The transcribed interviews were analyzed using issue-focused analysis techniques employed by Weiss (1994). His analysis employs four distinct analytic processes of coding, sorting, local integration, and inclusive integration.

The interviews were transcribed verbatim. This produced a total of 343 single-spaced pages of data. Each line of the transcript was numbered. There were a total of 18,167 lines of data prepared for analysis. Figure 1 is a display of an example of the transcribed data.

To become very familiar with the data, I transcribed all tapes. This allowed me to begin to formulate my ideas about emerging themes as I listened to over 25 hours of taped conversations.

The video tapes were reviewed as well. These proved to be an invaluable backup recording of the interview. In one interview, I had neglected to restart my tape recorder after taking a break. My recorder did not record at all on the second side of the tape. By recording the audio track from the video tape I was able to recover all of the missing data.

The transcripts were read twice before coding was begun. In coding, the goal was to develop categories that appeared in the text and the video tape of the interview. Codes were developed for each category along with a rationale for each code. Review of the transcripts and video tapes continued until no new categories emerged. These codes and their rationale were kept in a code book for this project (Weiss, 1994).

The first coding of the transcripts resulted in 57 categories. By rereading and looking at the connections of the categories, these were narrowed down to five major categories and eighteen subcategories. Using my journal was helpful during this point in time. In writing about the categories and putting them in an outline fashion, I was able to refine the coding. Some categories disappeared as I came to realize they were actually parts of existing codes.

Sorting was accomplished by then dividing the codes into separate files. Because of limitations of my computer, the data were sorted into folders. No computer program was utilized to aid in analysis. Once the data had been sorted into category files, local integration began.

Local integration was accomplished by summarizing the category file and its codings. First, the main idea was summarized and then the variants were summarized. The goal of the summary was to develop an idea that not only

Figure 1. Example of transcribed data from interview 1, participant 4.

4834 R: Armstrong, yes, yes!
4835 P4: We, we, ah, it was shortly after. It was that
4836 summer that Nathaniel was born. Ah, his older
4837 brother was all excited about the space program.
4838 He was only, what, 4 years old. But we, I can
4839 remember sitting there watching the moon landing
4840 with, with the 2 boys. With Nathaniel in his
4841 little cradle and his brother was sitting there
4842 watching it.
4843 R: That was quite a big event! I was a little older.
4844 P4: He had a, his brother, my brother in law, ah, gave
4845 Nathaniel a, well it was a dinosaur. I can't
4846 remember what kind it was.
4847 R: Mmm.
4848 P4: But it was, it was a, right about the time the
4849 monster movies were beginning. But it was, maybe
4850 that's why he was interested in robots, too, I
4851 don't know. But he, it was a mechanical dinosaur
4852 that walked on its hind legs, you know. and he
4853 was terrified of that. It was funny. How you got
4854 terrified over a toy, but he was. (Chuckle).
4855 R: Ok. Well, you have told me a little bit about,
4856 ahm when Nathaniel died. He had been out that
4857 evening and he was due to leave the next day.
4858 P4: Mmm. Yeah he,
4859 R: Is that right?
4860 P4: That's becomes an issue that's hard to deal with
4861 too. Because he told, ah, there were 2 things
4862 about his death. I'm sure you always hear these
4863 mysterious stories. But he told his mother the
4864 day before that he was not coming back. He was
4865 going to college. And she said, "What do you
4866 mean? Don't be silly. Of course you'll be
4867 coming back. You're just going to school. You'll
4868 be back." And he said, "Naw, most of time when
4869 people go away to college they don't come back
4870 home again." He read a lot and he had read, oh
4871 terrible. You Can't Go Home Again, I was going
4872 to say Henry James, who wrote that?
4873 R: Wolfe.
4874 P4: Wolfe? Thomas Wolfe?
4875 R: Yeah.
4876 P4: He had read that. And he said he wasn't coming
4877 back. And then that night. And this has been
4878 hard, very difficult for my wife and I, ah, we

4834 really had a good time that day. The day that he
4835 died.

4836 R: Mmm.

4837 P4: Waw, we had his friends over and went out and had
4838 dinner. And he told us he wanted he, told us to
4839 go see a movie. And that he and his friends were
4840 going to go out and fool around a little bit
4841 before they, they before they came home and not to
4842 worry about it. So we went out and had a real
4843 good time. Went to a movie and we had dinner and
4844 then we came home. And the kids were at our
4845 house. They were sitting there watching,
4846 watching, ah, 2 movies. Which bothered us to this
4847 time too. Ah, thank you, mind, you are doing it
4848 again. Ah, what were those 2 movies? Oh, "Sam
4849 Was Fired". The other was, oh, Glenn Close was in
4850 it. It's a group of people who came together to.

4851 R: "Big Chill?"

4852 P4: Mmm? Right, "The Big Chill." Right. And they were
4853 watching that that night. And he made the comment
4854 that, ah, that was after we had come home. We
4855 weren't there for just a few minutes when the kids
4856 were there. And then the kids got up and left.
4857 But he made the comment, "Wouldn't that be
4858 terrible if that was the only way we could, ah,
4859 come together as friends again if one of us died,
4860 you know." And little things like this all led up
4861 to

4862 R: Mmm.

4863 P4: To his death. That night, ah, it was about 3
4864 o'clock in the morning when he died, so, you know,
4865 we didn't, we didn't feel anything was wrong. He
4866 was out with his friend and we knew what he was
4867 doing so there was no problem. And, ah, [my wife]
4868 always slept on the couch until he got home. So
4869 [my wife] was a sleep on the couch. And I was, I
4870 had to go to work the next morning, so I was in
4871 bed asleep. And something woke me up. I haven't
4872 even told [my wife] this. I don't know how she
4873 would take it. But he was calling me. And my
4874 first thought that went through my mind and I, it
4875 really bothers me. The first thought that went
4876 through my mind, I said, "If he's wrecked the car,
4877 I'm going to be mad."

4878 R: Mmm.

4879 P4: That, that was what I said. Then I realized I was
4880 just dreaming, I went back to sleep. It was just
4881 a few minutes later that the phone rang. So, I,
4882 I'm not into parapsychology or anything like that,

4883 but I have often wondered. You read all these
4884 stories about when there is a close bond between
4885 people that they do call out to them. And, I've
4886 often wondered about that.

4887 R: Mmm.

4888 P4: We had a, we had a big old station wagon when he
4889 was a senior in school. I was, he and I are a lot
4890 alike. I'm always dabbling in something. Well,
4891 I, I, was going to, well, I did. I got my real
4892 estate license. And I was going to try, I thought
4893 I was going to be a big deal. I was going to
4894 prepare for retirement, retire early, sell real
4895 estate.

4896 R: Mmm.

4897 P4: Make a lot of money and all this. So I got this
4898 station wagon, a big white station wagon, so I
4899 could take people around and show them houses.
4900 And when I got it he was a little upset. You
4901 expect me to drive this thing around? You know.
4902 So [my wife] and I went out and got a Firebird
4903 that spring. I real, real estate, that was a bad
4904 time to get in the market because it was at the
4905 bottom. It was, it hadn't bottomed out yet, but
4906 it was heading there fast. So I decided well,
4907 that's enough of that. This real estate thing
4908 isn't going anywhere. So I traded in the station
4909 wagon for a Firebird and he was ecstatic! He was
4910 just (Chuckle). So he had a pretty good time
4911 those last 3 months, I guess. That's what I
4912 meant, he had the Firebird out that night, and I
4913 said, "If he's wrecked that care, I'm really going
4914 to be mad."
4915

4916 R: So is that how you found out he had died, someone
4917 told you on the phone or?

4918 P4: Well, his friend called up. He had passed out
4919 once before, ah, in junior high school. He was,
4920 it was field day and he was running track. And
4921 like I said he had asthma so he was taking
4922 medicine. He was taking his medication and he
4923 shouldn't have been running, but he didn't think
4924 anything of it. He didn't tell the coach he was
4925 taking the medicine, either. And he passed out on
4926 the track. And I went to the hospital and the
4927 doctor said that his heart rate was accelerated.
4928 And, there again, all these little things, when I
4929 look back on them, I think I should have, I should
4930 have, yeah. I keep shoulding on myself a lot. I
4931 should have gone to a specialist then and I

4932 didn't. There again I tend to trust people in,
4933 not authority, but people with a medical
4934 background. I think they know what they're doing
4935 and the doctor was a, he was a good doctor. And I
4936 didn't think to go to a specialist at that time.
4937 I probably should have, but I didn't.

R indicates response of the researcher.

P4 indicates response of Participant 4 (Alexander)

explained why the idea was the most frequent development but why the summarized variants existed (Weiss, 1994). Through inclusive integration, the locally integrated files were organized into a cohesive, logically sequenced story leading to a conclusion (Weiss, 1994).

During the analysis of data, the journal proved very helpful. In the journal I was able to reflect on the categories I had selected. I could explore how the categories were fitting the data and ponder what was not fitting. At one point of the analysis, I seemed to come to a complete halt. I felt overwhelmed by the volume of information I was struggling to organize. I could look at the literal size of my folder and see that it was large, but I could not conceptualize how to explain what was there.

One evening, I decided to reflect in my journal how this might be parallel to the fathers' feelings at this point in their story. I was working with information regarding the death of the child and fathers' reactions. In attempting to place myself in the fathers shoes, I gained the perspective that I was actually dealing with two separate themes instead of one. One theme was the immediate reaction to the death. The other was dealing with the death over time. Once this change occurred and I created a new folder for this new emerging theme, my work proceeded with much more clarity.

Since the fathers' stories that evolved over time, I have attempted to present my results in that manner. In the next chapter, the reader will first be introduced to the fathers of this study. Following that is information about their families today. Then the attention is focused on the children and the events of their deaths. The fathers' and others' reactions are presented next. Following that is the story of the fathers as they move forward in their lives. The chapter concludes with fathers' comments on the results of the study.

CHAPTER FOUR

RESULTS

Conducting a study of narratives about an event in a life requires an understanding of the framework in which that event occurred. Parry and Doan (1994) referred to this as giving "life intelligibility by placing it on a meaningful continuum containing a past, a present, and a future, which are linked by a particular quality (p. 3)." In this study, five major categories began to appear as I read the transcripts and viewed the videos multiple times. The categories were talking about self, talking about their child, dealing with the aftermath of death, reconnecting with life, and owning the research.

Talking About Self

This continuum begins with learning about the fathers through stories about themselves. I asked them to share information about themselves including age, occupation, and religious identification. This information is summarized in Table 3.4 in Chapter 3. We spoke about their families of origin. I inquired about their family of procreation and their reproductive history. This segment of our interviews served to build rapport with each father and a foundation for understanding the dominant stories (White & Epston, 1992) they told about themselves. Once we started the interviews, their stories flowed freely. They shared

stories of growing up, deciding on careers, selecting spouses, and becoming fathers.

Personal Qualities

Their stories showed personally important aspects of themselves. These aspects, along with the death of their child, served as a common thread running through their stories from the past, into the present, and on into the future (Parry & Doan, 1994).

Arthur spoke about the importance of community. "...I like to see myself as belonging to a particular community on a long-term basis and that is important to me." He attributed this desire to his sense of community experienced as a child.

Now I think a lot of that comes from my background.

Ever since my early childhood, as early as I can remember, we always went there [his mother's home] for the summer for about two and a half months. And I always knew my extended family, my first cousins, second cousins, and even some of my third cousins, who all came back to the same spot in the summertime.

(Arthur)

Alexander shared an important upcoming family event, his son's graduation from college. "He is getting his degree in January. And he's going on, too. He wants to go on and get his Ph.D. and get an academic background"

(Alexander). This mention of family was representative of its importance in Alexander's life.

We always participated as a group, as a family group. That was something that our family, not the extended, but our family, my wife and I never went anywhere without the boys. We, you know, if we were going to take a vacation we took them with us. We never even thought any different of that. Very seldom had baby sitters. We always took them wherever we went. If we went to a play, they always went. Even from the time that they were very young. And they were very well behaved so there was no problem. (Alexander)

Seth shared his story of resilience in surviving multiple catastrophes during his life.

In the meantime, right after my wife and I got married our house blew up. Ah, everything we had. About six weeks after we got married. It was Mardi Gras night and our house blew up. A couple of years later we had another fire. It really wasn't our fire. We lived in a double and my wife and I put it out. We had lots of things happen. It's been one thing after another, after another, after another. Always been recovering from something. (Seth)

Sebastian shared the story of his religious conversion resulting from conversations with his stepmother-in law and

his brother. His faith became a central part of his life.

Whenever I would go up to her father's house who was married to this really good Christian lady. This lady looked like she was God. I mean, she didn't look like she was God, but she was just, she glowed. She loved everyone. She was Christ-like so much. And they told me - like they were trying to show me where the Catholics not were wrong, but - like I think you are being misled. You need to have a personal relationship with God yourself, you know, with Jesus. I fought them tooth and nail. And I was like, no way! Catholic is right! You know, and all this because I was brought up that Catholic is the way, you know. But one day we came into town and my brother was sitting at the table visiting. And we were sitting at the table alone and he went, "do you know that I'm going to Heaven when I die?" I said, "How do you know that?" And he said, "Because the Bible tells me so!" And I went, "What?" And so here he was saying the same thing that this family was trying to push me to do. And so it was like I was more open to what he had to say because I trusted him. (Sebastian)

Zip took much pride in the trouble-free life his family shared.

And, ah, my feeling was that our family was always kind of perfect. And please accept this as I say it, we never had any problems. We've always been to church. Our kids have never had any kind of problem....I felt like we had a perfect existence. (Zip)

Family of Origin Relations

Each father had his unique way of relating to his family of origin. These relationships ran from continued closeness to tension-filled distance. The narratives in this section have been included to show what their relations were like before the death of their child. Changes in their relationships with their family of origin are examined later in this chapter.

Arthur returned each summer for at least a couple of weeks to be with his extended family. His visits served to reconnect him to his extended family. He would spend time with many of his cousins who also kept the tradition of returning to the family's home.

Alexander's relationship changed with his family over time. He described his family as being a close-knit family earlier in his life, "It was an extended family. My grandmother lived with us and my aunt and uncle lived real close. We had a very, ah, close family" (Alexander). As he began to move out of the family and pursue his own educational and career goals "that relationship kind of

degenerated" (Alexander). This pattern seemed to have continued even after Nathaniel's death with the absence of family members at the funeral. Over the years, he formed a close relationship with his wife's family.

Seth's knowledge of his family was limited due to decisions made within the extended family by his parent's generation.

My father was a New York Jew; my mother, a Milwaukee Catholic. And as a result of that we had no family. We lived here. They lived there. We lived here and were blackballed by both sides of the family. (Seth) Sebastian described his family as one that had its share of difficulties but had managed to remain close.

My brother, he was basically a fighter. He revolted against my parents and left at the age of 17. Left the house after finishing high school and he wouldn't put up with all of the strictness and all of that. He left, got married, and has two beautiful daughters....And he's come back to the parents and said, "I've seen the way you've done things and you were right," now that he's a parent. So they have gotten close and that is very good. (Sebastian)

Information about each participant's family of origin is summarized in Table 4.1

TABLE 4.1

Family of Origin Information

Father's name	Number of siblings	Status of parents
Alexander	2 sisters	Both living
Arthur	1 sister	Mother deceased Father remarried
Sebastian	2 sisters 1 brother	Both living
Seth	1 sister	Mother deceased Father remarried
Zip	1 brother 1 sister (deceased)	Father deceased Mother died after child's death

Family of Procreation

I was introduced to the fathers' families of procreation through the stories they selected to share. I came to know their spouses, their children, and their unique relationships with each.

Current marital status

All of the fathers in this study were currently married to the birth mother of their deceased child. The length of the current marriages ranged from 5 to 48 years. Two of the fathers, Sebastian and Seth, had prior marriages. Information about length of marriages is summarized in Table 4.2.

All of the spouses worked outside the home at some point during their marriage. Seth's spouse was the primary breadwinner during their daughter's illness, while he was the primary caregiver.

And I got a job as a distributor, a salesperson for a magazine, a single magazine, a tourist magazine. And that was a real nice year. We made lots of money. I only had to work half-time and it was a wonderful job. And then he sold the business. And the new guy saw how much money I was making and I had already built up the business. And they said we don't need a salesperson anymore. We'll do it all by the phone. So I lost that job. And that was '87, June of '87. And I decided to

TABLE 4.2

Participant's marital information

Father's name	Length of current marriages	Previous marriages
Arthur	5 years	0
Alexander	32 years	0
Sebastian	8 years	1
Seth	19 years	1
Zip	48 years	0

take unemployment for awhile 'cuz I had never been in that position before, always working for nonprofits and all that kind of thing. And that was when Ruth got sick the first time in August of '87. So I became the house father for two years. My wife had a good job. And she didn't really want to quit it. I had no job, so, it just made sense for me to take over the hospital and house responsibilities while she worked and supported us. (Seth)

Other Living Children

To understand the family system that existed at the time of death of their child, fathers were asked about other children in the family. Four of the fathers in this study had other living children. Seth has one living daughter from his first marriage. Seth's first daughter's health problems resulted in brain damage at an early age. She currently is living a productive life in a group home setting.

We had a child, who is now, she will be 27 this next birthday. And, she was a healthy child up until she was six months old when she started having grand mal seizures. And then when she was a year old. She had between the ages of six months and one year old, she had a series of grand mal seizures. But everything seemed to be okay. They were claiming they were febrile convulsions. She'd always spike up a fever.

And then when she was about a year old, she had a seizure that lasted seven hours. And they ended up giving her an anesthesia to get her out of it. Subsequent to that, we later found out that she had brain damage. That is something that she has been dealing with all of her life. She is a very functional, very charming, young lady. She lives in a group home situation. (Seth)

Alexander had one living son at the time of his son's death. That son is currently pursuing his graduate education. He and his wife were planning to attend his graduation in a few months. Sebastian had one living son at the time of his second child's death. Another son has been born since Michael's death. Zip had four living children. Zip was the only grandfather participating in the study. He had four grandchildren.

Arthur is the only father who did not have other living children at the time of his son's death. He and his wife have since adopted a son.

He was five days old. We had been interviewed by the birth mother. It was a private adoption through an attorney here in town who does a lot of adoptions. We really didn't expect anything to happen. It was probably a year and a half after we had talked to her and put a letter on file with her. (Arthur) Information

regarding living children is summarized in Table 4.3

Talking About the Child

Birth Memories of Their Child

The fathers easily related stories about their children's birth. Since the age of children varied so, four months to 18 years, the fathers often began their narratives with their most recent memories of their child. The five children spoken about in this study entered the world amidst varied circumstances. Some arrived before their scheduled time in a frightening series of events. Others arrived with little trouble. Because of changes in attitudes regarding father's presence at the moment of birth, some of the fathers were present at birth, while others waited patiently in the fathers' waiting room.

William, Arthur's son, was born prematurely. Arthur found his birth frightening because he did not know the implications regarding his son's survival. All of Arthur's focus was on his wife and supporting her as the medical team attempted to stop the labor. It wasn't until he tried to engage his father in a phone conversation that he felt the impact of his worries and fears. The feelings were so intense, he was briefly rendered mute.

William was born 2 months premature...It was a Sunday afternoon and she felt as if she had indigestion, but then it seemed to have a kind of rhythm to it. And we

Table 4.3

Information regarding living children

Father's name	Number of living children
Arthur	1 son (adopted after William's death)
Alexander	1 son
Sebastian Michael's	2 sons (one born after death)
Zip	3 daughters 1 son

thought, "sounds like contractions, but that is pretty crazy." And she called the doctor and they said, "Take, ah (I can see the bottle) Paregoric. And if that doesn't stop it then it's labor. It is not false labor." And that didn't stop it, so, we got in the car and went to the hospital. And they put her on the, I can't remember what it is, but, there is a medication that is supposed to stop the labor. And she was on that all night. And it didn't really, it might have slowed it down a little bit. But by 7 or 8 o'clock in the morning, because it wasn't having enough of an effect and they said that she was beginning to dilate. And it was only two or three hours from when they took her off the medication to the birth. And so everything happened very rapidly...I remember thinking when the baby was going to be born, I had no idea if that meant that the baby would have very little chance, whether they would have a chance to live. I had no idea what sort of chance the baby would have, because I had never read anything about it. And I remember when I called my father. They were still up in Canada because they spend through about the end of September up there. And I remember when he answered the phone I couldn't talk for, I don't know, it was probably only ten seconds or five seconds. But, that was when I realized this was a

big deal. I just couldn't [say] anything right at the beginning and then, I told him what was going on. Of course, they couldn't be there at that point because they're about 1,500 miles away. And then there was actually a certain amount of excitement knowing that the waiting was going to be over and something definitely was going to happen and the baby was going to be born. I didn't have very much time to get into the outfit the Dad wears into the delivery room. We had known the ultrasound and from the amniocentesis that William was going to be a boy and we had picked the name. He was just under four pounds. And seemed from what they could tell the first day, seemed to be fairly healthy and didn't need to go on a respirator except for during the 24 hours. (Arthur)

Alexander spoke about the complications of Nathaniel's birth. We began the story of the birth by talking about the trend toward allowing fathers in the delivery room for the birth.

When his brother was born, for instance, I was not in the delivery room. I was with my wife up until the time when she went in the delivery room. And I don't know how it would have worked out with Nathaniel. The doctor immediately realized that something was, something was not correct. We knew something was not

correct. On a preplacental birth, she was passing the placenta at home before we went to take her to the hospital. And so I don't think I had the choice. The doctor wanted me in the ready room until she went into surgery. It was not possible for me to go in. He [Nathaniel] had no problems at all. I can remember when the nurse gave him to us when we were leaving the hospital. She said, "I really feel sorry for you." And my wife looked at me and we said, "What do you mean?" And she said, "He cries all night long. He just fights and screams and kicks and just doesn't sleep at night at all. You are in for a rough time." We took him home and we never had any problem with him. Slept at night, not any problem at all. I guess he just didn't like the hospital. (Alexander)

Seth had different options regarding his presence in the delivery room for the birth of his daughter, Ruth.

We both were very involved in the pregnancy. Went to all the classes. And she wanted to try natural child birth and there was a birthing room out at [the hospital]. We went through all the courses and we saw all the films. It was exhausting. And she was born in the birthing room, eight hours from the first labor pain to delivery. It was her first baby. And she is a little skinny thing. Everybody said, "Oh, you are never

going to be able to do this!" But she did it. And she really did it on her own, because besides being there I was, you know, I was just a wart. You know, I forgot everything. I kept falling asleep. It was 4 o'clock in the morning before she was born. But, you know, we got through it. By 6 o'clock that morning, my wife was up walking the baby around the room, and I had fallen asleep in the birthing bed. I was exhausted after all this, you know...They were amazed in the hospital. They don't even allow first time mothers to go in the birthing room anymore, because so many of them failed...She was very determined, very hard headed woman. She is not going to back down once she feels like she has got it, you know. (Seth)

Sebastian's son, Michael, arrived after his father had completed paramedic training. They were living with their mother-in-law at the time. Their family was not very supportive of this pregnancy.

Zip was very proud of his first son "as all fathers are" (Zip).

Valued Memories

Each father shared memories from later in their child's life. After reflection, I came to understand these stories had been selected to help me understand what they valued about their child and their unique relationships. These

memories seemed to be highlights about the children and served as a way to idealize the child.

Joy of Fatherhood

Arthur's son excited his father so much. "I remember just a week or so after we got him home, looking at him asleep in the bassinet and just wanting to jump up and down and wanting to wiggle, you know, because he was so cute" (Arthur). He was also special because of his unique status as the only male child in that generation.

So this was going to be the only person to carry on the family name. And even though part of me feels that shouldn't be a big deal, but it was an expectation. It was something I was very proud of. And looked very much forward to a son who would be of my flesh and blood. And a son who would be a combination of my wife and myself. (Arthur)

This story echo's Giannozzo Manetti's idea of taking pleasure in immortality through his son (Banker, 1976).

Enriching the World

Their memories helped me understand how their children's lives had enriched the world.

He had a friend who was in an automobile accident the year before and he was...in a coma for about a week. And Nathaniel was the one who was up there talking to the parents the whole time, you know. He was at the

hospital more than he was home with us at that time. And the parents always told me about that afterwards. But he was, he was their source of strength at the time. At least, that is what they told me. And he organized a blood drive for the boy and everything else. Eventually, he came out of the coma. I don't know if Nathaniel was responsible for his coming out of the coma or not, but I knew he spent an awful lot of time up there with him. (Alexander)

Intensity of Life

Seth's story of his daughter, Ruth, demonstrated the intensity with which she lived life. She received a full scholarship to a respected dance academy.

Just like school and just everything else, she excelled at it. She went at it with a lot of enthusiasm. She was just good. She knew she was good, but she wasn't all that impressed. But she worked hard at it. She understood that to be good in school she had to work hard. She would get up at 4 or 5 o'clock in the morning. I mean, this is like a kid in the fifth grade did this. I guess, I guess she was in the fourth grade, actually. Because she got sick before she would have gone in the fifth grade. But she worked just as hard at dance as she did her school work. She played hard. She was just a great kid! (Seth)

Creativity and Intelligence

Sebastian's son, Michael, showed off his creativity and intelligence in his play.

He was smart. He was talking. He was very intelligent, understood a lot. And he took a lot after Mom. You know, like he wanted to cook. He played with cooking things. He served us pizzas when we got home, little plastic pizzas. (Sebastian)

Bringing Happiness

Wesley, Zip's son, was a bright spot in his family's life.

Wesley was a great son, a great athlete, and loved fishing and hunting and that sort of thing. That's why we moved to the country and found a four acre home. I spent a great, great number of hours with him every minute I was off. We played football, touch football, with the two boys and they fished a lot...he was a very happy fellow and always keeping us at a high level as happiness goes, the whole family. So we were very fond of Wesley. He was exceptional. (Zip)

Health Narratives

The health of the children, prior to their death, varied immensely. Zip's son, Wesley, and Alexander's son, Nathaniel, had no major health problems before their death. Seth's daughter enjoyed good health until she was diagnosed

with Wilms's tumor, a childhood form of kidney cancer.

She got sick. The day she got sick she weighed 42,43 pounds. And within 3 or 4 weeks, she was down to 22 pounds, you know. She was physically devastated by the first round of cancer that she had. (Seth)

This highly curable form of cancer was treated by radiation and chemotherapy and remained in remission for four years. Later, Ruth developed acute myeloblastic leukemia, AML, a form of leukemia generally found in adults. They believe that her previous cancer treatments contributed to the development of the leukemia.

Looking back on how their lives revolved around the hospital routine, Seth recalled their ironic reaction to day surgery for a cyst three weeks prior to Ruth's first cancer diagnosis.

At the beginning of August, we had to bring her to get that cyst removed. It was growing. And we brought her to the hospital. We brought her in there at 5 o'clock in the morning and we did this thing and stayed with her all day long. And she came home that evening with a patch on her eye like that. And we're just slapping each other on the back. We were totally exhausted when it was over. Slapping each other on the back. Boy, we are wonderful parents. Look, we went through this whole day of this torture, this agony, you know. And

then, wouldn't you know it, three weeks later she gets this cancer. And then all of a sudden the hospital became our way of life. And that one day we did become just so insignificant. (Seth)

William, Arthur's son, and Michael, Sebastian's son, were born with heart defects. Michael had one successful surgery and had undergone his second surgery when he died of complications. William had one surgery to repair a hiatal hernia and died during a subsequent surgery to repair his heart defect.

The valve that goes from the heart out into the aorta was not formed properly so the blood could not be pumped quickly enough. The heart had to work too hard to try to get the blood pumped into the body. And when they went in to perform the surgery, they found that it was not; often they are able to fix that by cutting the different valves. There are usually three flaps; when this happens sometimes the flaps just aren't formed well, but the material in the valve is flexible enough that they can cut it and then it works pretty well. In his case, the membrane in the valve was much too thick so there was not enough flexibility and they couldn't really do enough to fix the valve. (Arthur)

William spent a total of three months in intensive care while his father split his time between work and visiting

his newborn son. "Every day we would go down to see him in the evening and on weekend we would go a couple times a day" (Arthur). Since his wife was on maternity leave she would visit twice every day. Feeding became more difficult after the repair of the hernia. Since he could no longer burp, feeding time became a struggle.

He couldn't usually eat very much at a time. It would take an hour on the average. When it would take a half an hour, we thought that was wonderful. And so we were feeding at least once every three hours. So, once he came home, we were definitely up most of the night. Well, you had at most two hours in between the feedings. That became a very difficult time because both of us felt it was too much. (Arthur)

The stress of caring for his needs created a tension for them, especially after Arthur returned to his teaching duties after Christmas break and William was home.

I was going back to school. There was no one to help her during the day and at the end of the day she was completely tired and ready for me to take over. So, she was doing all that she felt she could do. And I looked at my day and said, "Well, I'm working during the day and taking care of the kid at night. And there isn't any other time for me to sleep or get ready for class." So we were pretty mad at each other. (Arthur)

He spoke candidly about the conflict created by the demands of his child's care and the joy of having him home from the hospital.

That was another thing, I don't know if William had lived how we would have been able to cope with the continued need he would have had for our care. Because we certainly weren't coping with it. Although, there was a great deal of joy in the fact that he was able to come home and be detached from all the wires and all the tubes and that he did respond, and loved to snuggle and be held. You could lie down on the couch and he would go to sleep on your chest. (Arthur)

Sebastian's son, Michael, had his first surgery at the age of six months. Prior to his surgery, he suffered from congestive heart failure which was corrected by a pulmonary banding. He was a smaller, skinny child because of the defect.

What had happened was his heart was beating so fast to make up for the oxygen that wasn't being transferred properly. His heart had to beat so fast to make up for it throughout all his body. So he burned up all his calories and anything. He wouldn't eat much. He just would cry and cry. (Sebastian)

Sebastian experienced frustration because the heart defect and other illnesses left his son with little energy to relate to him.

I tried. I'm very good with the kids as far as I take time with them. I change their diapers. And I learned that from my Dad never spending time. I always wanted to be with my children. He would always cry and would always be sick. My son [his brother] would run home with a little bug. He would catch it right away. He would always be sick. Always be going down. And it was nonstop for the two and a half years that he lived.
(Sebastian)

Michael's heart defect included a hole between the two ventricles and a structural anomaly in which the aortic and pulmonary arteries came off the left ventricle. Each ventricle was supposed to have one artery.

Both William and Michael underwent surgeries with predicted 80% success rates.

The Child's Death

Telling the stories of the actual deaths of the children was very emotional for the fathers. During the narratives, they demonstrated strong emotions through their words and their tears. It was not unusual for the fathers to stop for a moment during this section to compose themselves before proceeding. During transcription of the

tapes and analysis of the data, I, too, found myself in tears. The stories were so powerful, I often felt I had to take a break after working with this section of data.

William, Arthur's son, died during surgery. He had grown to the point where he either had to have the surgery or would experience a decline in health because of the increased demands on his heart.

And my parents had gone home, but they came back for the surgery. And I remember that we had been waiting quite awhile and that one of the nurses, we had known already because she had worked neonatal, came down and told us that they were trying to get his heart started going again and they didn't know whether they would be able [to] or not. And at that point, even though it wasn't yet conclusive, I remember thinking, this looks like it is now. (Arthur)

Alexander's son, Nathaniel, died suddenly and inexplicably the night before he was to leave for college. He was out for the evening with friends, collapsed, and could not be revived.

It happened in the early morning hours. He collapsed on the street and died. He was with a friend, but his friend wasn't with him (at the moment he collapsed)....His friend called and said that he couldn't bring him, couldn't revive him. And he was a

life guard at one time. He was trying to revive him using CPR and it wasn't working. And by the time my wife and I got there, the ambulance was there. And the paramedics were trying to revive him and it had been 20 minutes, I guess. (Alexander)

He spoke to the tension, like Arthur's, of wanting his son to live, but, not knowing how life would be if he were granted his wish.

I knew right then after 20 minutes there was really, I wasn't sure I wanted them to revive him after 20 minutes, you know. That's a hell of a thing to say. It seemed impossible to me at that point cause there was no life signs at all and they were still working on him. (Alexander)

Because Nathaniel's death was unattended, an autopsy was required. But even that gave very little information regarding his cause of death.

The autopsy showed nothing. They said that his heart was normal. Although it was enlarged, he had a perfectly normal heart. And there were no problems. So I took the coroner's report to three different pathologists and they all told me the same thing. That it was a malfunction between the electrical system in the brain, the signal that keeps your heart beating at a regular rate. It's not uncommon in males between the

ages of 14 and 26 or 27. That it happened occasionally, but it happens. (Alexander)

Ruth and her parents stayed in the hospital almost one year until her death. Her protracted illness meant that the family literally moved into the hospital. Seth would often, to the staff's dismay, sleep with Ruth in her hospital bed because she found it comforting.

We pretty much lived in the hospital from August until she died in June. We would go home a few times and then her counts [blood counts] would fall down again and she would have to go back into an isolation situation. Or she would need more chemotherapy and she would have to go back for that. We never were, I think we were once home for two weeks during that period. But generally, I think, we were home for three or four days at a time. She would spike up a fever and we would have to be concerned with that. The doctor wanted her to go home most probably a month or maybe not even that before she died, but she just didn't want to go. She felt more secure in the hospital. And so she just stayed in the hospital until she died. (Seth)

Sebastian's son, Michael, was undergoing his second and hopefully last heart surgery. They had carefully weighed their options of surgery, opting for a single procedure with a high rate of success. This required a change in doctors

and hospitals. Their first indication of difficulty came from a surgical nurse.

All of a sudden, this nurse comes out and says, "can I speak to the family?" So I had the pastor come in with us. And the wife of the pastor and Mom and Dad and her Dad came in. And they said they are having complications in surgery. And it's like, oh, God! So we just started praying, and praying, and praying. So, after, they basically came and out and said, "Well, he survived and this is what happened. It didn't go well and we didn't know what happened until the surgeon finally put pressure on the pulmonary artery, like the band again." You know like putting the band on again. "And that allowed him to start his heart beating and to stay alive." But he was in ICU, intensive care.

(Sebastian)

Despite Sebastian's medical training, he and his wife were not prepared for seeing their child connected to all the equipment in intensive care.

So we go in there and Michael has all kinds of tubes all over him. I've been in emergency medicine a long time. I've seen people with all kinds of surgeries with all kinds of tubes in them, but I haven't seen anybody with this much. And when he realized we were there, he looked up. He had a tube down his throat.

He mouthed, "Mamma." And my wife just sat down. She couldn't even do anything. But me, being a medic, I stood right by his side and said, "We are right here with ya." (Sebastian) Sebastian reported his wife had said she was paralyzed by the smell of death in the room.

The medical staff sent them home to rest that night and Michael's favorite uncle kept watch during the night. Shortly after they entered the hospital the next morning, they were paged to return to ICU.

So we go up there to the pediatric intensive care and they ask us to come in this room. And we are sitting there. And all of a sudden the doctor comes in. He's got tears in his eyes. And he says, "I'm sorry. They did CPR on him. They couldn't bring him back." The autopsy showed that the heart was fixed. It was done correctly. However, his body couldn't compensate for the correction. The heart was beating normal now, but, his body has been used to the abnormality of it, you know. (Sebastian)

Zip's son, Wesley, was electrocuted during a freak boating accident on the family houseboat during a holiday weekend. Zip had gotten Wesley a small boat called a skipjack. He and his sister had just returned from a spin around the lake. The family and friends were gathered on the deck of the boat as they returned.

And he was coming in and aiming for our boat, our house boat, with his skipjack and his sister on it. It looked like he was coming a little faster than they should. And he hollered to help stop him, which we did constantly. And the way you did it was you would stick your foot out there and the boat could hit it and the boat would stop. It was a little boat. He came in. For some reason when he stopped, he jumped in the water. And I hate to tell this story too much. When he jumped into the water, he kind of went under. And he was struggling under the water and shaking and all. He was being electrocuted. And I dived in. The boat, when I dived in, turned over. I'm talking about the skipjack boat. So anyway, when I jumped in the water and the boat turned over with my daughter on it. She was shaking like I was because we were both being electrocuted. But we weren't under the water. And my wife was screaming at us, trying to get a pole to help us and all. And he came up once and then we didn't see him anymore. We kept trying to work on it and my daughter and I couldn't move. We were under the same electrocution...Eventually we went around. And if you go far enough, the electricity can't go forever. And they had a pole, they pushed us in. We were panicking. So finally we turned off the electricity. They had a

switch box. And I went in after him. Another person pulled him up. And the ambulance came in a little bit. And it was supposed to have a pump on it. And electric pump on it to work on him. And that didn't work. So then they also had the nurses and all and they rushed him to the hospital, which was a pretty good way. (Zip)

Child's Funeral

The families in this study followed a common pattern of ritualized mourning following the death of the child. All families held a wake or visitation prior to the funeral or memorial service. Most participated in a funeral service which concluded with internment of the body at the cemetery. Arthur's son, William, was cremated and his ashes were buried in the church courtyard at a later date. The pattern of the timing of the wake or visitation varied being either the day before or the day of the funeral or memorial service. Four fathers buried their children with meaningful mementos placed in their coffins.

Fathers spoke about not knowing how to put a funeral together and depending heavily on others to guide them on what would be appropriate. They placed their trust in clergy and funeral directors. They were often relieved to have others make concrete suggestions and often stated their wish there had been some simple formula to follow. They described themselves as learning as they went. In our

conversations, they shared stories of how their spouses gave voice to their (fathers') frustration of being in the situation of planning their child's funeral during a time when they were barely aware of things like needing to eat.

But I remember my wife saying, I can't remember what he was asking us, but, she said, "Look, I feel I shouldn't even be having to make these decisions. I can't tell you what I want. I don't want it at all!" (Arthur)

Mementos for Eternity

It was my young cousins who, by placing letters in our grandfather's coffin, began the tradition in my family of placing mementos in the coffin of our loved ones. It has continued with letters included in our grandmother's coffin almost a decade later. When my father died, we decided to place a peppermint candy cane in a pocket of his jacket. My brother said he just didn't feel Dad was dressed without it. Dad always carried some sort of mint. While it might be spearmint or butterscotch, most often it was a peppermint. And while I know of no Scottish custom of burying the dead with mementos, it was a comfort to us that our father took to his final resting place a token from his children. His peppermints had been treats for us during our lifetime together. Perhaps they would be treats for him in the hereafter.

Four of the families chose to enact this same idea with their children. Their presents would serve as a connection with their children for eternity.

Alexander and his wife decided to include items from both the recent and distant past in their son's, Nathaniel, coffin.

He'd had a blanket. It was a plaid blanket. The reason we put it in the coffin was he had used it to dress up like MacBeth. He and his girlfriend went as MacBeth and Lady MacBeth [to Literary Day at school]. He had some toys as a baby that he, even as a teenager, he told us he didn't want us to get rid of them. He made us put them away for him, you know. He would have been embarrassed if we'd done it. So we did it on the sly. So we put those in the casket, too, but, we covered them up so no one could see it. (Alexander) Sebastian placed in Michael's coffin gifts that he had not had a chance to give him and gifts from others.

I put pictures there of all of us and then some girl drew a little heart for him. And she drew it in blue and red. And it looked just like a heart. I mean, real, like you would see on a sonogram or a cardiogram. And we put that up. And I told them after surgery I'd give him two G.I. Joe's. These big G.I. Joes that they

came out. Well, I had them for him. So I stuffed them in there under his feet. (Sebastian)

He also included in the service balloons for people to carry during the procession to the grave. These were released at the conclusion of the graveside service.

Dealing with the Aftermath of Death

Fathers' reaction to death

Disorientation

In discussing their personal reactions to their child's death, the fathers spoke of a disorientation. The death was untimely, unexpected, and unwanted. It knocked them off their feet. They had trouble simply getting through the day. "Certainly we felt surprise and knocked about by circumstances. Not able to really plan and more feeling like life took a hold of us instead of us taking a hold of life" (Arthur).

Physical Reactions

The somatization of Alexander's feelings immediately after Nathaniel's death became apparent as he said,

I can remember the feeling in my stomach the night he died. And it was with me for weeks. It was a physical manifestation of grief. I had it in my stomach, in the pit of my stomach, and it was, I liken it to fear...I can describe exactly the last time I felt that feeling in the pit of my stomach. Nathaniel and I were

together [at a nearby beach]...And I'm sure they have them on all beaches. They have these huge water slides. They must be 50 feet up in the air, I guess. And when I stood at the top of that thing and looked down, I had that feeling in the pit of my stomach. And I almost turned around and walked back down. If he hadn't been with me, I probably would have. But that was the same feeling I had. I guess it is fear...I can remember as a child, I guess, I had that same feeling when I thought about death. I remember lying in bed thinking. You know, the lights are out. The family is all asleep. The room is quiet. And you are thinking of death and you're thinking this is what death is. But, then you start thinking, kind of taking stair steps about it in your thinking process. And you say this couldn't be what death is because when there is death, there is nothing there. And you start to think. And you say if there is nothing there, I'm not there. Then you get scared. I can remember feeling that a long time when I was a child and I can, it's almost like I can remember the night when I went to bed and it was gone. And I can't explain it. Cause I can remember one night going to bed and lying there and saying I'm not afraid anymore. (Alexander)

Cheated by Death

Sebastian and Arthur had held hope for the high chance of success of their sons' surgeries and felt cheated they had to endure the seemingly small percentage of chance that it would not be successful. For Sebastian, news came after the surgery if his son survived he would need at least three more surgeries. He was not prepared for that news having chosen the procedure specifically to decrease the number of future surgeries for his child. "And we were just blown away. Here we were telling this kid this was the last time he was having surgery. Doctors telling us 98% success rate" (Sebastian). For this family, the news became even worse the next day when Michael died.

From that point we were just like blown away. Think, "No! No! No!" And I was like oh, God! You know. This is happening to me? This isn't supposed to happen to me! This happens to other people!...I was walking like a zombie. I was in a trance. I don't know how to explain that, but, I just couldn't believe it was over with. I couldn't even drive home. (Sebastian)

Arthur and his wife carried their own expectations to the surgery waiting room.

I think we really expected that he was going to be all right, although, we knew by that time the heart problem was more serious. Actually they told us that the

percentage chances of the surgery of being successful was somewhere between 80 and 90%. So that is a pretty good chance. They did mention, also, the chances of there having to be future surgeries was very, very high. So that this one had a high chance of success, but there have to be, most likely there would have to be others. (Arthur)

Shattered Beliefs

Arthur's strong belief in the power of faith in healing was tested by this surgery.

I always felt to some extent that a lot of things were possible with God...And I thought you never know what can happen in terms of healing. I don't know. I didn't pray very much for that. I think that I was perhaps afraid to ask for something that important. I have been able to pray for small things, but it was hard to trust God with the life of your son. (Arthur)

Zip's idea of a perfect family was shattered. With the death of one member, Wesley, this imperfection was too much to bear. He did not want to talk about it and refused to discuss it for many years. "And I grieved a lot personally and always think[ing] that you were not supposed to cry. A man is not supposed to cry. Which had changed in my thinking many times, but at that time it didn't" (Zip).

Seth, who had known for quite some time that his daughter would not survive her leukemia, found the actual event of her death very difficult. "Well, I ran the gambit (sic) of emotions when she died. I was heart broken. I missed her. I was relieved. I knew she was going to die" (Seth).

Shock and Disbelief

Shock and disbelief were primary responses to the death of their children. Other emotions and concerns emerged over time. The fathers spoke of their desire to be helpful and supportive to their wives. For Arthur, this occurred after the surgical nurse had informed them there was some difficulty in starting William's heart.

I just remember waiting. And I remember all that my wife could do at that point was cry. And I also think that was the beginning of my wondering what in the world can I do for her? Can I do anything for her?
(Arthur)

Double Bind of Supporting

The desire to support also created a double bind for Arthur. He spoke about being caught between the desiring to help his wife and realizing his own limitations.

And maybe losing William was kind of a culmination of saying, "I've got an awful lot to try to carry on my shoulders and maybe, too, I needed to decide I don't

have to carry it on my shoulders. Maybe that's not something I have to do." But, I didn't see another approach. I didn't feel I could tell my wife, "I can't do this." Because I felt if she needed me to help in some way, I needed to help. I needed to figure out a way. Because if I couldn't help, things would only get worse. (Arthur)

Alexander, in a letter to me after the conclusion of the interview process, wrote:

I wanted to relate the time I found myself driving on the Interstate and crying during the first year following Nathaniel's death. I also found myself worrying about my wife, so deep in her grief that she couldn't sleep or eat and losing so much weight! There was so much on my mind during the first year or two that my feelings were put on hold for days at a time. (Alexander)

Much like Alexander, Seth felt he had to devote more energy to assisting his wife than to the demonstration of his own grief because "...she was definitely more emotionally affected than I was" (Alexander).

Why me?

Fathers grappled with the question of "why me?" "And when Nathaniel died we searched all around for it. Obviously, as we couldn't understand someone as talented and

had so much of a future ahead of them had suddenly died for no reason. He was perfectly healthy" (Alexander).

Guilt

Guilt was not an unusual reaction amongst the fathers. Zip blamed himself for having the boat made in which his son was riding at the time of his death. Sebastian wondering if his son's heart defect was a punishment visited upon him. Alexander wondered if consulting a specialist after a health incident with his son might have made a difference.

Anger

Anger emerged for several of the fathers. While Arthur initially found it hard to relate to his wife's overt anger toward God, his anger was more hidden from open expression, "...I thought God wants to love me, but if there's any way I can get back at Him, I won't let Him near me. Cause that's going to hurt Him" (Arthur).

Surviving the Death

Hearing their wives discuss their desire to die after their child's death was difficult for the fathers. When asked if they entertained the idea of suicide following their children's death, all fathers stated they had not. This was not considered a possibility for them. "...I knew I would have to continue on. I'm going to survive it" (Sebastian). "I never had any desire to die myself" (Arthur).

Cultural messages about grieving

Nothing in their lives prior to this event prepared them for the grief they felt. Fathers, like Zip, found themselves in conflict with the cultural messages of how to live and the actual emotional experiences of grief. The men don't cry rule was impossible to uphold, so he retired to a room where he could almost be guaranteed of privacy, the bathroom, to shed his tears.

As the oldest participant, Zip saw himself as having been raised with very different messages from the younger fathers. The younger fathers had lived, in their formative years, through a time when gender messages were changing. Men were encouraged to recognize and express their feelings.

Arthur's previous loss experiences held the messages that grieving was a normal response to death, and one could be open with others about their grief. "I felt that I got growing up that, yeah, it is ok to cry as a man and that at times that is very appropriate. That it can be positive" (Arthur).

The message that family is the center of life has shaped how Alexander will help reunite the family at the end of his lifespan. His wife would like the family to be buried together. So Nathaniel will be moved to a family plot some time in the future. Alexander will also honor his wife's request to be buried with the other half of the plaid

blanket they placed in their son's coffin. He felt certain he could entrust this task to his remaining son should he predecease his wife.

Seth, who described himself as a child of the '60's, felt the changing roles of men and women and his own background instilled in him a versatility necessary for his survival.

So, I mean, I hit it at just the right time, you know. I mean it was great time to be 18 years old...all different messages were coming then..whereas before you had to be tougher and stronger and less tolerant and more rigid. The messages of the '60's were just the opposite. You know you could be more tolerant. You could be more feminine. You could be more sensitive. You know, it would always kind of bug me when people would talk about feminine traits as opposed to masculine traits. And they say masculine is this, it's rigid, it's hard working, it's narrow minded and all that. Feminine traits are nurturing and it's nice...I was lucky and think it is reflected, too, in how I handled the situation with Ruth, the progression I have chosen, [and] how I handle my self on a day-to-day basis. That I was always put in the position that I had to be multi-whatever, had to do men's things and women's things. (Seth)

Previous Losses

None of the fathers participating reported feeling prepared to deal with the loss of their child as a result of previous losses. Most saw previous losses as natural life cycle events that occurred in the older generation.

Arthur had experience the untimely death of his brother-in-law. Through the experience of his sister's grief he learned that eventually hope and joy could return to his life at some point. He had asked her if he would ever laugh again and she had gently reassured him...eventually.

Fathers' Perceived Differences in Grief

The fathers all saw their grief as being different from that demonstrated by their spouses. It was not unusual for couples to engage in conversations about the noticeable differences in their grieving styles.

It was difficult for us because we didn't respond in the same way. And my wife would often ask me, "Why, why aren't you willing to talk more about it? Why aren't you crying more?" And , you know, and one part of me was angry and thought, you know, "I'm going to react the way I'm going to react!" You know, I was kind of like to a certain extent I felt, I was being accused of being a typical male and not allowing myself to feel. And yet, I felt like I am not going to fake

it, you know. And I do feel terrible, but I don't necessarily feel like crying all the time. (Arthur)

Seth and his wife disagreed about the meaning of his grief. He saw himself as being deeply touched by Ruth's death. The existence of having another living daughter became his wife's explanation for her perception that he wasn't grieving. He spoke about needing his wife's validation of his grieving.

Because it is kind of like, like you don't really understand who I am. You don't really understand the genuineness of my feelings. You don't give my grief the credit it deserves. You know, it is just as real as yours and just because I am not crying, blowing my nose, and all of this doesn't mean it doesn't exist. (Seth)

The fathers spoke of their grief having a rhythm that was different from their wives'. The metaphor of waves was a common means of expressing this. For Alexander the difference was in both the duration and frequency.

My wife's grief seems to come in large blocks of time...The healing process for her seems to be prolonged and slower.... It is taking a longer time to arrive at a point where the healing seems to be occurring. With me, and I don't know whether I'm typical of a male or not, but it's more in waves.

Shorter periods of time. My valleys aren't as deep as my wife's. But they seem to be more reoccurring. They occur more frequently...And my grief seemed to be more inward than with my wife. (Alexander)

Seth spoke of his grief as wave-like as well. "Some days, some days I feel very strong. And I feel that the emotional waves aren't there and they will come and hit me out of nowhere" (Seth).

Arthur described his grief as "not so much intense waves for me, but a general pain or depression that was difficult to define in terms of feelings. What came unexpectedly were outbursts of anger in difficult situations not necessarily related to my son's death" (Arthur).

Zip's grief silenced his voice around the topic of his son's death for several years. His idea of this being the perfect family was shattered by this death. He chose not to speak to others about the death of his son. Unbeknownst to others, Zip would cry privately in the bathroom. Ironically, that was also where his wife followed the same pattern. Several years later they discovered this shared pattern.

The fathers often offered their explanations for the existence of a difference in the grief of mothers and fathers. They felt the physical connection a mother establishes with her child during pregnancy resulted in a difference in the grief at the child's death. Alexander

reported having spoken with three or four other men about their perceptions on why mother's grief seemed different to father's grief.

...we did come to the same conclusion that it must be much more difficult for a woman to lose a child that she has been part of in the birthing process, you know, as opposed to the male, who stands by and watches all of this and would like to believe he is a part of it. Physically, he is really not, maybe emotionally and spiritually, but not really physically attached to the child as the mother is...and we thought that perhaps that might ease the grieving...for the father.

(Alexander)

And I think the differences there to me seem to be mostly the differences between men and women in terms of physical differences. My wife had carried William in her womb. And said, "I feel like I have a big hole missing." And I didn't feel that. I didn't think there was something wrong because I didn't feel that, but it was difficult. The fact that each of us was mourning differently was difficult (Arthur).

This difference in mourning styles seemed to raise the issue of the validity of the fathers' grief. Who could these fathers turn to for validation? If their grief appeared different from their wives, would they still be

seen as good fathers if the mothers appeared more outwardly affected by the death? While they were supporting their wives, could they count on them to be equally supportive?

The fathers reported feeling burdened supporting their spouse without reciprocation.

...I felt I had to spend a tremendous amount of energy and emotions to be supportive and to try to help her through the pregnancy and the extended hospital stay. And then helping, you know when he had come home. So I was definitely angry because I felt, you know, that she hadn't been very helpful. At the same time I know intellectually she wasn't able to. But I guess what I felt was, "why me? Why do I have a wife like this?"

(Arthur)

For Seth, the difference in his grief was accounted for by two reasons.

I didn't demonstrate my grief or my whatever like she did. I mean, there were two reasons for it. One, it wasn't in my nature. The other was we had to deal more with her than deal with me, because she was definitely more emotionally affected than I was. (Seth)

Interactions with Others

Spouses

Despite the differences that fathers perceived between themselves and their spouses in the way they grieved, the

fathers all described their wives as supportive to them through this period of time. The wives were described as being patient, appreciative, and tolerant. The fathers were very appreciative their wives seemed to work at maintaining the quality of relationship they had shared prior to the child's death. This seemed to serve as a solid foundation for the fathers. "She is very tolerant of me. You know she had been supportive of me. We have always been very open with each other so that didn't change" (Seth).

I think that she was able [to be supportive of me] even through all the pain that she experienced and even though a lot of the things I would do from time to time were annoying and would bother her. She always has expressed her appreciation for how much I have done.

(Arthur)

"I think she has been supportive in that she hadn't changed any" (Alexander).

[She was supportive] by being together, wanting to talk just as much as I did. Wanting to pray together. It was nothing to start praying and she would join in or start crying together and hear some good songs by Don Francisco " (Sebastian).

Family

The definition of family varied amongst the participants. For some it meant the immediate members of

the household. For some it included blood relatives as distant as third cousins. One family was defined as being made up of unrelated members who shared a deep connection with one another.

Fathers described their interactions with their families as at times helpful and at times hurtful. Some fathers had their family gather with them immediately after the death. They helped with action-oriented support such as fixing meals.

Arthur found being told by other family members they, too, felt a great loss was helpful. He did notice the difference in the reaction to the death between family members who had met William and those who had not.

...my older sisters's family had never met him, her husband and two children. They came down to visit. They are from St. Paul and they came down to visit in April of the year that William had died in January. And when my older sister came into the house, she said it just hit her because last time she was in the house was when he was baptized and she was returning and he wasn't there. I mean, she knew he wasn't there, but she said, "it was to me as if it had been yesterday." And she said her husband said, "well, it's not. What is the big deal?" But he had never [met William]. To him it was an event that took place a long way off and

wasn't that real. Not that they weren't sympathetic, but I think there was a big difference between members of the family that had actually seen him and people who hadn't. (Arthur)

Alexander's family continued with the distance that was a pattern for them before the death. His family's lack of participation in the funeral was very painful for him.

My father didn't even come to the funeral and it wasn't as though he were an invalid or couldn't make it. I would have even bought a plane ticket if he'd come, but he didn't even offer. Didn't even suggest he might want to come and that hurt me very deeply. My sister should have been able to come to the funeral and she didn't come to the funeral.

He found the family's concept of how long he should grieve troublesome at times.

I can't remember whether my sister called us or we called her, that's beside the point. I was talking and she asked me how I was. I wasn't feeling too well about Nathaniel's death. It was just shortly after the death. And I told her I was a having a pretty rough time of handling Nathaniel's death. And she made the comment, which a lot of people do, "well, you should get over that by now. It's been.." I really got angry with her and it was my grief that was making the anger

I'm sure. But, I told her, "Don't you ever tell me how I should handle my son's death! It's my son that is dead! And you didn't even come to the funeral!"

Seth's family consisted of members of choice. The people he considered "family" were helpful by financially assisting them in securing services for burial. Their assistance helped defray the cost of the coffin, gravesite, and headstone. Throughout Ruth's illnesses, he had appreciated the support received from this group. Their in-laws would come to sit with Ruth for a few hours each night to give them a break from their caregiving duties.

For Sebastian, the family was one group he could depend on to understand his grief. "Cause who would you turn to, but your close knit family. They are the one that hurts just as much as you...We hugged. We cried. We talked. We prayed. We all felt the same" (Sebastian).

Zip's family was respectful of what he thought were signals indicating his unwillingness to talk about the topic for many years. In retrospect, he knows his choice of behavior was not supportive of the family. The desire to have been able to discuss the death as a family still surfaces 24 years later.

She [the younger sister] mentioned when we talked about it quite a bit about a year ago, she said she would have asked a lot of questions, but she didn't want to

hurt us. Because, in my case, I probably gave that signal that it was devastating...So you can see why they didn't want to offend me, upset me. (Zip)

Teachings.

As teachers, the fathers suggestions to families included pragmatic and philosophical ideas. To parents of children experiencing illnesses, the fathers suggest active participation by both parents in the healthcare of the child. Learn what procedures are being used. Understand which medications are being taken and how and when they should be administered. Ask questions of the medical staff and don't stop until you have understandable answers.

To families supporting members who are caregivers to ill children, make your offer to help very explicit. Often the family can not think of something that could be helpful, but can accept or modify a concrete suggestion. State the offer clearly, such as, I can stay with your child on Wednesday between 4 PM and 6 PM if that will be helpful.

Mutual support in the family is important. Be willing to talk with others and listen as they share their memories and reactions. While the temptation to blame another may be there, in the long run, it will not be beneficial to begin blaming others for a death.

While death is a natural part of life, it is also a difficult part. Recognize that the confusion,

disorientation and difficulty making decisions are not a weaknesses, but are evidence of your humanity. Do not be ashamed of being human in your grief. By allowing yourself to experience the full range of emotions at this point in time, healing can begin.

Social Network

As with the family, there were two sides of the father's interactions with their social network. They received support in the form of pragmatic assistance to their families. Sebastian's boss came to the house one morning and washed their dishes. Friends and coworkers sent food which made mealtime much simpler for the families.

I think most probably one of the things that struck me right after she died was how many people brought food to us, you know. And I really appreciated that kind of support, you know. Cuz that was something very real I didn't have to worry about. I mean, we couldn't even think that we had stomachs, much less figure out what we were going to eat. But if we could just open the ice box and there was food, well. And eating and resting [are] very important and you got to take care of all of that. If you don't, you will be a wreck.

(Seth)

While each heard the message from their social network that they could be called upon to help in any way, Sebastian

experienced the action behind their words at the funeral.

They stood by us at the funeral, although, we didn't even know they were there. They said, "we'll be right here if you need anything. Let us know." And sure enough, I turned and said, "I need some water." My mouth was dry and one of them got water and they were right back. (Sebastian)

Support from work came in many forms. Sebastian was given one month of leave with pay. Alexander's school provided school buses to transport colleagues and students to the memorial service at his church.

Families experienced financial support from their social network. A fund had been set up to fund Ruth's bone marrow transplant. People contributed to help with medical bills for Alexander's and Sebastian's sons. Sebastian's company covered the funeral expenses.

Zip found the many letters he received after his son's death very comforting. He and his wife had taken the opportunity to review the letters in preparation for his interview. "They have to be meaningful because we kept them and keep them 25 years later" (Zip).

I remember a good doctor friend of mine I worked with. He said, "You know God. We're put on this earth. God gives us this life. It is given to us by God and everything doesn't always work out the way God wants it

to work out,... but as time goes by you understand better." And in reality you do. So that was very meaningful for us, for somebody to write that. (Zip)

In light of the immediate support the social network provided, fathers voiced bewilderment that coworkers did not talk with them about the death once they returned to work. This "no-talk" rule created a distance between the father and the social network.

Alexander wasn't sure who created the tension, he or his peers, but this tension prevented talking about his son's death.

I don't know if they didn't know what to say. And I felt to a certain extent that they thought, "well, if he can't deal with this, then, he can't be part of the guys anymore." And I don't know what they thought because it was difficult for me to talk with them. I didn't want to be a burden. And I'm sure it was difficult for them to say how do we talk to him?

(Alexander)

For Alexander, his thoughts were that the topic of his son's death was off limits because no one knew the proper way to approach the topic. The topic could only be discussed if he introduced it.

You know, at work, my fellow workers, I'd mention Nathaniel every now and then and then we can talk about

it. But if I don't mention him, it seems to be a subject that is off limits. And I think it's because of people's concern that they are going to say the wrong thing or bring up something that's sad or something. (Alexander)

Alexander was extremely grateful for one person who spoke to him several months after his son's death.

And he came up to me and said, "you know I didn't say anything 'til now, but I was," and he told me how he had felt when Nathaniel had died and how he really felt for me being a father himself..He said, "I really don't know what I would do." And he said even watching me and the way that I handled it, he's still not certain that he would know what to do.. And that meant an awful lot to me. (Alexander)

Seth's coworkers were very supportive during his daughter's illness, but became strangely silent upon his return to work.

A whole bunch of them showed up for the funeral and then I was gone for two weeks. Then I decide it was time for me to go back to work. My wife seemed to be settling down. And nobody ever said a word to me after that. No one came up to me. I guess they must have figured that they had done it all before hand. But, I walked in really expecting something from them and

there was none of it. And I was really kind of taken aback by it. I was surprised by it, that nobody should say something. Not one person said anything...But at the time the silence was kind of [a] deafening kind of thing, you know. I didn't take it as a slight or anything. It seemed kind of peculiar. (Seth)

The idea of protection seemed to be at work within the social network much like it operated in the marital dyad. Both fathers and coworkers seemed to operate with the idea that protection from conversations about the death were necessary. Both the fathers and the coworkers, by not talking about the death, protected each other from the anxiety of dealing with strong emotions within their relationship.

Teachings.

Teachings to the social network seemed to contain two conflicting messages, talk about the child and talk about something else. When examined closer, these themes appeared tied to specific time-frames. In essence they were pre- and post-death instructions for interactions.

The fathers want to teach that talking about the child after the death was very desirable for the family. They want to share their stories about their children. They want to talk about the death and its affects on them. A signal

from someone indicating their willingness to discuss this is meaningful to them.

If a family is dealing with ill child who is ill, be prepared to discuss something other than the illness with them. Despite the fact the illness may be running the family's life, they do report needing a break from illness-centered talk.

Losing touch with members of the social network after the death of the child is a secondary loss for the family and fathers suggest that members maintain a relationship to the best of their ability.

Despite best efforts, not every response to the family is going to be helpful. If an ongoing relationship with the family is desired, members of the social network must be willing to listen when a response is uncomfortable. Open lines of communication are particularly helpful during this period of time.

Community

This circle for the fathers had stories of both help and harm. Fathers spoke of their appreciation of the medical staff for the care they had given their children. One of the physicians caring for William, offered a very comforting explanation of his death.

Our pediatrician really said a wonderful thing. He came in that evening of the day that William died to

talk to us and said,"these other people that did an autopsy and everything said [the] cause of death is 'failure to thrive at home.' I think that is absolutely wrong, because here is a child that grew and didn't need any of the support things. And I think what happened is that he made it as long as he did because he was so loved by everybody and his heart had worked so hard to keep it going, that when he was put on the heart-lung machine during the surgery, his heart just said,'oh, I can rest now.' And just didn't have nothing left to keep on after the surgery." That certainly was nicer to hear than failure to thrive.

(Arthur)

Sebastian, Arthur, and Seth praised the treatment their families received by the medical staff. They were deeply touched to see that physicians were affected by their children's deaths. They remarked about the tears in the medical staff's eyes when they were told of the death. They made efforts to let them know how appreciative they were of the care their children received.

Fathers also found ways to be supportive to the medical staff. Alexander and his wife held a memorial service in the hospital to help the medical team, who had cared for William, reach a sense of closure and finality.

When encounters with medical personnel were hurtful,

the pain seemed fresher than other stories. Since the community contains people that might not have an ongoing relationship after the death of a child, the fathers did not necessarily have an opportunity to process the painful event.

Alexander felt particularly hurt when he realized that members of the community were saying his son's unexplained death was drug related.

The doctor, at the hospital in the emergency room, that was trying to revive him without benefit of knowing what had happened or autopsy or anything of that nature, immediately assumed it was a drug-related death. She went to a restaurant that morning. Well, anyway, she went to have a cup of coffee and made the comment about Nathaniel o.d.ing in a restaurant of people. And that was what got around the community, not that Nathaniel died and Nathaniel was a wonderful person, that Nathaniel o.d.ed...We almost sued her...We did file a complaint with the hospital board..But and I don't know the time sequence here, but a sponsor of a girls' drill team...took that information and got up in front of the drill team and the mothers and the girls that were on the drill team and was talking about Nathaniel o.d.ing after this coroner had an autopsy. There was a police report and everything on the front

page of the paper. It explained that drugs were not related in any way. Well, the malicious people in town immediately said that we had bought off the coroner so that he would say that....He definitely said it was not drug related. The police chief's assistant was quoted as saying it was not a drug[-related death]. But, we heard back from a mother, one of the parents of the girls, that this woman had said this. Of course, it went all over the community and it is almost impossible to stop something like that. (Alexander)

Sebastian was deeply offended by a staff physician's suggestion that for future births they undergo fetal testing and abort any fetus with a defect.

We had one of these lady doctors that was on staff...and she came in right after Michael died, probably within a half an hour later. We were in the waiting room. The family started coming and stuff. And she came up to my wife and I heard her. I was sitting over there crying. My wife was sitting over here crying. She came and sat on the side of the bench and held her hand and she said, "you know, honey, if you get pregnant again and if there are problems with your child, we can detect that before you have him. And you can get an abortion if you want, so you don't have to go through this again." I was in shock and I

didn't know what to say. But if I had heard that again right now, I would have slapped her, you know.

(Sebastian)

Teachings.

To the community, the fathers would like to teach that contact with people is important after the death of a child. While an individual may consider themselves very remote, their words of comfort can be meaningful. Let the family hear from people.

To medical personnel they suggest seeking out fathers and including them in the hospital setting. Do not focus conversations only on mothers. To physicians, they would like them to learn to manage their anxiety so they can speak in a language that is understandable to the family. Leave the medical jargon for conversations with other physicians.

Reconnecting with Life

Memorials to their children

It was important to the fathers that their child's memory was secured permanently in some manner. Places in their homes were created to display reminders of them. They consciously included them in their prayers during family gatherings. They established memorials in the form of scholarships, publication of a graphic art line (Figure 2), and an arbor at work and home.

The planting of trees tied the memorials for William to

Arthur's family, and his work community, both of whom were present during the ceremony at school.

We planted two trees in the yard. And to a certain extent just watching them go through the yearly cycle and grow is a memorial that is ongoing. Even though they were planted that one time. One of them we bought. Another one of my cousins had sent a check and said get something for the yard and so we bought the tree with that. The people who had donated money in William's memory to the school that was put into the purchase of some trees that were planted at the school. And they had a ceremony for the planting. The Student Orchestra, actually it is a combination there is a couple faculty, too, practiced and performed some music...A number of people from the school community attended that and then the trees were planted. And I think my wife's parents were there. That was a good affirmation and community support. The trees are in the courtyard in between the wing of my building where my classroom is the library, so I can step outside my door and see them. (Arthur)

Arthur's choice of this type of memorial is indicative of a rich tradition of memorials in his family's past. In his grandfather's village, the family donated a trophy to be awarded to the overall winner of a regatta he established

Figure 2. Artwork on the front of pocket folder, "THE KIDS"¹



¹From Lane's Whimseys by Lane Smith, 1989, Slidell, La.: White Egret Press, Inc. Copyright 1989 by Kythleen Jean Warhol Smith. Reprinted with permission.

in the late '60's. Arthur and his wife also remember their son each Christmas.

We have little Christmas tree ornaments, the baby's first Christmas, for William 'cause he was alive over Christmas. Actually he was home over Christmas time. So I think that helps a lot that we put that on the tree...although, it may not be a joyous feeling when you put the ornament on, it still is a way is kind of a good feeling to say. "Yes. Ok. We remember who he was and what it was like." (Arthur)

Alexander kept a promise to his son which he had made shortly before his death. Nathaniel's cat had been killed by a car and was buried in the backyard. He had asked his father to promise to plant flowers on the cat's grave.

He and his wife maintain the tradition of placing a candle and flowers on their son's grave on All Saint's Day. They also do one activity of the type in which Nathaniel would have participated each year. "This year...we were going to go up to Percy Quinn Park and spend a weekend up there, because we used to do a lot of walking and hiking, not camping, but going to national parks and staying in cabins" (Alexander).

He and his wife also established a scholarship for gifted students.

He was a gifted student so we set the scholarship up for a gifted student that did the same things he did. The qualifications are that you have to be, you have to hold an office in an extracurricular activity of some kind, have to be in the gifted program, attend one of those three schools, and write an essay...It has to be something about values. You have to show leadership, academics, and extracurricular activity...And he was in the band most of his life except the last year. So we decided that somebody was musically talented and wasn't qualified as a gifted student, they could substitute musical achievement for the academic grades. And then it is a \$1,000 with no strings attached. All we ask is that it be used for college education and that they give us a copy of their grade report for their first year, so that we know that they did indeed go to school. (Alexander)

Seth took the money that had been donated for a bone marrow transplant for his daughter, Ruth, and established a division of the nonprofit organization in which his mother-in-law is involved. His father-in-law administers it. It's purpose is to aid families whose children are receiving treatment in a local hospital. "If the family is in there and they are having money troubles, they can apply for

funds. We can buy them a set of tires or we will pay their rent for a month or whatever" (Seth).

Seth's wife had established a display of mementos of Ruth's life in their home. He stated he found it comforting to concentrate on her art displayed there.

We have ah, I guess, what you would call a grotto, a shrine set up. It's been there pretty much since the day of her funeral. It started coming together. It's something my wife put together. There is all kinds of pictures, flowers, dried flowers from her grave are still there, and awards she won. There is a painting she did; I concentrate on it. I think about it a lot because it just really represents Ruth to me. It's very colorful and it is very bright. It is moving in every direction, but in the same time it is very balanced. She had this ability to, I don't know if you have ever studied art or anything, but you want your eye to focus on certain areas and you do things to do that, alright. And she just had this natural ability in her childlike art when it was young. And later on she got into doing abstract things that were very, very bouncy and very movementful. But, they were always moving in a particular way in a particular area. (Seth) Sebastian established a box which contained cherished mementos from Michael.

What we did, we made a little box for Michael of the things that were special to us, like his little shoes and stuff. And we have it all in this box. We pasted it all over with these kinds of stickers of Bert and Ernie, Sesame Street. And stuff that was important to him is in there. Little pictures he drew, we put in the box and it's in our closet. We know that's his special, little box. And we made it look like a little thing to him. We also put together some pictures from my mother-in-law. (Sebastian)

While the ways of memorializing the children seem idiosyncratic, it should be noted that fathers who have more recently experienced the death of a child report more displays of mementos in the home. This could also be a cultural manifestation. The fathers who reported memorials kept in the home are married to women who grew up in the New Orleans metropolitan area. This region has different death customs than other regions of the country.

Incorporating changes

The fathers all experienced this event as life changing. They spoke of changes in their perception of time, changes on the way they viewed interactions with children, changes in their spirituality, and changes in their empathy for others.

Prior to the death of their child, many of the fathers said they were not conscious of the brevity of life. They described themselves as taking time for granted. The death of their child taught them that life holds no guarantees. "we're not promised the rest of today" (Sebastian).

For Seth, the idea of having a plan which extends into the future seems an odd idea, now.

I think I have a different perspective of life....I am more aware the end is near..I don't think life is very long. As before, I don't think I thought about it very much, but, I see life as very short...I mean, you are just here because whatever it is that is going to get you hasn't come yet. You know, whether it is a bullet or a disease or a car running you down or it is on its way...it almost sounds like a Bergman movie. I'm looking for death to come around the corner at any time. I am not obsessed by it, but, I'm just aware of it. People take things for granted. I don't think I take it for granted. People talk about what they are going to do in two years. I just sit there and laugh.

I say, "How can you talk about two years?" (Seth)

As a result Seth is much more present-oriented in his daily living. "I try to stay with the moment and deal with the moment, 'cuz that is the only thing I am sure of" (Seth).

The fathers described changes in their outlook toward children. They find themselves less tolerant of how other's speak to children and how they watch over them.

Alexander is particularly sensitive to the impact of parent's words on children.

They should think before opening their mouths. You know that's advice that anybody would give anybody. But in my case, there were things that I said to Nathaniel that I wish I had never said. Obviously, there is always that. But I have heard parents say things to their children that they should not be saying at all. If you don't mean what you are saying, you shouldn't say it because the child does not know that you don't mean it...I know that what you say in [a] very innocent and unmeaningful way can hurt people.

(Alexander)

Seth's changes in the experience of time has altered how he watches over children. "I tend to be more protective of, I think, of little kids. Or I am more observant of them. I am watching. I watch kids closer that I used to, of all ages" (Seth).

Sebastian has consciously decided to spend more time with his two sons. "...that losing Michael increased that feeling to be with the children, you know, like on weekends.

I'm off with my kids. At night time, I don't bring work home like my Dad did" (Sebastian).

Spirituality was an area in their lives fathers reported change. These changes ranged from becoming "militantly unreligious" (Seth) to reaching a deeper understanding of their relationship with God.

Arthur described regaining trust in God.

And I have more of [a] feeling that God can do something today about it. I think that I am more willing to trust God to do something about it than in the two to 3 years after William's death. I didn't want to trust Him with anything, because He had not been trustworthy in terms of my son's life. (Arthur)

Arthur and his wife have experienced infertility after William's death. She is no longer ovulating. They examined the possibility of technologically assisted conception but were not satisfied with their available options. They decided instead to adopt. They now have a lovely son. Arthur reports having a new understanding of the "gift of children."

Most people expect that it [parenthood] will happen to them. That it is a gift. And in the marriage ceremony it says 'if it should be God's will, the gift of children. So hopefully I have a sense of what it is to be a steward. I got married and we had a kid, like

everybody else. He is a great kid. He's kind of like us. He is a pain sometimes. I look at Austin [his adopted son] a lot of times and I go, **this is a miracle...**So maybe the fact that the tragedy occurred that we had no control over also helps to have some understanding that a lot of wonderful things can happen that we didn't plan either. (Arthur)

Sebastian reports changes in his prayer life.

I'm praying less at dinner. I mean, we have always prayed at meals. My Dad brought us up that [way]...and my boy prays and my wife prays...but lately in the past few months, just haven't had the interest. I guess I'm really pushing back and I don't want that. I want to be close to God and be righteous and know that I'm going to get to Heaven so I can be with my little boy...it is just I am letting, in a way, letting go. I can't explain it. (Sebastian)

Alexander, after several experiences prior to Nathaniel's death, has decided to take his spiritual needs outside of his adopted faith.

While the fathers expressed paying more attention to children, their watchfulness was not described as overprotective. They strove to be careful observers and provide an environment in which safe exploration could occur. They also interjected humor in viewing the trials

and tribulations of expected childhood illnesses. "But it is pretty hard to be concerned with it when he is not in the hospital possibly dying" (Arthur).

The fathers spoke of becoming more sensitive to others' pain, particular when a child dies. They make themselves available in their communities to be supportive to other fathers. Alexander participated for a period of time with Compassionate Friends and attempted to begin a church sponsored group. Zip has stood by the side of his close friends after the recent death of their son. "I've learned to have a greater feeling for people now because it happened to me. And I think that is true for anybody who went through that experience that I went through...That is [a] great lesson to learn" (Zip). Arthur reports that while he had more empathy for others who have lost children, he does not act upon his desire to be available for them as often as he would like.

Owning the Research

While the fathers all indicated the willingness to allow the use of their real names, ethical research practices requires anonymity of research participants. In an effort to promote participant ownership of this project, the fathers were encouraged to pick their pseudonyms. Their first reaction was to defer that task to me. With

encouragement; the fathers claimed names that seemed fitting for themselves.

While not all of the fathers shared the logic of their choices, for some of the fathers their pseudonym connected them to something in their lives. One father selected the name he had chosen at a time he was contemplating a name change. Another was a name that linked the participant to his childhood. One pilot study participant, an English history professor, chose the name of his favorite English monarch.

The fathers of this study received a summary of the results of the four research questions. They were given the opportunity to give their feedback about the accuracy of the summaries. They were invited to make additional comments about the research project. Three of the five participants returned their summaries with written comments.

Alexander had expressed much interest in how the project would be carried out. I account for this interest since he had at one point in his life worked on his own doctoral studies. He had actually sought me out to participate in the study. He writes:

Your summary is excellent; you seem to have touched on most of the feelings I've shared or have been told about when talking with other bereaved fathers.

I've had friends ask about grief and told me that they wondered what their reaction would be.

Your work is overdue. (Alexander)

Sebastian and I talked briefly before his packet arrived in the mail. He was very eager to receive it, expressing an interest in reading the total document once I finished the study. He said, "I am not a writer of books or anything. We need our stories to be told. God will bless you for this" (Sebastian).

Sebastian's review was a meticulous line by line evaluations of statements he agreed with and disagreed with. Items he disagreed with were from the stance they did not agree with his reaction to the death. Each item he disagreed with was another fathers' theme. At the end of each section he noted his overall agreement with the results. His written comments end with "Thank you so much."

Arthur upon receiving his packet indicated that his participation in the study had been helpful. I had the privilege of meeting his wife and son that day. She expressed her appreciation as well. She thought the timing of the project had been particularly helpful for her husband.

Zip insisted that I include in this section his reactions to me as an interviewer. "Will you put that in

there? That I said you were a delightful lady, one that I would like to emulate" (Zip).

CHAPTER 5

Discussion and Conclusions

Overview

This study was designed to look at grief from a father's perspective. The emerging themes in this study included: gender issues, protectors blocking access to information, and death as a forbidden topic of conversation. These themes emerged very early in the context of this study during the recruiting phase. My first attempt to recruit was to contact a hospital which specialized in treating children. The head of the hospital's psychology department indicated that he thought recruiting fathers for my study would be very difficult, since his staff was very protective of the families with which they interacted.

While both he and the head of Social Services were willing to back the study and submitted it to the IRB Committee, the proposal was rejected by the hospital. They simply indicated they would not be willing to participate in the recruiting of fathers of deceased children for the study. I next contacted a Compassionate Friends group and accepted an invitation to talk with their group about my study. While this group was very interested in my study, I encountered problems recruiting from this group as well. The fathers present at this meeting had recently lost their children. They did not meet the criterion for the study.

My next contact with Compassionate Friends resulted in meeting with a group attended only by women. While one woman offered to give me her husband's name to contact, she changed her mind before sharing the contact information, stating she felt if he agreed to participate it would only be because he felt she was forcing him. Because it appeared that there were other dyadic issues this couple was facing, I agreed that was probably the best solution for them.

My next contact was with the head of Pastoral Care at a Children's Hospital in a neighboring state. After he received information about the study, he declined to help recruit participants because of his belief that a female researcher could not possibly research fathers' grief. This type of research, according to him, could only be done by a male researcher.

In thinking of other possible sources of participants, a colleague suggested Mothers Against Drunk Drivers, M.A.D.D. They included an announcement about the study in regional newsletters to the chapters. While I did not have any fathers contact me, I did receive a letter forwarded from their offices. It came from a secretary of one of the chapters. She was an adoptive mother. She shared her anger about the fact her family would have been excluded from the study because their daughter was not their biological child.

She expressed her belief that the study should be expanded to include adoptive families.

It was finally in a conversation with one of my female mentors that I finally made connections that led me to the participants of this study. My first leads came amazingly from women. These were women who were grief counselors, some of whom had experienced the death of a child.

When my difficulty of recruiting participants became apparent to my coworkers they, too, began to give me names of potential participants. This process was often complicated since some participants had professional relationships with my coworkers. This simply made the process longer as I prepared my coworkers to explain enough about the study to help the potential participants decide if they would like to talk further with me.

The safeguards of having the resource contacts gain permission for the release of their name to me and my initial contacts with the potential participants began the creation of a safe environment to engage in this study. The inclusion of the requirement of a written response, by returning the response card from the letter sent after initial contact, served as more evidence that the fathers at any point of the study could decide to stop participating at no penalty.

The methodology of a long interview was selected for to aid in the construction of fathers' narratives of their experiences after the death of a child. During the interview, the fathers were asked to simply tell their story while being guided by the interview questions. The fathers were not limited to a particular time restriction. The first interview of the series was the longest. Fathers spoke from 2.5 to 4 hours. The second interview of the series averaged 1.5 hours.

In this process, the fathers were regarded as the expert on their experience (Anderson & Goolishian, 1992). The fathers shared their story of grief and touched on their understanding of others' stories about them, as well.

At the beginning of the interviews, I told the fathers of my commitment to be a gentle, supportive guide in our interview process. I stated my willingness to take breaks at any point. A beverage was always offered before we started and I usually inquired about the need for break about midway through the interview. This seemed to establish a relationship in which the fathers knew I was concerned about their comfort during the interviews.

Since the interviews often occurred during the evening hours, I offered the fathers the use of my phone to call their families at the end of the interview. This seemed to let the fathers know that I was sensitive to both them and

their families regarding participation in the study.

Sharing the questions for the interview beforehand, helped to demystify the interview process. The fathers knew exactly what would be asked and, therefore, had a level of control in the process.

During the interviews, the fathers developed their own meaning of grief work. Each stated clearly and emphatically that they still mourned for their children. They believed would grieve for the remainder of their lives. Their grief had spanned 1 to 25 years, to date. Fathers in this study grieved deeply, but differently than their wives. When measured by their own standards, their grief was much more visible (Cook, 1988).

Fathers indicated, in conversations outside of the interviews, their participation in the study had been beneficial for them. Several commented that it had been helpful thinking of this event in a structured manner that connected it with time and other people. During the course of our work together, I had opportunities to speak with a few of the wives. They expressed opinions that their husbands found participation in this study personally helpful. A wife of a pilot study participant was so excited about her husband's description of the project she requested a copy of the tape. This wife happened to be a grief counselor and wanted to view the interview process. She also

seemed curious about how the process was helpful for her husband. The protocol of this study requiring the destruction of tapes at the end of this study and anonymity of participants made that an impossible request to honor.

I have agreed to give her husband (the participant) a copy of his transcript. He indicated he plans to save it and leave it to the family as a memorial of his deceased daughter.

One surprise about the participants did emerge. Despite research which indicates a high level of divorce among parents after the death of a child (Klass, 1986), all fathers in this study were still married to the birth mothers of their deceased children. One couple had sought grief counseling and one mother was currently attending therapy, but indications were that the therapeutic issues were amplifications of dyadic difficulties existing prior to the child's death, not resulting from the death.

As I have worked on this project, I have been gently guided by my original research questions.

1. How do men describe (construct) their experience of grief after their child's death?
2. How do fathers see themselves adjusting to their child's death?
3. How has this experience changed them as fathers and men?

4. What would the fathers like to teach others about their experience?

Discussion

The long interviews of this study generated information about the fathers in the context of their social environment. I was afforded knowledge about their relationships with self, spouses, children, extended family, friends, coworkers, etc. The men were quite open with their responses and willing to share very intimate details of their lives. This placed the narratives in the context of culture, social class, age group, ethnic group, sexual orientation and life in a particular geographic region (Kemmel & Messner, 1989).

The fathers' preparation for the interviews varied. Some fathers merely glanced at their interview guides prior to our interview. Others studied the interview guides and made notes about what they wanted to share. One father reviewed the death with his wife. Together they read her journal account of their son's death and cards now 25 years old. For the fathers, this project created opportunities for additional conversations with their spouses about the death.

At times during the interviews, fathers were deeply moved emotionally as they spoke. Often their eyes would brim with tears. Some wept deeply, taking a few minutes to

compose themselves before continuing with their story. Sometimes fathers apologized for crying. These displays of emotions occurred spontaneously.

By putting the fathers in control of the depth to which they shared at the beginning of the interview process and demonstrating my concern for them emotionally and physically during the process, a space was created in which anything shared was accepted. This seemed to allow fathers the freedom to delve deeply into their emotional reactions. This freedom was a gift to both of us in which their grief was validated and I served as a witness to a very private event.

Farnsworth (1994) referred to this as "reliving the death" (p. 75) in her work with bereaved mothers. These fathers, too, seemed to be thrown back in the moment as they spoke about their child's death. Zip's comment about the process of telling the story summed up his feelings very well. "I hate to tell this story too much" (Zip).

Moving to the Center

By moving fathers from the margin of a study to the center, they became more aware of the presence and power of their grief. Despite other's opinions, the fathers saw their grief as real, valid, and lifelong. It was a "necessary expression of the soul" (Banker, 1976, p. 353). They agreed their grief was manifested differently from

others, particularly their wives. The fathers explained this as differences in their reactions to life as compared to mothers and the different mother-child bonds established during pregnancy. They viewed the mothers as feeling the child had been part of them; therefore, a part of themselves had died.

The role of protector in the family (Brod, 1987, Kupers, 1993) contributed to how the fathers displayed their grief. Some fathers felt experiencing their grief in the same manner as their spouse would be worse for the family. One father spoke of putting his grief on hold for days because of his concern about his wife's reaction to the death. There seemed to be a conflict between the roles of protector and bereaved. While an emotional interchange with their spouse could be cathartic for the couple, was the father being a good husband if he created a situation that was painful by broaching the topic of death? But to not engage their wives in these conversations created a narrative in which the fathers were not as affected by the death and their grief was, at best, discounted - at worst, invalidated. So the protectors paid a high price in protecting, paying by relinquishing the validity of their own grief.

Fathers described their grief as being similar to waves of intense emotion which came upon them unexpectedly and

with greater frequency and shorter duration than those that seemed to envelop their wives. These waves seemed unexpected when they occurred in a context other than when fathers expected them to occur. Waves of grief at home could be expected, but waves of grief at work were not. Alexander reported being taken aback one day at work when he thought his son had appeared at the edge of his vision at work. While an unannounced visit by his son was not unusual, this experience, after the child's death, resulted in Alexander to leaving work for the day. Fathers often avoided activities or locales associated with these unexpected waves of grief.

Fathers, like mothers in other studies (Farnsworth, 1994), described a physical reaction to the death of their child. One father likened that to the fear he felt as a young child thinking about death.

Unlike their perception of their wives, the fathers never doubted their own ability to survive the death of their child. They had difficulty with discussions during which their wives expressed the desire to join their child in death. These conversations may have also been a source of anxiety about a second loss for the fathers if their wives were to put action behind their words.

The fathers offered explanations for the differences in their reactions. These differences were present because of

the qualitative difference in connection with the child. Fathers believed that the physical connection with the child during pregnancy resulted in the difference in reactions to the child's death.

The narrative that it is reasonable that fathers and mothers should grieve differently seemed to be more helpful in the relationship for the mothers than the fathers. While bereavement research may tend to label mothers' grief in pathological terms, the fathers saw the intensity of their wives' grief as natural. As a result of physically bearing the child, the mothers, in the fathers' eyes, were entitled to their grief.

This narrative did not seem to benefit the fathers as much in the couple dynamics. Their entitlement of their grief came from the deficit position of not being mothers. As "not mothers", fathers could not rightfully claim entitlement to outward, intense displays of grief. If they engaged in such displays, it seemed awkward and unnatural to them and might bring on the dire consequence of leaving the family without a protector. Their entitlement to be different merely created a story that granted permission to be different, but was devoid of instructions of how that difference could be enacted.

The story of fathers' grief set them apart from their world. At times, they were distant from their wives. These

times occurred when there was a disagreement about mourning behavior, usually when the wife requesting more overt displays of grief from her husband.

The request to engage in conversations that stirred up strong emotions seemed to be counter to the idea of support. Could a father truly be supportive if his words plunged himself and his spouse into emotional reactions that appeared hurtful? For some, the intensity of their own response was more than they could bear and they had no emotional reserves to support their wife in her response. To attempt of talk about the death under those circumstances brought forth the idea that they were not doing a good job as a spouse, which resulted in more sorrow.

Fathers were set apart from coworkers in the silence that enveloped the topic of the death. Confusion seemed to come from fathers being concerned that their grief would become burdensome for others and a question whether others were trying to not upset them. This seemed tied to the idea of protector, as in the marital dyad. The fathers protected coworkers from the awkwardness of intense emotions between persons who may not have the tradition of the expressing strong emotions with each other. This type of protection may have also been furnished by the coworkers for the fathers, as well. As time passed after the death of the child, Zip pointed out the socially acceptable time limit on

the topic expired. Discussions about the death and memories of the child were no longer current topics of discussions for this group of people. The end result was that neither party could engage the other in a conversation about the childrens' deaths. Talking about having conversations about the death proved equally impossible.

Fathers reported feeling at times as if their grief was invalidated. Coworkers thought the men were not affected by the death because they were functioning at work. The wives did not think they were affected by the death because they didn't cry or want to talk about it as much as they did. Children quickly learned that the topic was taboo and upsetting to parents. This was often confusing for the fathers since they had often received a lot of support from these people during illnesses that may have preceded the death.

As a therapist, I came to realize that similar double binds could quickly be created when working with bereaved fathers. So as not to restrict either the therapist or the client, it seems useful to liberate fathers to speak about their grief by first making it overtly clear that their views are accepted. This goes back to the first major task of postmodern family therapy as suggested by Parry and Doan (1994).

The first major task for a postmodern family therapy, therefore, becomes that of encouraging people in the legitimizing of their own stories. This involves reminding them that there are no other yardsticks of stories or persons against which to measure the legitimacy of their own stories (p.27).

Another helpful strategy is in moving past the idea of not talking could be to use that idea as the topic of a conversation. This moves talking about not talking to a metalevel. Fathers are freed to discourse about feeling excluded, conflicted, confused, or devalued. These comments then serve as gateways in exploring the double binds the fathers experienced in their relationships.

Fathers developed ways to secure the memory of their child throughout time. Many created permanent places in their home where pictures and mementos are displayed. Fathers created memorials that would continue to give to others just as they had described their children as doing. They established scholarships for college-bound students. They established funds to aid families with hospitalized children. They planted trees at home and at work.

This desire for a permanent memorial resulted in others creating their own memorials for the children, as well. A dance award was created in the memorial of Seth's daughter. The portrait, commissioned by Sebastian's family, of Michael

on Christ's lap hangs in their dining room. Nathaniel's brother wrote poetry about him. A friend of Seth's sculpted a statue of mother and child for him.

Adjusting after Death

The first one to two years after their child's death were described by fathers as a period of intense grief. In the days immediately following the death, they were disoriented, indecisive, and confused. While these difficulties lasted for many months, the fathers returned to work within two to four weeks.

A common employee benefit in many companies is a bereavement leave of three days following the death of a first degree relative. After that time, the fathers were often took personal leave time. Even using two to four weeks did not provide enough time for fathers to emerge from the difficulties they reported. This time of stress during which the fathers had difficulty with day-to-day tasks could have enormous impact on work requiring intense concentration.

Fathers reported it was two years before they felt any level of joy, hope, or humor had returned to their lives. At about that time, fathers report being able to engage in activities they had previously shared with their children. Alexander reported being able to return to his presentations about weather in schools. But even after eight years, he

still cannot go to the movies. He and his wife had gone to the movies the night his son collapsed and died.

Fathers, over the years, have reinvested their energies in their lives and relationships. Alexander and his wife are contemplating moving to another state with his work. Arthur and his wife have adopted a son. Seth is working to establish a state chapter of an organization to fulfill wishes for terminally ill children. Sebastian and his wife have had another son. Zip is enjoying his retirement, his children's accomplishments, and his grandchildren. He seems to have recaptured his perfect life again.

While they are no longer experiencing acute grief, they say they still grieve the loss of their child. They wonder what he or she would be doing had they lived. The children have not been forgotten.

Changes as Fathers and Men

Each father reported undergoing a change in himself as a result of their child's death. These new beliefs shape their lives and relationships (White & Epston, 1990).

Spirituality was deeply affected by this death. Fathers changes ranged from becoming "militantly unreligious" (Seth) to having a deep understanding of their relationship with God. Zip, a lifelong churchgoer, described a deepening in his spiritual beliefs as he grew in

his understanding of what happens after death. Arthur, who would not pray about big things, is now including important aspects of his life in his prayers. Alexander, who felt very deserted by his church, has moved outside of organized religion in his ideas of spirituality. Sebastian noted a change in his views to one of less active participation in daily prayer.

The fathers now have a new understanding of time, namely the brevity of life. They spend more time with their children being less willing to allow work to encroach on family time. They know all too well that an opportunity to show love should not be missed. It may not come again. While fathers reported this cognitive change, not all of them consistently acted upon it. Arthur reports realizing he does not keep in contact with others as much as he would like. He still often is late sending birthday cards.

Fathers have a greater understanding of the responsibilities of fatherhood. They have grown less tolerant of parents who neglectfully endanger their children. Being aware of the dangers that exist in the world, they watch small children more closely. They choose their words more carefully, understanding once spoken they can never be retracted.

Fathers have added a bit of humor in their lives about the trials of childhood illnesses. In the face of their

previous experience of death, the chickenpox now are hardly anything to get upset about.

The fathers make greater efforts to be available to others, particularly other parents who have experienced the death of a child. They will actively seek out these parents to talk with them. They carry with them the message that while the darkness exists now, the light will come back in their lives.

Surviving the death of a child has been a trial by fire for these fathers. They know they have survived the most traumatic event a human can endure. Now they are more aware of their strength and resilience. They report nothing can hurt them like this again.

Fathers as Teachers

When asked to serve as teachers to others, the fathers were never at a loss for words. They had specific, pragmatic suggestions on how to be helpful.

Understanding that death is an inseparable part of life was frequently mentioned. While death may be part of a natural sequence, a death of a child is out of synch with life and, therefore, more difficult. But the aftermath of reactions are natural, too. Confusion, disorientation, indecision, anger, and sadness are evidence of one's humanity and should not be treated as shameful weaknesses. To have the courage to experience these powerful emotions is

to begin the journey of healing.

Despite gender stereotypes of the strong, silent male, all these fathers wanted to talk about their children. They relished opportunities when they could tell stories about them. They looked for signals from others indicating it would be acceptable to tell them about their deceased son or daughter. Talking about their child is a way of connecting their memory to the present and is particularly important immediately after the death of their child.

For people supporting families in which a child is ill, they teach others to express their desire to help in concrete ways. To provide dinner for them, tell them which night would be convenient. Be specific. It is easier for families to accept support when they clearly understand what is being offered. Also be willing to talk about something other than their child's illness. Every family needs a break from the disease-saturated talk.

As a parent of a sick child, they advise becoming an active advocate for the child in his/her medical care. Understand the procedures. Know what medications are being given, their dosage, their administration, and their scheduling. Don't settle for answers from the healthcare team that aren't understandable. For fathers, they suggest staying continuously active in this process. It is beneficial both for fathers and their families.

To the medical community, they ask that fathers not be marginalized. Doctors and nurses need to learn to include fathers in their conversations with the family. Speak to fathers when they are in the room. The impending death of a child is traumatic for all parties; do not let anxiety drive the conversation into medical jargon. Give the family the gift of concern at this time. They will be trying to take care of you as well.

The fathers have reminded me of the subtle oppression visited on fathers when viewing them only as protectors and not as nurturers of their children. Recognition and utilization of their nurturing abilities increases the families resources and enriches the entire family system.

Limitations of this Study

The methodology of this study generated a large amount of data. The analysis of this data was filtered through the lens of both the participant fathers and the researcher. When reviewed by others with different life experiences, new themes may be noted.

While the common heritage of the sample of this study (Caucasian, Western European, middle class) gave a sense of homogeneity to the group of fathers studied, expanding the sample with fathers from other cultural/ethnic backgrounds would be beneficial. A sample of participants would also

strengthen this study by adding more themes of a cultural nature.

One pilot study participant's child had been shot. A different theme in his narrative was one of reconciliation with the assailant, his son-in-law. A different sample may also include parents of children who committed suicide or died as a result of auto accidents. While a tighter age criterion for the deceased child would afford an opportunity to explore any differences of the effects of the loss of a young child versus an older one, recruitment of this type of sample could be difficult.

It should be noted that recruitment of the fathers took much longer than expected. Contact with logical referral sources such as a local children's hospital were not only time-consuming, but met with no success. This may have been because this researcher did not have a known relationship with the source. One contact at the referral source noted the anxiety produced among his staff when they were approached for potential candidates.

Suggestions for Future Research

During my serendipitous contact with the wives of the participants, they indicated a high degree of curiosity about the project and a high degree of satisfaction of the benefit derived by their husbands. Because for this, I would recommend a study including both parents.

The narratives in this study were a result of an evolution of meaning that has taken place over time. That evolution will continue despite the completion of this research project. Longitudinal research to track these stories forward in time is also called for. All the fathers participating in this study have agreed to allow me to contact them in one year to discuss their participation in a longitudinal project.

As a family therapist, it is not unusual for me to meet with all members of a household around an issue. The idea of including all members of the family in research of this sort should be considered. Fathers indicated siblings of the deceased child were deeply affected. The inclusion of the entire family would afford an opportunity to more fully examine the dynamics of family interaction as they mourned the loss of one of their members. This would give voice to others' voices marginalized by studies of family bereavement based solely on mothers and fathers.

As pointed out in the recruitment phase of this study, adoptive families need to be included in a study of this sort. One question that has emerged has to do with how adoptive fathers see their grief as being different from adoptive mothers, since there was no pregnancy in this family.

Conclusions

The study had resulted in narratives which show more context of fathers' lives after the death of a child. The fathers have spoken eloquently about the tension between grieving in a manner that matches their nature and grieving in a style that is recognizable to others. At times, their grief was discounted and invalidated. The interviews for this project afforded a time for fathers to be heard as valid constructors of their own knowledge about this event. The atmosphere of acceptance of anything they would share reduced the need for fathers to once again **prove** to a female that their grief was legitimate.

Fathers repeatedly said bereaved parents **want** to talk about their deceased children. They seized this opportunity to speak at great length.

This research has been beneficial for all involved. The project gave not only to the researcher, but was successful in giving back to the participants. Inclusion of multiple interviews and review of the results helped the fathers realize that this project was **ours**, not **mine**.

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APPENDIX A

Appendix A

Letter to Potential Participants

Susan R. Cooley, M.A.
Mercy+Baptist Medical Center
Pastoral Counseling Center
2700 Napoleon Avenue
New Orleans, LA 70115

Dear Sir,

I am a doctoral student in the marriage and family therapy program at Virginia Polytechnic Institute and State University. I am currently recruiting participants for a study of fathers' grief after the death of a child. To date, fathers' perception of their bereavement has been an area neglected in research. Previous studies have concentrated on bereaved mothers.

The purpose of this study is to focus solely on the experience of fathers and the course of their bereavement. Contributions from this study can help health care providers better serve bereaved fathers and their families. This study will require approximately three to four hours (cumulative) of your time for two personal interviews with me.

Fathers included in this study will have experienced the death of a biological child or children. The death would have occurred prior to March 1, 1995. There is no restriction concerning the cause of death. There are no restrictions regarding your age, current marital status, or marital status at the time of your child's death.

Information obtained during the interview will be strictly confidential and you may withdraw from the study at any point for any reason without penalty. If as a result of your participation in this project you or the researcher believe a therapy or medical referral is appropriate, one will be made to a qualified therapist or physician.

Enclosed you will find a response card which can be returned to indicate your willingness to participate in this study. Please complete the card including your contact phone number and return to me no later than

_____ (date) _____. After the receipt of your card, I will contact you to confirm your eligibility to participate in the study and determine a mutually agreeable time and location for your first interview. Because of the sensitive nature of this project, I will respectfully consider the

lack of a reply as your declining to participate and you will receive no follow-up requests.

I hope you will give careful consideration to this project. I look forward to the privilege of your assistance in learning more about bereaved fathers.

Sincerely,

Susan R. Cooley, M.A.

APPENDIX B

Appendix B

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed consent for participants of Investigative Projects

Title of Project: In Their Own Words: An Analysis of Personal Narrative From Fathers' Perspectives On the Death of a Child

Principal Investigator: Susan R. Cooley

I. THE PURPOSE OF THIS RESEARCH

Little research has been done solely on fathers and their perception of their grief. Current models of bereavement suggesting that fathers grieve less intensively and for shorter periods of time are based on female constructions of grief. At the same time, it has been noted by other researchers that men express intense emotions differently than women. The purpose of this study is, therefore, to study fathers' descriptions of their grief after the death of a child from the fathers' perspectives.

II. PROCEDURES

Each father accepted in this study will be asked to participate in two interviews. I expect the first interview will last 2 to 3 hours. The second interview is predicted to last 1 to 1-1/2 hours.

In the course of discussing your child's death, you may experience uncomfortable feelings. Talking about the child has been described by other participants in bereavement studies as a way of commemorating their child's life. The utmost effort will be made to be supportive and respectful of your experiences. If, at any time, you wish to discontinue the interview or withdraw from the study, please indicate that to me.

III. BENEFITS

Your participation in this project may be helpful in providing a better understanding of how fathers grieve after the death of a child. This understanding can aid therapists and medical staffs in providing appropriate support for grieving fathers. The interview may also result in insight on your part into how you have managed and are currently managing your personal grief at this time. However, there is no guarantee that these personal benefits from participation can be realized.

You may receive a summary of this research when it is completed by contacting Susan R. Cooley at 504-897-5960, and requesting the information. I am interested in your feedback on a draft of the Results section of this project if you are interested; however, this is not a requirement for participation.

IV. EXTENT OF ANONYMITY AND CONFIDENTIALITY

The responses of participants in this study will not be released without written consent of the participant. Your name will be removed from any information you provide. A pseudonym of your selection will identify your responses in the written report of this research.

Interviews will be video taped, audio taped, and then transcribed for analysis. They will be reviewed only by Susan R. Cooley. All tapes, transcriptions, codes, and identifying information about the participants will be kept in a locked file cabinet to insure confidentiality and anonymity. All tapes will be erased upon final approval of the dissertation.

V. COMPENSATION

At this time, this project is not funded to a level that would permit monetary compensation for your participation. All participation is on a voluntary basis.

VI. FREEDOM TO WITHDRAW

You are free to withdraw from this study at any time without penalty.

VII. APPROVAL OF RESEARCH

This research project has been approved, as required, by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University and the Department of Family and Child Development.

I am a doctoral student at Virginia Polytechnic Institute and State University. This study is being conducted under the direction of my major professor, Dr. Joseph Maxwell.

VIII. PARTICIPANT'S RESPONSIBILITIES

I know of no reason that I cannot participate in this study. I realize that I will be requested to discuss a distressing event in my life which may result in a level of emotional distress. If my distress should continue after the conclusion of the interview, I agree to contact the researcher for the possible referral to a therapist or physician.

Signature

Here, the following section to be kept by each participant. Cut

IX. PARTICIPANT'S PERMISSION

I have read and understand the informed consent and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I participate, I may withdraw at any time without penalty. I agree to abide by the rules of this project.

Should I have any questions about this research or its conduct, I will contact:

Susan R. Cooley, M.A., Researcher 504-897-5960.

Joseph W. Maxwell, Ph.D., Faculty Advisor
703-231-9816 or

Ernest R. Stout, Chair, IRB Research Division
703-231-9359

APPENDIX C

Appendix C

First Interview Schedule

Individual Level Questions

I'd like to start by thanking you for participating in this study. Your willingness to share your story means a lot. I will be a respectful, supportive listener and gentle guide in our time together. If you have any questions, concerns, or needs during the process, I ask that you please make them known to me.

1. I'd like to begin by asking you to tell me about yourself. I'm interested in such things as your age, occupation, education, your family, religion, etc.

Probe for information on family of origin
birth order, number of children, their ages
and sex. Name[s], age[s], and birth order of
child[ren] who have died, miscarriages or
fetal deaths.

2. I'd like to talk with you about your child[ren] who have died. Would you share with me some information about the child?

Probe for birth memories, birth order,
families reaction to their birth.

3. Tell me about the time when he/she died.

Probe for age at death, cause of death (if known), situation at time of death (if cause of death unknown- probe for explanation).

4. How have you been affected by this experience?

Probe to elicit thoughts, feelings, actions, and so on.

5. In your opinion, how long does bereavement last after the death of a child[ren]? (Define bereavement as thoughts, feelings, and actions after the death.)

6. Were there times your grief seemed less powerful?

What was different about those times?

Probe to uncover how the fathers were supported by others. Probe for how they perceived themselves supporting others.

7. Was there a time when you decided you were going to survive _____ death ?

8. What changes have you noticed in yourself since _____ death?

Dyadic Level Questions

1. Are you in a primary relationship with someone (partner, spouse)? Name:

How long? (If relationship has changed, obtain information about each, if possible. Will be guided by cues of the father).

2. How did _____ support you after the death?

3. How has this relationship changed over time?

4. What would you like to be different?

Familial Level Questions

1. Who do you define as being in your family? What relationship are they to you?

2. How did each of these people react to the death?

3. Were these family members helpful/not helpful to you?

4. What would you like to teach other families?

Social Network

1. Next, consider your social network. Define this group: it could be friends, neighbors, co-workers, perhaps a religious group. When _____ died, what did they say and/or do?

2. What was helpful? Not helpful?

3. If you could teach these people something about your experience, what would it be?

Community Level Questions

1. How have members of your community responded to _____ death?

2. Have these things been helpful/not helpful to you?

3. Now consider others you came in contact with surrounding _____ death, such as doctors, nurses, counselors, social workers, teachers, other parents, and so on. Tell me how they responded to _____ death.

4. What was helpful/not helpful to you?

5. What would you like to say to each of them now?

6. If the systems we come in contact with could be changed to help us better, what would you change?

What would you teach them?

Cultural/Historical

1. With what cultural/ethnic group do you identify?

2. What messages do you feel young men receive about how they should live?

3. What messages did you receive about fathering?

4. What message did you receive on how to mourn your son[s]/daughter[s]?

Probe for what mourning rituals were used, who taught them how males mourn.

5. Where do these messages come from?

6. How would you like to change these messages?

7. How has _____ death affected you as a father?

APPENDIX D

Appendix D

Second Interview Guide

I'd like to start today by giving you an opportunity to share any additional information you may have recalled or thought about after our first interview. You are free to share additional memories or modify, in any manner, information you have previously shared. Pause for response.

Previous loss history

1. What experiences involving the death of a loved one did you have in your life prior to _____ death? Do not feel that this experience needs to be confined to the death of a human, it may include the death of a pet.

Probe for who died, who talked about it, how this experience helped form the expectations of how grief should be handled, and what rituals were employed.

2. How do you think the messages you received through these previous loss experiences shaped the way you have grieved the loss of your child[ren]?

3. I would be interested in getting your feedback on the Results section of my dissertation. This is not a required part of your participation in this project. Would you be willing to read that section of this study and give me your feedback?

If they decline, thank them for participating in the study, reminding them they can receive a summary of the project by contacting me.

If they accept the invitation, indicate they will be contacted when the Results section is completed.

4. Would you be willing to allow me to contact you in about a year to discuss your possible participation in a longitudinal study about fathers' grief?

5. Thank the father for his participation in the study and his willingness to share his personal story about the loss of his child[ren]. (Farnsworth, 1994; Gilbert & Smart, 1992)

APPENDIX E

Appendix E

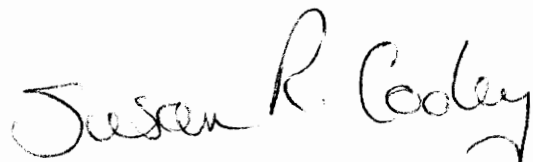
Vita

Susan R. Cooley was born November 13, 1952 in Urbana, Illinois. She grew up in Pensacola, Florida, where she attended the Pensacola Junior College and the University of West Florida, Pensacola, Florida. She graduated with a Bachelor of Science degree in Biology in 1974.

She returned to graduate school in 1991 pursuing a Masters of Arts in marriage and family therapy from Northeast Louisiana University, Monroe, Louisiana. After completing her M.A. in 1993, she attended Virginia Polytechnic Institute and State University for a Doctor of Philosophy degree in marriage and family therapy.

She served as the Student Representative to the Board of the Louisiana Association of Marriage and Family Therapy. She is a Clinical Member of the American Association of Marriage and Family Therapy. She is a member of Chi Sigma Iota and Kappa Nu Omicron.

Susan is currently the Family Therapy Supervisor at Christian Health Ministries' Pastoral Counseling Center located at the Mercy+Baptist Medical Center Uptown Campus in New Orleans, Louisiana.

A handwritten signature in cursive script that reads "Susan R. Cooley". The signature is written in black ink and is positioned in the lower right quadrant of the page.